

# The impact of the COVID-19 pandemic on nursing: A SWOT analysis

## Covid-19 pandemisinin hemşireliğe etkisi: Bir SWOT analizi

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### ABSTRACT

**Aim:** The research was conducted using the SWOT analysis method to determine the impact of the COVID-19 epidemic on nursing. **Materials and methods:** The research was completed with 300 volunteers working in COVID intensive care units and clinics of a city hospital in Turkey. A form consisting of two parts was used in the research. Nurses filled out the survey form with written permission/verbal consent. The data were evaluated with the SPSS 22.0 program. **Findings:** In the research, according to SWOT, 34% of the nurses had professional factors in the strengths category (21.7%); 81.7% had psychological factors in the weakness category (59%); It was determined that 29.3% identified professional factors (19.3%) in the opportunity category and 79% identified professional factors (64%) under the threat category ( $p < 0.05$ ). When SWOT analysis was compared with the socio-demographic characteristics of nurses, a significant difference was detected in terms of gender (female: 71.6%) in the weaknesses category and education level (bachelor's degree: 69.0%) in the threat category ( $p < 0.05$ ). **Conclusion:** The COVID-19 pandemic has affected nursing, the largest professional organization in healthcare, in every aspect. Our research concluded that nurses described the COVID-19 pandemic as a weak and threatening factor. Based on this, it is envisaged that it will be possible to strengthen the nursing profession by taking into account the experiences of nurses, developing the right policies for this and ensuring fair workforce distribution, as the COVID-19 epidemic takes its place in history as an example.

### ÖZ

**Amaç:** Araştırma, COVID-19 pandemisinin hemşirelik üzerindeki etkisini belirlemek amacıyla SWOT analizi yöntemi kullanılarak yapılmıştır. **Gereç ve yöntem:** Araştırma, Türkiye'deki bir şehir hastanesinin COVID yoğun bakım üniteleri ve kliniklerinde çalışan 300 gönüllü ile tamamlanmıştır. Araştırmada iki bölümden oluşan bir form kullanılmıştır. Hemşireler anket formunu yazılı izin/sözlü onam alınarak doldurmuşlardır. Veriler SPSS 22.0 programıyla değerlendirilmiştir. **Bulgular:** Araştırmada SWOT'a göre hemşirelerin %34'ü güçlü yönler kategorisinde mesleki faktörler (%21.7); %81.7'si zayıflık kategorisinde psikolojik faktörler (%59); %29.3'ünün fırsat kategorisinde mesleki faktörler (%19.3) ve tehdit kategorisinde %79'unun ise mesleki faktörleri (%64) tanımladığı belirlenmiştir ( $p < 0.05$ ). SWOT analizi hemşirelerin sosyo-demografik özellikleri ile karşılaştırıldığında zayıf yön kategorisinde cinsiyet (kadın: %71.6) ve tehdit kategorisinde eğitim düzeyi (lisans: %69.0) açısından anlamlı farklılık tespit edilmiştir ( $p < 0.05$ ). **Sonuç:** COVID-19 salgını sağlık hizmetlerinde en büyük meslek kuruluşu olan hemşireliği her açıdan etkilemiştir. Araştırmamız, hemşirelerin COVID-19 salgınına zayıf ve tehdit edici bir faktör olarak tanımladığı sonucuna vardı. Buradan hareketle, COVID-19 salgınının tarihteki yerini almasıyla birlikte hemşirelerin deneyimleri dikkate alınarak, buna yönelik doğru politikaların geliştirilmesi ve adil iş gücü dağılımının sağlanmasıyla hemşirelik mesleğinin güçlendirilmesinin mümkün olacağı öngörülmektedir.

### INTRODUCTION

The COVID-19 infection was declared a pandemic on 11 March 2020 by the World Health Organization (WHO) after the first case was seen in December 2019 and the infection had rapidly spread around the world (WHO, 2021). In Turkey, as elsewhere, the fight against the COVID-19 pandemic was still ongoing in March 2020 due to the continued increase in the number of cases and deaths (Ministry of Health, 2021). Droplet transmission was a major contributor to the rapid worldwide spread of

COVID-19 infection (Xiang et al., 2020). As a result of this, the transmission rate of COVID-19 posed a serious threat to global health systems with ever increasing number of cases and deaths, and countries worldwide put their own social isolation measures into effect (Lee and Hsueh, 2020).

COVID-19, described as a "disaster" by health authorities (WHO, 2021), demonstrated the significance and tested the capacities of the health systems of all countries (Li et al., 2020). In particular, nursing, which

is a key factor in all health services, assumed a major role in managing the pandemic (ICN, 2020). Since Florence Nightingale, nursing has always been at the forefront of care, setting priorities, providing cooperation, managing treatment, and making assessments in all kinds of extraordinary situations (Kalanlar & Kubilay, 2015). In the context of the COVID-19 pandemic, the WHO and the International Council of Nurses (ICN) pointed to the nursing profession as the main component that was keeping the health system running (WHO, 2021; ICN, 2020). Nurses worked in close contact with patients 24/7 in a range of different institutions and organizations, providing health services to healthy and sick individuals, families and groups in all possible and diagnosed cases of COVID-19. All nursing services, from administrative roles to the provision of care, and from infection control to quality management, were involved in this effort (Turkish Nurses Association [TNA], 2020).

From the beginning of the COVID-19 pandemic, the number of infected increased day by day, while hospitals became full to capacity and healthcare systems collapsed (Zhang, 2020). In this process, nurses, who have a particular responsibility in terms of patient care, faced major physiological and psychosocial problems due to the risk of exposure to the virus, the work environment, long working hours, the need for them to isolate, the risk of becoming a carrier and the risk of death (Jiang et al., 2020). The poor management of COVID-19, their lives in coping with psychological (mental) and physical issues, insufficient manpower and equipment together with the cause forces (Vejdani et al., 2021; Jerome-D'emilia et al., 2022; Unver and Yenigun, 2021); changes in the profession, crisis data transformation (Cengiz et al., 2021), opportunities such as professional knowledge and skills and personal self-confidence are determined (Almomani et al., 2022). The responsibilities of nurses in managing the pandemic brought with them different advantages and disadvantages (Kiyat et al, 2020). We aimed to understand and synthesize this process using SWOT analysis to understand the extraordinary situations experienced by nurses during the COVID-19 pandemic to give an unvarnished sense of the reality experienced, and to thus enable decisions to be made about how to better solve problems, as well as to give insights to eliminate uncertainty in similar situations in the future. SWOT analysis is a strategic method used to identify the strengths and weaknesses of an organization, technique, process, situation, or person, as well as the opportunities and threats arising from the internal and external environment (Masrom & Rahimli, 2015). It is abbreviated as SWOT from the full phrase "Strengths, Weaknesses, Opportunities and Threats" (Nigel Piercy & Giles, 1989). It was believed that using the SWOT analysis in the COVID-19 pandemic

would guide the steps to be taken in the ongoing aim to combat COVID-19 and future similar outbreaks as a result of its clarity, simplicity and the fact that it has a structure that facilitates decision-making.

## **MATERIAL AND METHOD**

### **Study Design**

This research was conducted descriptively using SWOT analysis to determine the impact of the COVID-19 pandemic on nursing.

### **Study Population and Sample**

The population of the research consisted of 450 nurses working in a city hospital in Turkey during the COVID-19 pandemic. Since the aim of the research was to reach the population, no sampling was carried out. The research was conducted between 01/01/2021 and 15/02/2021 with 300 nurses who had volunteered to work in COVID ICUs and clinics in the respective hospital.

### **Data Collection Tools**

The research used a two-part questionnaire form prepared by the researchers as a result of a literature review (Clari et al., 2021; Falatah, 2021; Bartzik et al., 2021; Barrett & Heale, 2021). This included the socio-demographic information of the nurses and the impact of the COVID-19 pandemic on nursing. Part I of the form consisted of six questions, including the nurses' age, gender, educational status, years of professional employment, the clinic where they were actively employed before COVID-19, and the duration of employment during the pandemic. Part II of the form consisted of the four sub-dimensions of strengths, weaknesses, opportunities and threats, including the impact of the COVID-19 pandemic on nursing. The questions were as follows: "Did the COVID-19 pandemic have positive aspects/strengths for you? If so, can you explain these positive aspects?"; "Did the COVID-19 pandemic have negative aspects/weaknesses for you? If so, could you explain these negative aspects?"; "Did the COVID-19 pandemic create opportunities for you? If so, could you explain these opportunities?"; "Did the COVID-19 pandemic pose any threats to you? If so, could you explain these threats?"

### **Conduct of the Research**

The research was conducted between 01/01/2021 and 15/02/2021 after obtaining ethics committee (2021-38) and institutional approval. The researcher obtained the weekly/monthly shift lists of the nurses from the nurse in

charge of the clinic of the respective hospital. Then, the researcher examined these lists and waited until nurses had finished their shifts before approaching them so as not to disturb their work. The nurses who agreed to participate in the study and whose written permission/verbal consent was obtained were asked to complete the questionnaire in the nurses' room accompanied by the researcher under the conditions allowed by the institution, taking into account the COVID-19 pandemic procedures and infection rules. It took approximately 20-25 minutes to complete the questionnaire. The research was completed with a total of 300 nurses.

**Data Evaluation**

The data were evaluated with the SPSS 22.0 program and accepted with 95% confidence interval. As a result of the analysis of the responses obtained from the nurses in the research, four categories were determined under the titles of professional, social, individual and psychological factors as sub-themes of the categories. Percentage distributions and standard deviation (SD) tests were used to analyze the socio-demographic characteristics of the nurses participating in the research and the SWOT categories. The selection of the appropriate test in the **Table 1. Socio-Demographic Characteristics of Nurses**

| Socio-Demographic Characteristics                          |                           | n          | %            |
|--|---------------------------|------------|--------------|
| Age (between 22-54 years),<br>Mean: 27 (±5.10)             | ≤26                       | 182        | 60.7         |
|  | 27-32                     | 73         | 24.3         |
|  | 33≥                       | 45         | 15.0         |
| Gender   | Female                    | 253        | 84.3         |
|  | Male                      | 47         | 15.7         |
| Education Level  | High School               | 11         | 3.7          |
|  | Associate Degree          | 17         | 5.6          |
|  | Bachelor's Degree         | 260        | 86.7         |
|  | Graduate Degree           | 12         | 4.0          |
| Duration of Professional Employment (Years)                | ≤4                        | 221        | 73.7         |
|  | 5-9                       | 34         | 11.3         |
|  | 10-14                     | 25         | 8.3          |
|  | 15≥                       | 20         | 6.7          |
| Clinic Employed in Pre-COVID                               | Intensive Care            | 117        | 39.0         |
|  | Surgical Clinics          | 82         | 27.4         |
|  | Internal Medicine Clinics | 58         | 19.3         |
|  | Not Working in a Clinic   | 43         | 14.3         |
| Duration of Active Employment during the Pandemic (Months) | ≤6                        | 50         | 16.7         |
|  | 7-12                      | 84         | 28.0         |
|  | 13-18                     | 54         | 18.0         |
|  | 19≥                       | 112        | 37.3         |
| <b>Total</b>   |                           | <b>300</b> | <b>100.0</b> |

analyses was decided according to the results of the normality analysis. The Shapiro-Wilk test was used for normality analysis. Statistical significance was accepted as p<0.05.

**Ethical Dimension of the Study**

Approval number 2021-38 was obtained from a university ethics committee to conduct the study. After ethics committee approval was granted, institutional approval was also obtained. Written consent was also obtained from the nurses who agreed to participate in the research through an informed consent form.

**RESULTS**

Regarding the socio-demographic characteristics of the nurses who participated in the research, it was found that their mean age was 27 years (±5.10), 84.3% were female (n=253), 86.7% had bachelor's degrees (n=260), 73.7% (n=221) had professional working experience of 4 and less years, 39% (n=117) were actively working in the ICU before COVID, and 37.3% (n=112) had been actively working for 19 and more months during the COVID-19 outbreak.

In evaluating the impact of the COVID-19 pandemic on nursing according to SWOT analysis, 34% (n=102) of nurses expressed it in terms of strengths, and 21.7% (n=65) defined these strengths as relating to professional factors (Table 2).

In evaluating the impact of COVID-19 pandemic on nursing according to SWOT analysis, 81.7% (n=245) of the nurses expressed it in terms of weaknesses, and 59% (n=177) defined these weaknesses as relating to psychological factors (Table 2).

In evaluating the impact of COVID-19 pandemic on nursing according to SWOT analysis, 29.3% (n=88) of nurses expressed it in terms of opportunities, and 19.3% (n=58) defined these opportunities as relating to professional factors (Table 2).

In evaluating the impact of COVID-19 pandemic on nursing according to SWOT analysis, 79% (n=237) of the nurses expressed it in terms of threats, and 64% (n=192) defined these threats as relating to professional factors (Table 2).

When the impact of the COVID-19 pandemic on nursing was evaluated according to the age variable in terms of SWOT, 21.6% (n=65) of nurses aged 26 and younger defined it as a strength aspect, 50.0% weakness,

20% (n=60) opportunity and 47.6% threat, but there was no statistically significant difference between the groups (Table 3) (p>0.05).

In a study where 84.3% of nurses (n=253) consisted of women, SWOT analysis found that 71.6% (n=215) assessed COVID-19 as a weakness, 67.7% (n=203) considered it a threat, there was a statistically significant difference only in the weakness direction in terms of gender variable, and the difference was caused by the fact that women nurses made up the majority of the group (Table 3) (p<0.05).

When evaluating the impact of the COVID-19 pandemic on nursing according to the level of education in the SWOT analysis, it was found that 69.8% (n=209) of nurses with a bachelor's degree considered it a weakness in the SWOT analysis and 69.0% (n=207) identified it as a threat, there was a statistically significant difference in the threat category between the groups, and the difference was caused by nurses with a bachelor's degree (Table 3) (p<0.05).

When evaluating the impact of the COVID-19 pandemic on nursing according to the professional year of work in the SWOT analysis, it was determined that 59.7%

**Table 2.** SWOT Theme and Subtheme Evaluations of the Nurses

| SWOT Themes and Subthemes |                              | n          | %            |
|---------------------------|------------------------------|------------|--------------|
| Strengths                 | Yes                          | 102        | 34.0         |
|                           | No                           | 198        | 66.0         |
| Subtheme*                 | <b>Occupational Factors</b>  | <b>65</b>  | <b>21.7</b>  |
|                           | Social Factors               | 15         | 5.0          |
|                           | Individual Factors           | 26         | 8.7          |
|                           | Psychological Factors        | 53         | 17.7         |
| Weaknesses                | Yes                          | 245        | 81.7         |
|                           | No                           | 55         | 18.3         |
| Subthemes*                | Occupational Factors         | 154        | 51.3         |
|                           | Social Factors               | 118        | 39.3         |
|                           | Individual Factors           | 80         | 26.7         |
|                           | <b>Psychological Factors</b> | <b>177</b> | <b>59.0</b>  |
| Opportunities             | Yes                          | 88         | 29.3         |
|                           | No                           | 242        | 70.7         |
| Subthemes*                | <b>Occupational Factors</b>  | <b>58</b>  | <b>19.3</b>  |
|                           | Social Factors               | 15         | 5.0          |
|                           | Individual Factors           | 21         | 7.0          |
|                           | Psychological Factors        | 18         | 6.0          |
| Threats                   | Yes                          | 237        | 79.0         |
|                           | No                           | 63         | 21.0         |
| Subthemes*                | <b>Occupational Factors</b>  | <b>192</b> | <b>64.0</b>  |
|                           | Social Factors               | 148        | 49.3         |
|                           | Individual Factors           | 32         | 10.7         |
|                           | Psychological Factors        | 81         | 27.0         |
| <b>Total</b>              |                              | <b>300</b> | <b>100.0</b> |

\*More than one answer was given to the question.

(n=179) of nurses with 4 years and less professional experience described it as weakness and 57.3% (n=172), but there was no statistically significant difference between the groups (Table 3) (p>0.05). The results of the SWOT analysis was showed that 59.7% of nurses with 4 years and less professional experience described it as weakness and 57.3% (n=172).

According to the SWOT analysis, 30.8% (n=92) of the nurses working in intensive care clinics before COVID-19 described the impact of the COVID-19

pandemic on nursing as weakness and threat, but there was no statistically significant difference between the groups (Table 3) (p>0.05).

SWOT analysis was found that the impact of the COVID-19 pandemic on nursing was determined by 31.7% (n=95) of nurses who worked for 19 months and older in terms of the active time studied during the pandemic, and 31.3% (n=94) identified it as a weakness and a threat, but there was no statistically significant difference between the groups (Table 3) (p>0.05).

**Table 3.** Evaluation of COVID Pandemic by Nurses in Terms of SWOT Themes and Socio-demographic Characteristics

| Socio-Demographic Characteristics                          |                           |             | SWOT Themes |             |             |              |             |             |              |       |   |
|--|---------------------------|-------------|-------------|-------------|-------------|--------------|-------------|-------------|--------------|-------|---|
|  |                           |             | Strength    |             | Weakness    |              | Opportunity |             | Threat       |       |   |
|  |                           |             | Yes         | No          | Yes         | No           | Yes         | No          | Yes          | No    |   |
| Age<br>(Years)   | ≤26                       | n           | 65          | 117         | 150         | 32           | 60          | 122         | 143          | 39    |   |
|  |                           | %           | 21.6        | <b>39.0</b> | <b>50.0</b> | 10.6         | 20.0        | <b>40.7</b> | <b>47.6</b>  | 13.0  |   |
|  | 27-32                     | n           | 20          | 53          | 59          | 14           | 14          | 59          | 60           | 13    |   |
|  |                           | %           | 6.6         | 17.6        | 19.7        | 4.7          | 4.7         | 19.6        | 20.0         | 4.6   |   |
|  | 33≥                       | n           | 17          | 28          | 36          | 9            | 14          | 31          | 34           | 11    |   |
|  |                           | %           | 5.7         | 9.3         | 12.0        | 3.0          | 4.7         | 10.3        | 11.3         | 3.7   |   |
| p-value  |                           |             | 0.379       |             | 0.911       |              | 0.088       |             | 0.674        |       |   |
| Gender   | Female                    | n           | 85          | 168         | 215         | 38           | 71          | 182         | 203          | 50    |   |
|  |                           | %           | 28.3        | <b>56.0</b> | <b>71.6</b> | 12.7         | 23.6        | <b>60.7</b> | <b>67.7</b>  | 16.7  |   |
|  | Male                      | n           | 17          | 30          | 30          | 17           | 17          | 30          | 34           | 13    |   |
|  |                           | %           | 5.7         | 10.0        | 10.0        | 5.7          | 5.7         | 10.0        | 11.3         | 4.3   |   |
|  | p-value                   |             |             | 0.732       |             | <b>0.001</b> |             | 0.262       |              | 0.222 |   |
|  | Education Level           | High School | n           | 2           | 9           | 9            | 2           | 2           | 9            | 5     | 6 |
| %  |                           |             | 0.6         | 3.0         | 3.0         | 0.6          | 0.6         | 3.0         | 1.7          | 2.0   |   |
| Associate Degree   |                           | n           | 3           | 14          | 15          | 2            | 5           | 12          | 13           | 4     |   |
|  |                           | %           | 1.0         | 4.7         | 5.0         | 0.6          | 1.7         | 4.0         | 4.3          | 1.3   |   |
| Bachelor's Degree  |                           | n           | 94          | 166         | 209         | 51           | 78          | 182         | 207          | 53    |   |
|  |                           | %           | 31.3        | <b>55.4</b> | <b>69.8</b> | 17.0         | 26.0        | <b>60.7</b> | <b>69.0</b>  | 17.7  |   |
| Graduate Degree  | n                         | 3           | 9           | 12          | 0           | 3            | 9           | 12          | 0            |       |   |
|  | %                         | 1.0         | 3.0         | 4.0         | 0.0         | 1.0          | 3.0         | 4.0         | 0.0          |       |   |
| p-value  |                           |             | 0.238       |             | 0.325       |              | 0.844       |             | <b>0.013</b> |       |   |
| Duration of Professional Employment (Year)                 | ≤4                        | n           | 72          | 149         | 179         | 42           | 67          | 154         | 172          | 49    |   |
|  |                           | %           | 24.0        | <b>49.7</b> | <b>59.7</b> | 14.0         | 22.3        | <b>51.3</b> | <b>57.3</b>  | 16.4  |   |
|  | 5-9                       | n           | 12          | 22          | 27          | 7            | 11          | 23          | 29           | 5     |   |
|  |                           | %           | 4.0         | 7.3         | 9.0         | 2.3          | 3.7         | 7.7         | 9.6          | 1.6   |   |
|  | 10-14                     | n           | 11          | 14          | 22          | 3            | 5           | 20          | 21           | 4     |   |
|  |                           | %           | 3.7         | 4.7         | 7.3         | 1.0          | 1.6         | 6.7         | 7.0          | 1.3   |   |
| 15≥  | n                         | 7           | 13          | 17          | 3           | 5            | 15          | 15          | 5            |       |   |
|  | %                         | 2.3         | 4.3         | 5.7         | 1.0         | 1.6          | 5.0         | 5.0         | 1.6          |       |   |
| p-value  |                           |             | 0.747       |             | 0.901       |              | 0.829       |             | 0.815        |       |   |
| Clinic Employed in Pre-COVID                               | Intensive Care            | n           | 36          | 81          | 92          | 25           | 31          | 86          | 92           | 25    |   |
|  |                           | %           | 12.0        | <b>27.0</b> | <b>30.8</b> | 8.3          | 10.3        | <b>28.7</b> | <b>30.8</b>  | 8.3   |   |
|  | Surgical Clinics          | n           | 25          | 57          | 69          | 13           | 28          | 54          | 64           | 18    |   |
|  |                           | %           | 8.3         | 19.0        | 23.0        | 4.3          | 9.3         | 18.0        | 21.3         | 6.0   |   |
|  | Internal Medicine Clinics | n           | 21          | 37          | 51          | 7            | 19          | 39          | 48           | 10    |   |
|  |                           | %           | 7.0         | 12.3        | 17.0        | 2.3          | 6.4         | 13.0        | 16.0         | 3.3   |   |
| Not Employed in a Clinic                                   | n                         | 20          | 23          | 33          | 10          | 10           | 33          | 33          | 10           |       |   |
|  | %                         | 6.7         | 7.7         | 11.0        | 3.3         | 3.3          | 11.0        | 11.0        | 3.3          |       |   |
| p-value  |                           |             | 0.249       |             | 0.352       |              | 0.482       |             | 0.878        |       |   |
| Duration of Active Employment during the Pandemic (Months) | ≤6                        | n           | 16          | 34          | 35          | 15           | 16          | 34          | 38           | 12    |   |
|  |                           | %           | 5.3         | 11.3        | 11.6        | 5.0          | 5.3         | 11.3        | 12.7         | 4.0   |   |
|  | 7-12                      | n           | 33          | 51          | 67          | 17           | 26          | 58          | 62           | 22    |   |
|  |                           | %           | 11.0        | 17.0        | 22.3        | 5.7          | 8.7         | 19.3        | 20.7         | 7.3   |   |
|  | 13-18                     | n           | 21          | 33          | 48          | 6            | 20          | 34          | 43           | 11    |   |
|  |                           | %           | 7.0         | 11.0        | 16.0        | 2.0          | 6.7         | 11.3        | 14.3         | 3.7   |   |
| 19≥  | n                         | 32          | 80          | 95          | 17          | 26           | 86          | 94          | 18           |       |   |
|  | %                         | 10.7        | <b>26.7</b> | <b>31.7</b> | 5.7         | 8.7          | <b>28.7</b> | <b>31.3</b> | 6.0          |       |   |
| p-value  |                           |             | 0.383       |             | 0.115       |              | 0.425       |             | 0.448        |       |   |

\*p: Pearson's Correlation Test, p<0.05.

## DISCUSSION

The COVID-19 pandemic affected the whole world and the entire global population (Li et al., 2020). Most of the studies conducted during this process were studies that aimed to explain, evaluate and determine the impact of the pandemic (Forrester et al., 2020; Tao & et al., 2020; Zheng et al., 2020; Al Thobaity & Alshammari, 2020; Liu et al., 2020; Cao et al., 2020; Bettinsol et al., 2020; LoGiudice & Bartos, 2021; Koren et al., 2021; Karadeniz et al., 2022; Galetta et al., 2021). These researches have highlighted the psychological impact of the pandemic on healthcare workers (Al Thobaity & Alshammari, 2020; Liu et al., 2020; Cao et al., 2020; Bettinsol et al., 2020; Lo Giudice and Bartos, 2021; Koren et al., 2021; Karadeniz et al., 2022; Galetta et al., 2021; Cengiz et al., 2021). Nurses, who form the largest professional group among health professionals, were negatively affected by the pandemic, leading to physical, social, psychological and economic problems (Liu et al., 2020; Cao et al., 2020; Bettinsol et al., 2020; Galetta et al., 2021; Koren et al., 2021).

The nurses participating in the present research characterized the impact of the COVID-19 pandemic on nursing as negative in the SWOT analysis, describing the threats posed and the weaknesses that it revealed. In the literature, the impact of the COVID-19 pandemic on nursing was also found to be negative, and this was described in terms of its psychological effects (Liu et al., 2020; Cao et al., 2020; Bettinsol et al., 2020; Galetta et al., 2021), and its physical, mental and social aspects (Koren et al., 2021). On the basis of these findings, it is believed that the intense stress experienced by nurses in this process is caused by the pressures placed on the profession through constantly changing policies and practices, difficult working conditions, financial losses, the need to use personal protective equipment, and fear of death.

The majority of nurses in the present research (81.7%) evaluated the COVID-19 pandemic as revealing weaknesses; this negative aspect was related to professional (51.3%) and psychological (59%) factors. In other studies, the impact of the pandemic on nursing was mostly discussed in terms of the psychological impact, which was found to be parallel to our research findings: In studies evaluating the psychological impact on nurses, nurses used individual coping methods during the pandemic process (Liu et al., 2020); they had high levels of stress and needed psychological support (Cao et al., 2020); their mood during the pandemic was worse than before the pandemic (Bettinsol et al., 2020); their work stress was high during the pandemic (Galetta et al., 2021); and they experienced distress, anger, anxiety, frustration, and loneliness (Koren et al., 2021). It is believed that it was important to develop

strategies to reduce nurses' concerns and anxiety during the pandemic, make plans to eliminate stressors, and provide support.

In the present research 79% of the nurses perceived the COVID-19 pandemic as constituting a threat; in the subcategories, it was found that they most frequently associated this threat with the occupational aspect (64%). In a study by Cengiz et al. (2021), which examined the behavior and experiences of nurses during the COVID-19 pandemic in Türkiye, it was concluded that the five themes that explained the situation experienced by nurses in this process were psychological and mental stress, use of personal protective equipment, organizational/physical/social pressure, change in professional values, and turning the crisis into an opportunity (Cengiz et al., 2021). Another study reported that the problems faced by nurses were inadequate staffing, depression related to anxiety and fear of infection, lack of communication with patients, long working hours, and inadequate personal protective equipment (Al Thobaity & Alshammari, 2020). In a mixed-methods study investigating the experiences of nurses during the COVID-19 pandemic, it was reported that nurses' mean score for the Short Resilience Coping Scale was at a moderate level (a score of 14.4), and the themes identified were frequent changes in protocols and practices, deterioration in relationships with family, the urge to remain clean due to the risk of transmission, having the ability to use to self-care, and experiencing professional pride (Lo Giudice & Bartos, 2021). The negative effects experienced by nurses in the COVID-19 pandemic often led to a fear of death, and the pandemic caused them to experience a weakening in their social relationships, a sense of the inadequacy of their individual coping methods, and anxiety. As a result of other studies in the literature that are similar to our research, it is believed that these experiences may contribute to nurses taking the necessary precautions against future, similar situations through evaluating how the nursing profession responded to COVID-19.

In this research, a significant difference was found in terms of SWOT analyses of women and undergraduate nurses related to the impact of the COVID-19 pandemic on nursing, and it was determined that the significant difference occurred in the weakness and threat sub-dimension (Table 3). This finding may be related to the high level of female nurse and bachelor's degree in the research. In the researches conducted on the COVID-19 pandemic and nursing in the literature, the fact that the majority of those included in the studies were female and bachelor's degree was due to the fact that they made up the majority of the profession (Al Thobaity & Alshammari, 2020; According to Liu et al., 2020; Cao et

al., 2020; Bettinsol et al., 2020; LoGiudice and Bartos, 2021; Koren et al., 2021; Cengiz et al., 2021; Galetta et al., 2021).

## CONCLUSION

The COVID-19 pandemic affected nurses, the largest group of professionals in health care, in every aspect of their employment. The nurses who participated in our research characterized the COVID-19 pandemic as a negative and threatening event. In our research, which is in line with the studies in the literature, these negativities include loss of life, social isolation, difficulties due to the use of personal protective equipment, burnout, loss of professional rights and unfair wage distribution, insufficient number of workers, leaving work, family, individual coping difficulties, death. It has been determined that it is caused by many factors such as fear, risk of infection and contamination. National and international authorities take this historical process as an example and it is envisaged that the negative effects can be reduced by strengthening the nursing profession, taking into account the experiences of nurses, paying more attention to the opinions of front-line healthcare professionals, developing correct policies and ensuring a more equitable distribution of the workforce.

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*Yazıcı ve Erişli: Covid-19 Pandemisinin hemşireliğe etkisi*

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