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LIVED EXPERIENCES, EMOTIONAL AND PSYCHOLOGICAL NEEDS OF COVID-19 EMERGENCY SERVICE NURSES: A QUALITATIVE STUDY

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Abstract: Nurses, who play an important role during the COVID-19 pandemic, are exposed to emotional and psychological stress due to unforeseen risks. The aim of this study was to investigate the experiences of nurses who are at the forefront in the emergency department, where COVID-19 suspected cases are first encountered, and to analyze their emotional and psychological needs in the light of Alderfer's Existence-Relationship-Growth theory. Data were collected from 20 May to 15 June 2020 in Muğla, Türkiye. 10 nurses working in the COVID-19 emergency department constituted the study sample. The descriptive phenomenological study was planned according to the qualitative research paradigm, based on the Consolidated Qualitative Research Reporting Criteria checklist. The interviews were conducted face-to-face and analyzed using Colaizzi's seven-step method. As a result of the analysis of the data, when the psychological needs of clinical nurses were evaluated in terms of Existence-Relatedness-Growth theory, it was determined that their health and safety needs were priority and they needed respect and understanding in their relationships. The life experiences of nurses working in the emergency room, under two main themes as "patient care process experiences" and "feelings", and their emotional and psychological needs under three themes as "need to exist", "need to establish relationship" and "need to develop" gathered under. During the COVID-19 pandemic, it was determined that the existence, relationship, and growth needs of emergency nurses were affected by each other.

Keywords: Covid-19, Nurse, Emotional needs, Psychological needs, ERG theory

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1. Introduction

The emergence of a new form of coronavirus (SARS-CoV-2) in Wuhan in December 2019 became a mixed and rapidly developing global public health problem as of March 9, 2020, with the report of COVID-19 cases spreading around the world (Gao et al., 2020; Huang et al., 2020; Li et al., 2020; WHO, 2020; Zhu et al., 2020). COVID-19, declared a pandemic by the World Health Organization (WHO), is a highly contagious disease that also affects Türkiye (Tekin and Görgülü, 2018). Clinical nurses battling COVID-19 work under intense stress and depend on current information to protect their health, safety and interpersonal relationships (Jiang et al., 2020; The State Council of China, 2020). On the basis of Maslow's hierarchy of needs, Alderfer suggested the Existence-Relatedness-Growth (ERG) theory of human needs (Yin and Zeng, 2020). In this context, Alderfer's theory is based on Maslow's Human Needs Hierarchy and reduces Maslow's five-step pyramid of needs to three (Caulton, 2012). People have three basic needs, according to this theory: the need for existence, relatedness, growth, and development (Erdogan et al., 2015).

This approach is Clayton Alderfer's motivational approach in which Maslow adapts the physiological needs, the need for security, belonging-love, status-dignity, and self-realization in Maslow's hierarchy of needs to people working in business life. According to the ERG theory, the needs of an employee are addressed in three basic categories (Tekin and Görgülü, 2018). These:

Existence needs are the needs that are directed to the physical needs that are located at the lowest level. Physiological it covers the needs and protection and security requirements. An employee can meet these requirements with the remuneration he receives, the opportunities provided by the institution where he works, a free working environment, occupational health, and safety.

Relationship needs corresponds to the needs for love and

belonging contained in Maslow's hierarchy of needs. In other words, the need for a relationship covers the individual's relationships with other people, satisfaction that will satisfy the needs for emotional support, respect, recognition and belonging. These requirements can be met with colleagues and social relationships in the work environment, and with friends and family outside of work.

Development needs correspond to the need for self-realization contained in Maslow's hierarchy of needs theory. Development needs also include requirements such as success and responsibility for the advancement of individuals (Tekin and Görgülü, 2018; Wang et al., 2021).

ERG theory appears to have a more flexible structure than Maslow's hierarchy of needs, where family structure and individual action are important variables such as education, environment, and culture. It is important to know the situations of individuals/groups who encounter a particular disease or event, their reactions to these events, and the belief, attitude, behavior, motivation, and emotional aspect behind what happened (Erdogan et al., 2015).

This study aims at investigating the life experiences of nurses who are at the forefront of the emergency department, where suspected cases are first met in the extraordinary COVID-19 pandemic, and at analyzing their emotional and psychological needs in the light of the Existence-Relatedness-Growth theory. Research questions are presented below;

- What are the emotional and psychological requirements of Covid-19 emergency nurses?
- What are the factors affecting the emotional and psychological requirements of Covid-19 emergency nurses?

2. Materials and Methods

The authors adopted the Consolidated Criteria for Reporting Qualitative Research in this review (Tong et al., 2007).

Individuals' everyday life experiences, as well as the meanings of these experiences as perceived by those who live them, are defined in descriptive phenomenology (Husserl, 1961). A descriptive phenomenological methodology was used to capture of the meaning of the lived experiences of nurses in COVID-19 emergency service. This method was chosen because it offers first-hand information about a phenomenon, such as the expertise and perspective of medical professionals on a phenomenon or event that is less well known (Sandelowski, 2010).

2.1. Research Place

This research was conducted in a Training and Research Hospital in the Aegean region of Türkiye between 20 May-15 June 2020. A COVID-19 emergency room was created in this hospital, which only accepts COVID-19 patients during the pandemic and employs 20 nurses. The COVID-19 emergency room has a separate entrance from other emergency services. Nurses work in 24-hour shifts, with 5 nurses per shift.

2.2. Research Sample

COVID-19 emergency that cared for COVID-19 patients made up the study's sample. The most critical determinant in the descriptive phenomenological pattern of choosing research groups is that the selected participants must have personally observed the phenomenon under investigation in all its aspects (Kackin et al., 2021). Nurses had to be over the age of 18 and operate in the COVID-19 emergency department to be included in this report. A purposive sampling method was used to determine the study sample. Data saturation in qualitative research was considered when deciding the number of nurses for the study, and data saturation was reached with 10 nurses (n=10).

2.3. Data Collection Tools

The data was obtained using a Questionnaire form based on the literature. The form consists of two parts. The first part contains nine questions regarding the participants' age, gender, marital status, number of children, educational status, years in the profession, how long they have worked in the emergency department, the way they work, and whether they have received any training on COVID-19. In the second part, the "Semi-structured interview form" consisting of seven questions was used to determine the views and practices of nurses regarding their life experiences, and emotional and psychological needs for working in the COVID-19 emergency service.

2.4. Semi-Structured Interview Form

a) Could you tell us about your experiences with the care of patients you admitted with suspicion of COVID-19?

b) How do you feel when caring for patients you have admitted with suspicion of COVID-19?

c) What do you need the most during this period when we are fighting the COVID-19 pandemic?

d) What are you doing individually to protect yourself from COVID-19 disease?

e) How has the COVID-19 pandemic affected your relationships with your family, social relationship with colleagues?

f) What do you know about COVID-19 disease and the new coronavirus?

g) What are your expectations from your superiors, colleagues, family, and society during the fight against the COVID-19 pandemic?

2.5. Data Collection Process

The data was collected with the face-to-face interview technique. Before beginning the data collection process, a pilot interview was performed with three nurses working in the COVID-19 emergency department. The nurses included in the pilot interviews were not included in the study sample. With this pre-application, the

necessary corrections were made by ensuring the comprehensibility of the questions. Verbal and written consent of the participants was obtained and afterwards, an in-depth interview was carried out and recorded. There were variances in the duration of the interviews due to differences in experiences and personal characteristics yet, the interviews lasted around 15 minutes (min: 11minutes; max: 23 minutes). Care was taken to maintain the planned duration of the semi-structured interview, until the data saturation was achieved. During the interviews, some explanations were made on the points where the participants were limited in answering the questions or where they misunderstood the questions. The nurses' break room was used to conduct the interviews in a quiet and comfortable environment. Protective equipment, masks and visors were used, and social distance was observed during the interview.

2.6. Information on the Validity and Reliability of the Study

Prolonged involvement is the best way to build credibility in a qualitative study. The researcher who interviewed the participants works in the unit where the research was conducted. For this reason, due to the mutual trust required in obtaining correct information, accurate and complete information has been received. Member checking was obtained by asking the participants whether the findings that emerged after the themes created reflected their own thoughts. After the interpretation of the results, a peer debriefing was made by the researcher, who was an expert from the study team. Researcher triangulation was used to ensure dependability in qualitative studies. There are multiple researchers involved in the analysis, and interpretation of data. In terms of transferability, the researchers made a thorough effort to include the current study setting and the perspectives of the participants.

2.7. Statistical Analysis

Transcription was done on the voice recordings obtained from the interviews. Then, the consistency between the voice recordings and the transcripts was checked. The data was then coded by the researchers. Following the independent coding of the first three transcripts, a meeting was held to reach a consensus on the coding, and themes were extracted from the results. The data was analyzed using the MAXQDA 20.0 statistical software package and the Colaizzi (1978) phenomenological analysis steps (Colaizzi, 1978).

The following steps were followed in this process:

- The transcripts were read in detail several times and some brief notes were kept to grasp and clarify the intended meanings, experienced feelings, and the needs attributed to a theme.
- Important statements directly associated with a theme were selected.
- These important statements were checked and statements including similar meanings were formulated.
- These meanings were arranged according to categories, themes, and subthemes.
- The results were integrated into rich and extensive life experiences.
- The basic conceptual structure of the phenomenon in question was then defined.
- Another meeting was held with the participants and the results were finalized; their experiences and needs were carefully compared with the observed results.

An expert and an experienced academic outside of the researchers of this study investigated the obtained themes and codes and they detected an overlap in the results.

This study reveals many overarching powers. The interviews were conducted face-to-face by the interviewer, who is also an emergency nurse, due to the protection precautions introduced within the framework of the pandemic. Pilot interviews were used to improve both the interview form and the interview process before the actual interviews.

3. Results

The results are presented in two sections. While the first section focuses on the nurses' personal and professional characteristics, the second section focuses on the themes that emerged from the data:

According to data analysis, the life experiences of COVID-19 emergency nurses were gathered under two main themes as "patient care experiences" and "feelings", and their emotional and psychological needs under the three main themes of "existence", "relatedness", and "growth". The categories, codes and sample quotations identified for each theme are presented in Table 1.

3.1. Findings on the Individual and Professional Characteristics of Nurses

The mean age of the 10 nurses that participated was 39.7 ± 7.52. Of the nurses, 7 were women, 8 were married and 4 had an associate degree. While 6 of the nurses had worked in the profession for 16 years or more, 5 had worked in the emergency department for 6-10 years. All the participating nurses had received training on COVID-19. All the nurses stated that they did not receive psychological support during this process and that there was no need for it.

Tablo 1. Themes, categories, codes and quotations identified in interviews with nurses

Theme	Subtheme	Codes	Quotations
Lived Experiences	Patient care experiences	Fulfilling the treatment request Using protected equipment Meeting the requirements of patients	N2: First, we check the patient's vitals. We first put on protective equipment. Then we send the patient to a lung tomography. ...Since the relatives of the patient are not present, we must meet his/her every need. N5: First, I help the patient to relax psychologically. I inform the patient about why he/she is here and how the process will continue. I provide protective equipment while paying attention to his/her privacy. N10: ...We do not let in the patient's relatives. We meet their every need. We deliver the patient to the clinic safely on a covered stretcher.
	Feelings	fear of infection, sadness, anxiety/worry, empathy	N4: I mostly feel both sadness and anxiety. I feel that I will get infected but I do not think it will come to that after wearing all the necessary protective equipment. I felt more anxious in the beginning because I did not know what we were battling against. Our anxiety decreased as we became more aware and our algorithms developed. But sadness is at the maximum level because nobody wants to get sick. I approach patients with empathy. N7: Of course, we get anxious when approaching the patient. Even though we take the necessary precautions we are afraid to get sick. I can imagine myself in the patient's place and feel empathy. N10: We are afraid and hesitant to approach the patient. But we do our job, nonetheless. The fear has decreased now in comparison to when it all started. I do not feel sad, I think I have lost my feelings.
Emotional and Psychological Needs (According to ERG Theory)	Existence	to protect health is a basic requirement	N7: "I want us fully equipped. The masks are not easy-to-use and comfortable. We need more equipment."; N8: "I observe personal hygiene. Before and after contact with the patient, I wash my hands with soap and water or clean them with a disinfectant. I wear a mask outside, and only go out when necessary"; N5: "I first observe my own hygiene. I wash my hands often. I provide my own isolation at home." In addition, the nurses also stated that the use of protective equipment and meeting safety requirements can reduce the requirements for health needs. N5: "I need protective equipment the most. Because if I am safe, the patient will also be safe."
	Relatedness	community respect and understanding	N1: "We do not expect a lot of attention, because this is our duty and we have to do it but they can be understanding and respectful to us. I cannot hug or kiss my children. I believe I need to maintain my distance to be protected.; I cannot meet up with my friends. Outside they see us like COVID-19 patients. They are afraid of us." N2: "We are not able to see our friends, I miss them, and I need them."; N4: "There is a distance between me and my family especially after my shifts. Everybody took 2-3 steps back as if they had seen a monster. Psychologically, the fear and sadness were too much at first, but the increased awareness and shaping of the process made me feel better. I observe my hygiene and wash my hands often. I maintain social distance in my social life".

Tablo 1. Themes, categories, codes and quotations identified in interviews with nurses (continuing)

Theme	Subtheme	Codes	Quotations
Emotional and Psychological Needs (According to ERG Theory)	Relatedness	community respect and understanding	N6: I think that my colleagues and I are more stressed than before. The equipment we use is very difficult for us, it is bad for us to breathe in our own carbon dioxide. We have the need for fresh air; I take food supplements, I try to consume more fruits and vegetables, and I pay more attention to myself.; I want my superiors to increase equipment support. I want to work with quality equipment. As part of the COVID emergency department, we feel like we have been pushed away from the other units...., I do not expect anything from my family, but I feel like they are expecting something from me. Because the person who works in an infectious environment and can bring the infection home is also me. I am afraid that I will carry the virus home. N8: "We need respect the most. We ask society to respect us. We want them to know that we are also just human. When they see us outside, they look think that we are sick because we are health personnel." In addition, the nurses stated that they were psychologically negatively affected by the themes of "decrease in social relationships" and "need for love". N10: "I need my family the most in this process... I cannot see them because of the pandemic and being alone negatively affects my psychology; I cannot do any social activities, I cannot go out, I am always at home, and I cannot spend time with my friends. They are not with me because of the epidemic. Being alone affects the psychology negatively."
	Growth	The lack of knowledge about the new coronavirus Information need	N1: This disease is a lung and respiratory disease."; N3: "We know that it is transmitted through inhalation."; N4: "I know that it affects the respiratory tract, causes lung damage, and is transmitted through droplets. We want our superiors to approach us with a little more understanding. We do not want them to put psychological pressure on us. We want them to be a little more generous with equipment." N6: I think that my colleagues and I are more stressed than before. The equipment we use is very difficult for us, it is bad for us to breathe in our own carbon dioxide. We have the need for fresh air.; I take food supplements, I try to consume more fruits and vegetables, and I pay more attention to myself.; I want my superiors to increase equipment support. I want to work with quality equipment. As part of the COVID emergency department, we feel like we have been pushed away from the other units, I do not expect anything from my family, but I feel like they are expecting something from me. Because the person who works in an infectious environment and can bring the infection home is also me. I am afraid that I will carry the virus home. N7: "It is a respiratory disease that is easily spread. A deadly disease that affects all ages." N10: "This disease that originated in Wuhan, China, is a deadly and damned disease. There is nothing to do now. Protection is important; it is like a very heavy flu. It affects those with chronic diseases more."

4. Discussion

The commencement of the COVID-19 pandemic exposes nurses to several difficulties, including insufficient resources, a lack of personal protective equipment, a rise in the number of patients, a shortage of human resources, an unprepared health system, and a vicious cycle. These difficulties put nurses through physical and emotional strains as well as complicated ethical dilemmas (Catton, 2020). The Existence-Relatedness-Growth hypothesis was used to analyze the psychological needs of nurses caring for COVID-19 patients. It was found that the need for existence, relatedness and growth were present at the same time in nurses and were all affected by one another. This is also in line with the Existence-Relatedness-Growth principle, which states that a person may have multiple needs at the same time (Yin and Zeng, 2020). The interviews showed that nurses had different levels of needs. As the Existence-Relatedness-Growth theory states, “Even if a person's basic needs for life and connectedness aren't completely met, they may work to fulfill their desire for development.”

Patients' care quality was harmed, and ethical dilemmas emerged, according to the nurses, as working conditions worsened and routines changed during the pandemic. Similarly, Sun et al., reported that the nurses’ working hours and workload increased 1.5 to 2 times due to the COVID-19 pandemic (Sun et al., 2020). Liu et al. reported that healthcare workers should be informed about infection prevention and control, and hospitals should provide safe working environments (Liu et al., 2020). Giving information about the right personal protective equipment, organizing working hours and setting reasonable shift times to protect nurses from heavy workloads, informing them about ethical dilemmas that may arise, and personal and team success can be enhanced by using constructive words and efficient communication strategies (Adams and Walls, 2020; Kackin et al., 2021; Vincent and Creteur, 2020). Personal protective equipment is being provided and distributed by government agencies and hospital administrators to meet safety requirements (Yin and Zeng, 2020). As a result, nurses would be able to satisfy health and safety standards by using personal protective equipment in a scientific and appropriate manner.

The stress brought on by the disease's unknown nature, the fear of contracting it, and the potential for spreading it to others drove nurses to withhold basic care and even consider quitting their positions. None of the staff who experienced SARS-CoV could ever forget about the risks of this highly contagious disease and caring for afflicted coworkers (Wu et al., 2009). Numerous studies have demonstrated that nurses may experience psychological stress due to the spread of an epidemic disease. Intense mental strains placed on nurses caring for COVID-19 patients in emergency service expose them to considerable psychological injury (Park and Park, 2020; See et al., 2018). Domestic discomfort can result from the prevalence of behavioral issues in nurses, such as irritability, aggression, and other maladaptive behaviors, as well as from their families' anxiety and concern, and generally worse quality interpersonal interactions in the family. In addition to being concerned about their patients' health, contagious illness nurses are often anxious about spreading the sickness to their loved ones (Lam and Hung, 2013). The nurses who had children and elderly family members taking immunosuppressive drugs were the most concerned (Koh et al., 2012; Lam and Hung, 2013).

The interviews showed that because COVID-19 is contagious, nurses are compelled to live apart from their families while providing care for patients. In the current study, the nurses reported to feeling anxious about being apart from their parents and kids as well as concerned about the chance of spreading the illness to their loved ones. This conclusion was in line with those of other, comparable research (Wong et al., 2005). Nurses demonstrated a high sense of responsibility by choosing to stay with patients and endure the physical exhaustion of demanding shifts and prolonged use of personal protective equipment out of a spirit of service and a sense of duty, despite their fear of contracting the infection and their worry about spreading it to their loved ones. The clinical implications of nurses' wellbeing for the standard of nursing-relevant outcomes are significant. As Lee and colleagues have emphasized, coping mechanisms and psychological health had a direct impact on safety attitudes, which in turn affected nurses' practice environments (Arcadi et al., 2021; Lee et al., 2019; Ruiz-Fernández et al., 2020; Sun et al., 2020; Wong et al., 2012; Yin and Zeng, 2020). Providing community support to healthcare professionals with the help of nurse managers and psychological experts as well as establishing psychological support platforms to help cope psychologically, may contribute to meeting the needs of nurses and better maintain their mental health. In return to the decrease in face-to-face communication during the pandemic, the nurses need for love and interpersonal relationships may be increased with colleagues who encourage each other.

The interviews showed that the nurses needed information. This is in line with the Existence-Relatedness-Growth theory's principle of "disappointment-regression," which states that when higher-level needs are not met, lower-level needs can be used instead. The need to advocate for continuing professional development in EDs and further nursing specialties development are evident, given the extraordinary worldwide health emergency caused by the novel coronavirus disease. Our findings mirror existing knowledge regarding the importance of continuing professional development for nursing and its impact on clinical practice, especially within grossly overwhelmed areas of such as emergency service (Scammell, 2018; Huang et al., 2020).

Under the direction of the Centers for Disease Control and Prevention and the National Health Commission on

COVID-19 Prevention and Control, education will aid in the reduction of psychological panic and insecurity brought on by a lack of knowledge (Tekin and Görgülü, 2018).

5. Conclusion

This study determined that the emergency nurses' need for existence, relatedness and growth have all affected each other during this extraordinary COVID-19 pandemic. While existential needs mainly reflect health and safety needs, relatedness needs mainly consist of interpersonal and growth needs of primary information needs. Burnout may occur if excessive workload is put on nurses during the pandemic. Therefore, more studies that address the underlying causes and levels of burnout in nurses should be conducted. Interventions should be planned to reduce burnout and help nurses to handle problems more effectively. For example, psychological skills trainings can be organised, psychological and social support can be provided, working hours can be arranged to regulate the psychological state of nurses. Additionally, more importance should be placed on the need of nurses to protect their own health. Quantitative and descriptive studies including larger samples will provide scientific evidence concerning this issue. Organizing training programs for healthcare professionals who provide service in different areas will also make important contribution to maintaining an effective and qualitative service.

The negative experiences of nurses regarding the care of patients with coronavirus disease 2019 should be considered. Sensitive policy programs should be established to protect nurses from the coronavirus disease pandemic and to ensure they can safely perform their professional practice. Identifying and satisfying the emotional and psychological needs of nurses who have the greatest interaction with patients would enhance their supportive roles in the team and caregiver responsibilities in the therapeutic environment. Meeting the needs of nurses is critical to preserving mental health and controlling COVID-19. Nurse leaders should be aware of the barriers to meeting their nurses' emotional and psychological needs.

Limitations

The results of this study cannot be applied to other contexts or healthcare providers due to the inherent limitations of qualitative research. Participants in this study were limited to the emergency unit of a university hospital in a province of Türkiye. Since a qualitative design was applied in the study, the sample size was limited and since the interviews were conducted over a short period of time, no precise or generalizable results could be reached. Another limitation of our study is that the interviews lasted an average of 15 minutes due to the COVID-19 isolation measures, the intensity of the emergency department and the low number of nurses working in a single shift.

Author Contributions

The percentage of the author(s) contributions is presented below. All authors reviewed and approved the final version of the manuscript.

	C.Ç.	F.B.G.	İ.S.	İ.Ç.
C	25	25	25	25
D	30	30	20	20
S	50			50
DCP	50		50	
DAI	25	25	25	25
L	35	35	30	
W	25	25	25	25
CR	25	25	25	25
SR	40	20	20	20
PM	30	30	15	25

C=Concept, D= design, S= supervision, DCP= data collection and/or processing, DAI= data analysis and/or interpretation, L= literature search, W= writing, CR= critical review, SR= submission and revision, PM= project management.

Conflict of Interest

The authors declared that there is no conflict of interest.

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Ethical Approval/Informed Consent

The study was approved by the Human Research Ethics Committee (approval date: 07 May, 2020, protocol code: 200120/62). Permission was also received from the General Directorate Scientific Research Studies Board attached to the Republic of Türkiye Ministry of Health. Permission was obtained for the study from the institution where the research was conducted. The participants were told of the research at the outset of the interviews, and their written and verbal consent was obtained. Attention was paid to the confidentiality principle while collecting and storing the participants' information. For this purpose, al descriptive information was encoded and anonymized during transcription. Research and publication ethics were followed in the writing of the article.

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