

**EXPERIENCES OF NURSES CARING FOR PATIENTS DIAGNOSED WITH COVID-19: A QUALITATIVE STUDY****COVID-19 TANILI HASTALARA BAKIM VEREN HEMŞİRELERİN DENEYİMLERİ: NİTEL BİR ÇALIŞMA**Merve ŞAHİN <sup>1</sup>, Fatma DEMİRKIRAN <sup>2</sup>, Hava SALIK <sup>3</sup><sup>1</sup> Bergama Necla-Mithat Öztüre Public Hospital, İzmir, Türkiye<sup>2</sup> Aydın Adnan Menderes University Faculty of Nursing, Aydın, Türkiye.<sup>3</sup> Hakkâri University Faculty of Economics and Administrative Sciences, Hakkâri, Türkiye**ABSTRACT****Objectives:** This study was conducted in order to study in depth the experiences of nurses who care for patients diagnosed with Covid-19.**Materials and Methods:** In the study, a phenomenological pattern from qualitative research methods was used. The study group of the research included 35 nurses working in the units of a state hospital that care for patients diagnosed with Covid-19 between May 2022 and July. Intense sampling technique, which is a purposive sampling method, was used in the selection of the sample and the sample size was formed by 7 nurses. A semi-structured interview form was used to collect the data. In the evaluation of the findings obtained from the interviews, inductive content analysis method was used. The data were analyzed using the MAXQDA 2020 program.**Results:** In line with the research findings, themes and sub-themes were determined from the expressions of the nurses. According to this; 4 themes were determined as "difficulties they experienced", "effects on their lives", "emotions they feel" and "coping methods" of nurses who care for patients with a diagnosis of Covid-19. In the context of the theme of the effects on nurses' lives who work during the Covid-19 pandemic, sub-themes emerged as 'effects on their perspectives on life', 'effects on their professional lives', and 'effects on their family and social lives'.**Conclusion:** The results obtained from this study showed that nurses who care for patients with a diagnosis of Covid-19 experience difficulties due to stigmatize and their superiors' management of the process. The causes of this process includes working in difficult conditions such as the intensity of the number of patients, insufficient number of nurses, inability to reach treatment and care, and frequently encountering death cases; professional problems such as not being appreciated, loneliness and burnout; family and social life problems such as fear of losing loved ones, being asocial, fear of contagion, and disruption of family interactions. It has been revealed that nurses use sports, crying and medical treatment methods to cope with these negativities. Despite all the negativities, it has been observed that this process also provide positive awareness in nurses' outlook on life. According to the results obtained from the research, it was suggested that awareness-based approaches should be applied, and financial and psychological support interventions should be offered in order to increase nurses' well-being, to become aware of the emotions they feel, to change their perspectives, to cope effectively and to develop their problem solving skills.**Keywords:** Covid-19, Experience, Nurse, Pandemic, Qualitative Research**ÖZET****Amaç:** Bu çalışma, Covid-19 tanılı hastalara bakım veren hemşirelerin deneyimlerini derinlemesine incelemek amacıyla yapılmıştır.**Materyal-Metot:** Çalışmada, nitel araştırma yöntemlerinden fenomenolojik desen kullanılmıştır. Araştırmanın çalışma grubuna, 2022 Mayıs - Temmuz tarihleri arasında, bir devlet hastanesinin Covid-19 tanılı hastalara bakım veren birimlerinde çalışan 35 hemşire alınmıştır. Örneklem seçiminde, amaçlı örneklem yöntemi olan yoğun örneklem tekniğinden yararlanılmış ve örneklem büyüklüğünü 7 hemşire oluşturmuştur. Verilerin toplanmasında yarı yapılandırılmış görüşme formu kullanılmıştır. Görüşmelerden elde edilen bulguların değerlendirilmesinde, tümevarımcı içerik analiz yöntemi kullanılmıştır. Verilerin analizinde, MAXQDA 2020 programından yararlanılmıştır.**Bulgular:** Araştırma bulguları doğrultusunda hemşirelerin ifadelerinden temalar ve alt temalar belirlenmiştir. Buna göre; Covid-19 tanılı hastalara bakım veren hemşirelerin "yaşadıkları zorluklar", "yaşamlarına etkileri", "hissettikleri duygular" ve "baş etme yöntemleri" olmak üzere 4 tema belirlenmiştir. Covid-19 pandemi sürecinde çalışmanın hemşirelerin yaşamlarına olan etkileri teması bağlamında, hayata bakış açılarına etkileri, mesleki hayatlarına etkiler, aile ve sosyal yaşamlarına etkiler olarak alt temaları ortaya çıkmıştır.**Sonuç:** Bu çalışmadan elde edilen sonuçlar, Covid-19 tanılı hastalara bakım veren hemşirelerin damgalanma ve yöneticilerin süreci yönetmelerinden kaynaklı zorluklar yaşadıklarını göstermiştir. Bu süreç, hemşirelerde hasta sayısındaki yoğunluk, yetersiz hemşire sayısı, tedavi ve bakıma yetişememe, sık sık ölüm olgusu ile karşılaşma gibi zor şartlarda çalışma, hak ettikleri değeri görmeme, yalnızlık ve tükenmişlik gibi mesleki sorunlara; sevdiklerini kaybetme korkusu, asosyal olma, bulaş korkusu, aile içi etkileşimlerin bozulması olarak da aile ve sosyal yaşamlarında sorunlara neden olmuştur. Hemşirelerin, yaşadıkları bu olumsuzluklarla baş etmek için ise spor yapma, ağlama ve medikal tedavi yöntemlerini kullandıkları ortaya çıkmıştır. Tüm olumsuzluklara rağmen, hemşirelerin hayata bakışlarında olumlu farkındalıklar da sağladığı görülmüştür. Araştırmadan elde edilen sonuçlar doğrultusunda, hemşirelerin iyi oluşlarının artması, hissettikleri duyguların farkına varması, bakış açılarının değişmesi, etkili baş edebilmesi, problem çözme becerilerinin gelişmesi için farkındalık temelli yaklaşımların uygulanması, maddi ve psikolojik destek müdahalelerinin sunulması önerilmiştir.**Anahtar Kelimeler:** Covid-19, Deneyim, Hemşire, Nitel Araştırma, Pandemi.**Sorumlu Yazar / Corresponding Author:** Merve ŞAHİN, Dr., Bergama Necla-Mithat Öztüre Public Hospital, İzmir, Türkiye.**E-mail:** mmrveshn@gmail.com**Bu makaleye atf yapmak için / Cite this article:** Şahin M., Demirkıran F., & Salık H. (2023). Experiences of Nurses Caring for Patients Diagnosed with Covid-19: A Qualitative Study. *Gevher Nesibe Journal of Medical & Health Sciences*, 8(4), 946-956. <http://doi.org/10.5281/zenodo.10045707>

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## INTRODUCTION

From the past to the present, epidemics have occurred that caused the death of many people. Today, the Covid-19 epidemic, which has spread rapidly all over the world, has negatively affected the way of life of societies. This great epidemic has had negative physical and mental effects on individuals (Chen et al., 2020). The Covid 19 pandemic has negatively affected health professionals like everyone else in social life. Nurses, on the other hand, are at the forefront of the Covid-19 outbreak, as the largest group of healthcare professionals (WHO, 2020). Nurses are in an ideal position to be the occupational group that interacts with the most patients and to apply life-saving interventions during the Covid-19 pandemic process (Choi & Jeffers, 2020; Jackson et al., 2020; Liu et al., 2020; Purabdollah & Ghasempour, 2020; Shanafelt et al., 2020). Nurses applied treatment and care to patients diagnosed with Covid-19 under difficult conditions, fearing contamination, for hours (Purabdollah & Ghasempour, 2020; Xiang et al., 2020). This risky situation, which they were in, negatively affected nurses both physically and mentally. In fact, they became infected and died while caring for patients diagnosed with Covid-19 (Sun et al., 2020). Shen et al (2020) in his study with nurses; It is reported that nurses experience problems such as loss of appetite or indigestion, fatigue, and frequent crying. At the same time, they also experience mental problems such as anxiety, depression, insomnia, fear and anger. In other studies with nurses, it was stated that during the pandemic, nurses experienced fatigue, exclusion, loneliness, fear, panic, anger, anxiety, insomnia, lack of communication, burnout, depression, distress, apathy, and helplessness. It is reported that this situation occurs as a result of the frequent death of their caregivers and colleagues, increased workload, use of protective equipment, contamination and concern for their families (Akkuş et al., 2020; Aksoy & Koçak, 2020; Chen et al, 2020; Crowe et al., 2021; Galehdar et al., 2020; Gilroy, 2020; Hu et al., 2020; Huang et al., 2020; Kackin et al., 2020; Lai et al., 2020; Liu et al., 2020; Maben & Bridges, 2020; Sun et al., 2020; Yıldırım et al., 2021; Zhang et al., 2020). Emotions and problems experienced by nurses unconsciously affect their attitudes and care. For this reason, it is important to express the perceptions of nurses regarding the Covid-19 pandemic process, the emotions they feel while caring for patients with Covid-19, and their experiences, in order to eliminate errors and problems in the knowledge and care skills of providing care to patients with Covid-19. It is thought that revealing the experiences of nurses who care for patients with Covid-19 will make a significant contribution to the literature for improving working conditions and protecting nurses' mental health. In addition, it is believed that knowing the problems nurses experience can facilitate the development of solutions to be applied to these problems. The aim of this study is to examine in depth the experiences of nurses who care for patients with a diagnosis of Covid-19.

## MATERIALS AND METHODS

This research is a qualitative study using "phenomenological design". The phenomenological design is a qualitative methodology that aims to investigate the experiences of individuals in detail and to reveal how they make sense of these experiences. The main purpose of phenomenology is to understand the essence of the object by reducing individual experiences of an event to a universal explanation (Creswell, 2016; Yıldırım & Şimşek, 2016).

The study group of the research consists of a total of 35 nurses working in the units that care for patients diagnosed with Covid-19 in a state hospital in the Izmir district center between May 1 and July 31, 2022. In the study, the "dense sampling" technique, which is purposive sampling, was used to determine the sample (Hatch, 2002). The interview continued until the "saturation" point was reached and no new data could be obtained, without calculating the sample size, and the sample group was terminated with 7 nurses.

The inclusion criteria were;

1. To be working between 1 May and 31 July 2022,
2. To work in the unit that cares for patients diagnosed with Covid-19.

The average age of the nurses included in the study was 43.57. All of the nurses are women and have a bachelor's degree. Professional experience of nurses is between 10 - 31 years; The working period in the unit varied between 2-14 years.

A "semi-structured interview form" consisting of open-ended questions was used to collect research data. Interview questions were prepared by the researchers in line with the literature (Liu et al., 2020; Yüncü & Yılan, 2020). After the questions were evaluated by a qualitative research expert

and necessary arrangements were made, a preliminary application was carried out by interviewing the nurses. After the pilot application, the interview form was finalized with the necessary arrangements. Each interview with the nurses lasted an average of 10-15 minutes, and the interviews were recorded with a voice recorder. Interviews were held on the days when the nurses were available, within 3 months after the approval of the ethics committee and the permission of the institution.

Study data were collected through face-to-face in-depth interviews between 1 May and 31 July. During the interviews, a "semi-structured interview form" consisting of 8 questions was used. Research questions: What are the difficulties you are experiencing during the pandemic process? How do you feel when caring for patients diagnosed with Covid-19? How has caring for patients diagnosed with Covid-19 affected your perspective on life? How has caring for patients diagnosed with Covid-19 affected your professional life (your view of nursing)? How has caring for patients diagnosed with Covid-19 affected your family and social life? What do you do to cope with this process while caring for patients diagnosed with Covid-19? Do you have a memory you would like to add?

### Statistical Analysis

In the evaluation of the selection obtained from the interviews, inductive content analysis method was used. Computer-assisted qualitative data analysis was used to analyze the data and model the resulting situation (Creswell, 2016). In this context, the MAXQDA 2020 program was used in the analysis of the data and the creation of the models (VERBI, 2020).

The codes were created in line with the common opinions of the researchers. The interviews recorded for the analysis of the data were deciphered and transferred to the MAXQDA 2020 program, and the codes and themes were analyzed within the program. The data were organized according to common/similar themes by content analysis. The main themes and then sub-themes and codes were created by the researchers and experts.

In order to increase internal reliability, more than one researcher was involved in the analysis and interpretation of the data, in line with researcher triangulation (Streubert & Carpenter, 2011). The interview forms were independently coded by 2 researchers with qualitative research experience and a doctoral degree in psychiatry, and a specialist researcher. The internal reliability was calculated using the formula (Percent of Agreement = Agreements / (Agreements + Disagreements) x 100%) of Miles and Huberman (1994), which conceptualizes the consensus among encoders. The percentage of agreement among the coders was (62 / (62+11) x100 = 84.93%). This value was accepted as reliable for research (Miles & Huberman, 1994). In addition, in order to increase the external validity (transferability) of the research, direct quotations were made from the statements of the participants, without adding comments, in a way that remained true to the nature of the data.

### Ethical considerations

In order to conduct the research, ethical approval (no:2021/282; date:15.02.2022) was obtained from the Ethics Committee of Aydın Adnan Menderes University Faculty of Nursing, and institutional permissions were obtained from the hospital where the research would be conducted. The nurses participating in the study were informed about the aims and design of the study and their written consent was obtained.

## RESULTS

### Results on Demographic Characteristics of Nurses Caring for Patients with Covid-19

Results regarding the sociodemographic data of nurses who care for patients with a diagnosis of Covid-19 are given in Table 1.

**Table 1.** Demographic Characteristics of the Participants (n=7)

Working Group	Gender	Age	Education Status	Professional Experience	Department	Working Time on the Unit	Marital Status	Number of Children
H1	Female	43	Licence	24 years	Emergency	5 years	Married	1
H2		40		10 years	Emergency	10 years	Married	1
H3		46		27 years	Intensive Care	14 years	Single	1
H4		48		31 years	Intensive Care	9 years	Married	3
H5		42		22 years	Covid Service	2 years	Single	-
H6		47		30 years	Emergency	4 years	Married	2
H7		39		15 years	Covid Service	2 years	Married	2

Table 1 contains data on the sociodemographic characteristics of nurses who care for patients with a diagnosis of Covid-19. Accordingly, all of the nurses (n=7) are female and have a bachelor's degree. Average age is  $X= 43.57$ . It has been determined that the professional experience of the nurses varies between 10 and 31 years and the working time in the unit varies between 2-14 years. In addition, almost all of the nurses (n=5) are married and have children.

### Experiences of Nurses Caring for Patients Diagnosed with Covid-19

As a result of the analysis, 4 main themes and 3 sub-themes were determined. Themes and codes, which include the experiences of nurses who care for individuals with a diagnosis of Covid-19, are presented in the table (Table 2).

**Table 2.** Themes and Codes Obtained from the Experiences of Nurses Caring for Patients with Covid-19

Themes	Codes	n*
Main Theme 1. The difficulties they experienced	Stigmatize	7
	Problems caused by nursing services and administrative managers managing the process	7
	Lack of financial and moral support	7
	Use of personal protective equipment	7
	Practicing patient treatment and care for hours at the bedside	6
	Density in the number of patients	6
	Material shortage	6
	Inappropriateness of the physical conditions of the working environment	4
Main Theme 2. Effects on their lives		
Sub-theme 1. Effects on their perspectives on life	Awareness	4
	Thinking more about death	3
	Altruistic and devoted approach	2
	The devaluation of social and work relationships	2
Sub-theme 2. Effects on their professional life	Working condition in harsh circumstances	7
	Thinking and understanding that you are not valued	7
	Burnout	7
	Not wanting to work	7
	Feeling lonely	7
	Being aware of the fact that the "Nursing" profession is more difficult than other occupational groups	4
Sub-theme 3. Effects on family and social life	Fear of losing loved ones	7
	Being antisocial	6
	Fear of contagion	5
	Disruption of family interactions	5
	Constant desire to wash and self-washing	4
	Understanding the value of time spent with loved ones	2
Main Theme 3. The emotions they feel	Death anxiety	7
	Uncertainty anxiety	7
	Fear	7
	Despair	3
	Curiosity	2
	Sadness	1
	Insufficiency	1
	Doing sports	5

Main Theme 4. Coping methods	Crying	4
	Medical treatment	3
	Living in isolation	3
	Drinking alcohol	2
	Planning retirement	1

\*n multiplied.

### Theme 1: Challenges of nurses caring for patients with Covid-19

When asked about the difficulties experienced by nurses who care for patients with a diagnosis of Covid-19; all of the participants (7/7) are "stigmatized", "problems caused by nursing services and administrative managers' management of the process" (not meeting basic needs -heating, food-, being ignored, being left unattended, not being able to support, not being able to be reached, not being listened to, constant relocation of units) , "not receiving material and moral support" (not being respected, permissions not being revoked, only "applause" for labor, economic support), "problems in using personal protective equipment" (spots and bruises on the face, difficulty in breathing, sweating and rashes after) headache, decrease in visual fields, disruption in communication) 6/7 of them are "patient treatment and care for hours at the bedside", "density in the number of patients" and "material shortage"; 4/7 of them stated that they experienced "distresses due to the inconvenience of the physical conditions of the working environment".

Some of the statements of the participants are as follows:

*"Simply, the cashier in A-101 opposite us did not let us in for a while because she said, 'You work in covit, I know you, I saw you when I came' ..." [H7].*

*"We were left completely unattended. I felt like, 'I felt like a soldier on my own in a border outpost. As if it was only about us, we couldn't have much contact with the administrators or the staff of the other hospital while the covid was going on, that is, the pandemic was going on. It wasn't enough, of course! They built a wall between us so that we could not communicate with each other, so that we could not reach. The wall you know..." [H6].*

*"They made our unit with poor ventilation, the covid unit. Once we have seen once again that our rooms are not physically suitable for this job, our rooms are very narrow. Two patients and two accompanying persons remained in these rooms. It's appropriate that we should not contact them, but we made contact, we did our treatment, we did our care. Frankly, the physical conditions of the hospital made us very difficult. As I said, the reason for the difficulty was the physical conditions of the hospital at first. Because we could not hospitalize the patients one by one. The number of patients increased a lot, and when it became 34 patients, we filled 34. In other words, we filled the service. The patients got worse and it was not possible to get many of them into the room with the emergency car. Frankly, the physical conditions of the hospital made it very difficult for us. We already knew that it was not suitable, we understood much better during the covid process." [H3].*

### Theme 2: Effects of working on the lives of nurses during the Covid-19 pandemic process

Nurses stated that working during the Covid-19 pandemic affected their perspectives on life, their perspectives on the nursing profession, and their family and social lives.

#### Sub-Theme 1: Its effects on life perspectives

Nurses stated that working during the Covid-19 pandemic process brought "awareness" to their perspectives on life (4/7), they thought about "death" more (3/7), how much they "devoted and self-sacrificed" (2/7) and "stated that their social and business relations became worthless" (2/7).

One of the statements of the participants is as follows:

*"I started to question more, that is, life. I guessed death, I questioned more, so that means that a disease could come out and cut the population in half. Death could knock on our door every minute at any moment. In the covid era, yes, I started to question death more. I started to question death more. I started to think. So it's a microbe!.." [H2].*

#### Sub-Theme 2: Effects on their professional life

All of the participants (7/7) stated that they worked under difficult conditions during the Covid-19 pandemic (dense number of patients, insufficient number of nurses, inability to catch up with treatment and care, encountering frequent death cases, absence of shift breaks, difficulty in using personal protective equipment), they stated that they understand that they are not valued (not being respected, appreciated, not rewarded), they feel alone, they experience burnout, they do not want to

work, and this situation reflects negatively on the care. Some nurses (4/7) mentioned that they questioned their choice of profession and realized that the "nursing" profession is more difficult than other professions.

Some of the statements of the participants are as follows:

".....While every professional group was sleeping at home, we couldn't go to our house, we couldn't see anyone. But they applauded us! There was no occupational group that worked harder than us..." [H2].

"...So that's why I didn't want to work; why? Because, the thing that caused burnout was because we worked hard here, we worked too hard, we worked with fear. It was seeing death all the time, death was one step away from us. So we were turning around, someone is dying, we turn other way around, the other was dying, I mean. ..." [H4].

### **Sub-Theme 3: Effects on family and social life**

Nurses, stated negative effects during the Covid-19 pandemic process like; "fear of losing loved ones" (7/7), "being asocial" (6/7), "fear of contagion" (5/7), "deterioration of family interactions" (5/7) and "continuous washing and desire to be washed" (4/7). On the other hand, they stated that they understood the value of spending time with their loved ones (2/7) and that this feeling increased love and commitment.

Some of the statements of the participants are as follows:

"I was having trouble breathing, there was a fear of contagion at any moment. In other words, I was very afraid of infecting the people around me rather than infecting me, infecting myself. We had great concerns to protect ourselves and protect our loved ones." [H5].

"My child is asocial right now because he/she can't go out. Of course, we became antisocial"[H1].

### **Theme 3: Emotions feeling by nurses caring for patients with Covid-19**

While nursing patients with Covid-19 nurses stated that they felt; death anxiety (7/7), uncertainty anxiety (7/7), fear (7/7), helplessness (3/7), curiosity (2/7), sadness (1/7) and inadequacy (1/7).

Some of the statements of the participants are as follows:

"When Covid-19 first started, this is how I approached patients with fear and curiosity when first caring for them. We had great concerns to protect ourselves and protect our loved ones..." [H4].

"Living face to face with death. On the one hand, we have seen how close death is to us. I mean, a lot of my loved ones, my children, my children would be left behind, I was so scared like this..." [H7].

"Despair, uncertainty, sadness..." [H5].

### **Theme 4: Methods of coping with the Covid-19 pandemic process**

When the nurses were asked what they did to cope with the Covid-19 pandemic process; the participants were stated it as "doing sports" (5/5), "crying" (4/7), "medical treatment" (3/7), "living in isolation" (3/7), "drinking alcohol" (2/7) "planning retirement" (1/7).

One of the statements of the participants is as follows:

"I received medical treatment, so I always did sports after primary school 5. I'm not the type to shut up and watch a movie inside the house and stay indoors all day and be happy. I believe that there are serious amounts of happiness hormones in sports. It's been very good to me"[H1].

### **Sharing of nurses caring for patients diagnosed with Covid-19**

During the Covid-19 pandemic; in their own words, the nurses' special moments are as follows:

"I was on duty one day, I will never forget it. I found myself yelling at my cat. 'What are you doing?' I said to myself then. What sin did that brat do? It could also be my child. I don't know how I will account for this. I'm still thinking about it and I'm so sorry" [H5].

"In this area, neither the new inpatient stretcher nor the patient stretcher going to the intensive care unit nor the ex-stretcher was missing. We had an Aunt Neriman whom we looked after for years. This family has no children. Her husband was her companion. Her husband was always watching. In other words, the aunt died not from Covid-19, but from her own disease. Then uncle also hospitalized to our service. When we see it, we already have an idea about the course of the disease from the profile, more or less. Uncle's general condition did not go well. We had to take him to

*intensive care. Here we are, I said, 'Look,' I said, 'When I take you to the service from the intensive care unit, I will meet you again, I will pick you up'. I said, 'Uncle Selim, don't be sad, okay? I said, 'You are not sad, you are not afraid,' or something, and he said, 'No, I am not afraid'. This is how we looked at each other. I said, 'I'm going to make you the soup, what soup should I make? He said to me, 'Aunt Neriman will make me the soup'. After that he said (in a tearful, sad tone): 'People have children and they have children with them when they go to intensive care. I don't have a child with me, but I have a nurse who sends me off like my child. I still can't forget Uncle Selim. Afterwards, Uncle Selim also died. I was very upset. I can't forget this moment and I will never forget it" [H7].*

*"It has always been us in the last days of people. We were always there in his last moments. Those who shouted 'I can't breathe, I can't breathe', 'we are drowning, died saying 'save us' 'save me'. In fact, we saw how much they wanted to live and how much they feared death. They took shelter in us in desperation, they asked us for help, but we were so helpless! There were many moments when we could do nothing, especially when our professional powers were limited. Sometimes, the lack of room in the intensive care units, the lack of materials and the lack of sufficient team caused a lot of trouble and we sent him to death in plain sight. I felt so sad, it's always in my mind and it won't come off easily. It was like apocalypse. He took away 5 years of our life from us" [H4].*

## DISCUSSION

The results of this study, which was conducted to examine the experiences of nurses who care for patients with a diagnosis of Covid-19, were discussed in line with the literature.

In our study, nurses who care for patients with a diagnosis of Covid-19 stated that they had difficulties related to the, stigmatization during the pandemic; problems caused by nursing services and administrative managers managing the process; lack of material and moral support; use of personal protective equipment. In a study conducted with nurses, Akkuş et al. (2022) stated that the most important problems experienced by nurses who care for patients diagnosed with Covid-19 during the pandemic process are social isolation, exclusion, loneliness and stigma. This exclusion and stigma faced by nurses who care for patients with Covid-19 can lead to restrictions in their social lives (Chen et al., 2020; Sun et al., 2020; Zhang et al., 2020; Xiang et al., 2020). In addition, stigma can cause negative effects on health professionals such as burnout (Ramaci et al., 2020; Xiang et al., 2020). Despite the applause for the support of health professionals at 9 pm every evening, the stigma could not be prevented. In our study, nurses stated that they experienced difficulties due to the management of the process by nursing services and administrative managers such as not meeting basic needs, being ignored, being left unattended, not being listened to, and not being reached. In their study with nurses, Maben and Bridges (2020) stated that they thought that nurses were not supported by health managers. They stated that many nurses felt intensely 'trapped, abandoned, ostracized, anxious and angered' and some of them left the profession.

In their study with nurses, Chen et al. (2020) argued that basic needs such as eating, drinking, resting and sleeping for physical and mental health should be met as much as possible, especially during this crisis period. In the study of Shanafelt et al. (2020), health professionals expressed their demands to the health managers and team leaders like; 'hear me!, protect me!, prepare me!, support me!, take care of me!'. Also, they stated that health managers should ask them 'what do you need?' and they should make every effort to meet these needs. Of course, they argued that everything desired is not expected to be achieved, what is only expected is to be reached, to be listened to, to be accepted, to be visible and to be appreciated. Thus, they determined that health professionals who risk their lives will feel 'honored and grateful' and will help them cope with emotions such as fear and anxiety.

In our study, they stated that the nurses who care for patients with a diagnosis of Covid-19 could not receive financial and moral support, such as being disrespected, their permissions canceled, and receiving only 'applause' for their efforts. Cengiz et al (2021), in their study with nurses, rebelliously stated that they could not receive payment differentials and work with low wages in these difficult conditions. Sufficient support is not provided to nurses, which can cause nurses to feel anger (ICN, 2020). Yıldırım et al (2021) also stated in their study that nurses were treated unfairly in such a risky situation, they thought that they were treated unfairly and that their efforts could not be rewarded. Buheji and Buhaid (2020) suggested that during the Covid-19 pandemic process, the 'sacrifice and self-sacrifice' of nurses can be provided not only by applause, but also by increasing their income, financial and moral support.

In our study, nurses stated that they experienced difficulties related to the use of personal protective equipment such as difficulty in breathing, sweating, headache, decreased visual fields, and communication problems. In their study with nurses, Huang et al (2020) determined that the mental and physical load of nurses due to the use of personal protective equipment (disposable N95 and ff2 masks, protective glasses, visors, aprons, boots) during the pandemic process increased. They also stated that the nurses had physical and mental difficulties due to their working conditions. In addition, they think that when the pandemic process is over, nurses will feel exhausted as a result of these conditions.

In our study, nurses worked in difficult conditions such as the density of the number of patients, insufficient number of nurses, inability to catch up with treatment and care, and frequently encountering the phenomenon of death; not seeing the value they deserve; faced with professional problems such as loneliness and burnout. In this process, the increase in the number of patients, nurse shortages, increased expectations from the remaining nurses and being separated from their families for a long time resulted in loneliness and burnout (Huang et al., 2020). These symptoms cause loss of workforce in nurses and decrease the quality of care and even make care practices difficult when necessary (Chen et al., 2020).

The working conditions of nurses, which were difficult due to their workload, have worsened with the pandemic. In our study, half of the nurses mentioned that they questioned their choice of profession and realized that the 'nursing' profession is more difficult than other occupational groups. In their study, Yakıt and Uyurdağ (2017) stated that they felt helpless and dissatisfied about the future of the profession. For this reason, some of the nurses stated that they regret choosing the nursing profession and could not quit due to financial means. In other studies conducted with nurses, it was stated that instead of wanting to be noticed and visible, nurses experienced 'exhaustion, alienation from the profession, feeling worthless, injustice, and role confusion' and they did not want to continue their profession (Cengiz et al., 2021; Yıldırım et al., 2021). In fact, all these crises can be turning points. In this respect, these thoughts of nurses can negatively affect the quality of care they provide.

In our study, nurses stated that working during the Covid-19 pandemic brought positive awareness in their view of life and they thought more about death. In addition, in their family and social lives, nurses have revealed that they experience fear of losing their loved ones and fear of contagion, that they are asocial, that their family interactions are impaired, and that the difficulties they experience are effective in understanding the value of spending time with their loved ones, and that this feeling strengthens love and commitment. Supporting the Results of the study, studies have shown that nurses are afraid not only for themselves but also for infecting their families and loved ones and losing their loved ones (Akkuş et al., 2020; Galehdar et al., 2020; Garcia-Martin et al., 2020).

In our study, nurses stated that they felt death anxiety, uncertainty anxiety, fear and helplessness while giving care to patients diagnosed with Covid-19. Sun et al (2020) reported that nurses who care for patients with a diagnosis of Covid-19 do not feel well mentally and experience intense negative emotions. In a study conducted with nurses, Liu et al. (2020) stated that during the pandemic, nurses felt tired from working under new and uncertain conditions and experienced fear of contagion. They also frequently experience anxiety over the death of patients and colleagues (Gilroy, 2020). In the literature, in other studies, the most intense emotions experienced by nurses caring for patients with a diagnosis of Covid-19 are; fear, anger, fear of contagion, anxiety, helplessness, uncertainty anxiety, depression and death anxiety (Aksoy & Koçak, 2020; Chen et al., 2020; Crowe et al., 2021; Galehdar et al., 2020; Gilroy, 2020; Hu et al., 2020; Huang et al., 2020; Jackson et al., 2020; Kackin et al., 2020; Lai et al., 2020; Liu et al., 2020; Maben & Bridges, 2020; Yıldırım et al., 2021). These feelings felt by nurses negatively affect their health and professional performance. The anxiety they experience and other emotions they feel can weaken the immune system, like a vicious circle, and can lead to Covid-19 infection when they experience more anxiety, fear and mental distress (Chen et al., 2020; Purabdollah & Ghasempour, 2020). This suggests that nurses may be associated with providing direct care to patients with Covid-19, frequently encountering death, sharing suffering and experiencing ethical dilemmas (Pappa et al., 2020).

Nurses used the methods of doing sports, crying, medical treatment and living in isolation to cope with the Covid-19 pandemic process. In the literature, studies have revealed that nurses consciously avoid close contact to do sports, listen to music, cry, pray, use humor and prevent contagion (Akkuş et al., 2021; Shen et al., 2020; Zhang et al., 2020). It is a positive finding that nurses



use coping methods to protect their mental health and well-being. However, there is also the possibility that nurses use ineffective coping methods. This has shown in studies conducted in previous outbreaks that ineffective coping methods can lead to burnout and PTSD in the long run (Kim et al., 2018; Lee et al., 2018; Maunder et al., 2006). It is thought that knowing the coping methods used by nurses can contribute to the shaping of interventions to facilitate and strengthen nurses' adaptation to the process.

## CONCLUSION

This study showed that nurses who care for patients diagnosed with Covid-19 were adversely affected individually, socially and professionally during the pandemic process.

In our research, nurses stated that they had difficulties like stigmatize; problems caused by nursing services and administrative managers managing the process; lack of material and moral support; problems about using of personal protective equipment. This process causes professional problems such as the intensity of the number of patients, insufficient number of nurses, inability to reach treatment and care, working in difficult conditions such as frequently encountering death, not seeing the value they deserve, loneliness and burnout; The fear of losing loved ones, being asocial, fear of contagion, and disruption of family interactions caused problems in their family and social lives. In addition, this process has brought positive awareness in their view of life. Nurses stated that they felt death anxiety, uncertainty anxiety, fear and helplessness while giving care to patients diagnosed with Covid-19. They use different methods such as doing sports, crying and medical treatment to cope with these negativities.

This research provides scientific data for the officials and health managers who develop health policies during the pandemic process of nurses who care for patients with a diagnosis of Covid-19. The themes obtained as a result of the experiences of nurses, meeting their basic needs; creation of safe and healthy working environments; be supported, accessible and visible within the team and by health managers; maintenance of family roles; demonstrates the need for social support. In addition, to increase nurses' well-being, to realize the emotions they feel, to change their perspectives, to cope effectively, to develop problem-solving skills, teaching relaxation techniques by using methods such as webinars, tele-conferences, online face-to-face consultations, application of awareness-based approaches, financial and Psychological support interventions are recommended.

What nurses have experienced during the Covid-19 pandemic is unprecedented. With the Covid-19 pandemic process, the importance of the nursing profession and nursing care has come to the fore again, both internationally and nationally. Although the importance and indispensability of the nursing profession has been explained for centuries, perhaps its importance has not been realized so much until today. Nurses once again demonstrated the importance of nursing as 'the closest to the patients' in the days when everyone ran away from each other, could not touch and approach each other.

## Limitations

The limited number of nurses working at a single hospital who were reached in the study and the inability to generalize to all nurses constitute a limitation of the research.

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## Author Contributions

**Plan, design:** MŞ, FD; **Material, methods and data collection:** MŞ; **Data analysis and comments:** MŞ, HS; **Writing and corrections:** MŞ, FD, HS.

## Conflict of interest

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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