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Professional and psychological perceptions of emergency nurses during the COVID-19 pandemic: A qualitative study

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Abstract

Aim: To explore the changing roles and responsibilities, difficulties, feelings, and coping strategies of emergency nurses during the COVID-19 pandemic.

Methods: This study was conducted as a qualitative study using a phenomenological approach. A total of 12 emergency nurses were recruited using purposive sampling from a COVID-19-designated hospital in Konya, Turkey for qualitative study. Data were collected through semi-structured individual interviews in January 2021. The data were analyzed using the content analysis method with the MAXQDA 2020 software program. The study conforms to the consolidated criteria for reporting qualitative research checklist.

Results: Four theme categories emerged from the data analysis: (a) "Increasing roles and responsibilities as an emergency nurse"; (b) "Difficulties of working in pandemic conditions"; (c) "Emotional responses in the pandemic"; and (d) "Strategies for coping with the effects of the pandemic". In this study, it was determined that emergency nurses had increased roles and responsibilities due to physicians being in the background, fulfilled their roles and responsibilities in a chaotic working environment, experienced many positive and negative feelings together or gradually, and applied individual coping strategies.

Conclusions: This study indicated that emergency nurses fulfilled their increasing roles and responsibilities on the frontlines in a chaotic working environment during the pandemic. Despite many negative feelings, it was determined that they tried to show psychological adjustment and resilience with a strong professional commitment and social support.

KEYWORDS

COVID-19, emergency nursing, life experiences, pandemics, qualitative research

1 | INTRODUCTION

In recent years, countries around the world have experienced various global coronavirus outbreaks, including severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS), which have caused serious losses (Poortaghi et al., 2021). A novel coronavirus outbreak, defined as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which causes coronavirus disease 2019 (COVID-19), was first diagnosed in Wuhan, China in December 2019 (Munster et al., 2020; Sun et al., 2020) and spread rapidly around the world (Wang et al., 2020). According to the World Health Organization (WHO), as of January 10, 2021,

there were a total of 88,387,352 confirmed cases of COVID-19 worldwide, including 1,919,204 deaths. In Turkey, the 7th country affected by the pandemic, 2,317,118 confirmed cases of COVID-19 were reported, including 22,631 deaths (WHO, 2021).

The COVID-19 pandemic, which has become a global public health emergency, has placed extraordinary demands on healthcare systems around the world (Barello et al., 2020; Mokhtari et al., 2020; Poortaghi et al., 2021). The increasing demand for emergency departments, which provide society's access to medical services and are accepted as an interface between the healthcare system and society, has also increased the importance of the key role that emergency nurses play in public health response (Chang et al., 2020b; Lam et al., 2019).

Emergency nurses work in a highly stressful environment that includes, but is not limited to, long working hours, coping with life-threatening illnesses, interacting with accident and trauma patients, dealing with anxious relatives, and meticulous managers. In addition, they face many physical and mental challenges in the workplace every day, often associated with factors such as reducing costs, increased workload, and increased use of advanced healthcare technologies (Lam et al., 2019). Further, it is stated that healthcare professionals who are on the frontline in a disaster situation such as a pandemic have greater risks in terms of mental health problems such as stress, frustration, fatigue, insomnia, irritability, anxiety, depression, and burnout (Goh et al., 2021; Liu et al., 2020a; Sun et al., 2020). During the pandemic, nurses' working environments, staff strength, leadership effectiveness, participation in decision-making processes, strain and burnout, and work-life problems can affect the delivery of continuous and comprehensive patient care and can have a significant impact on how to deal with public health crises and epidemics (Chang et al., 2020a; Sperling, 2021). Therefore, it is crucial to understand the true feelings, difficulties, and demands of frontline nurses fighting against the COVID-19 pandemic (Liu et al., 2020b).

1.1 | Literature review

The COVID-19 pandemic has presented nurses with an unprecedented number of challenges, professionally, socially and psychologically (Catania et al., 2021; Poortaghi et al., 2021). In the literature, there are many qualitative studies (Fernández-Castillo et al., 2021; González-Gil et al., 2021; Joo & Liu, 2021; Kackin et al., 2021; Liu et al., 2020b; Sun et al., 2020; Tan et al., 2020) on this subject. In qualitative studies conducted in Spain (Fernández-Castillo et al., 2021), Turkey (Kackin et al., 2021), and China (Liu et al., 2020b), many negative psychosocial effects were reported in nurses, including stress, anxiety, and depression symptoms caused by fear, high mortality rates, and uncertainty. In another study conducted with 30 Chinese nurses working on the frontline, the causes of negative psychological experiences of nurses during the COVID-19 pandemic were listed as heavy workload, pressure, fear, anxiety, helplessness, and unfamiliarity with the environment and disease (Tan et al., 2020). Joo and Liu (2021), on the other hand, in their systematic review of qualitative studies, stated that the barriers to nurses in caring for individuals with COVID-19 are limited knowledge about COVID-19, unpredictable tasks and challenging practices, insufficient support, family concerns, and emotional and psychological stress. However, only one of these studies (González-Gil et al., 2021) focused on the perceptions and demands of emergency nurses regarding the delivery of COVID-19 care. In this study, the nurses worked with fear of being infected, their workload increased, there were deficiencies in communication with middle management and emotional exhaustion and expression of emotional difficulties have been reported (González-Gil et al., 2021). In Turkey, there has been no study conducted with emergency nurses.

When the literature is reviewed, the impact of the changing nature of emergency care on emergency nurses during an epidemic is not fully understood; studies appear to be insufficient to address the specific roles and practices of emergency nurses in the context of the public health response to an epidemic. It is stated that this gap in the literature may limit the general understanding of emergency nurses' perceptions of their role in epidemic management and may lead to failures in meeting their needs (Lam et al., 2019). Based on this, this study was carried out to examine the changing roles, experiences, difficulties, feelings, and coping methods of emergency nurses who are on the frontline of the COVID-19 pandemic.

1.2 | Research questions

1. What are the changing roles and responsibilities of emergency nurses during the pandemic?
2. What are the experiences and difficulties encountered by emergency nurses during the pandemic?
3. What are the feelings experienced by emergency nurses during the pandemic and the strategies of coping with these feelings?

2 | METHODS

2.1 | Design

The study was a qualitative study using the phenomenological method. The reason we chose the qualitative research type as the methodology is that we think it will allow us to understand more comprehensively the experiences of emergency nurses. Another reason is that this type of research has been widely used in nursing in recent years (Bradshaw et al., 2017). This study is reported in line with the consolidated criteria for reporting qualitative research (COREQ) (Tong et al., 2007).

2.2 | Participants and setting

A total of 12 nurses working in the emergency department participated in the study after providing informed consent and meeting inclusion criteria. No participants dropped out. Emergency nurses with different individual characteristics such as gender, age, and educational status who met the inclusion criteria were recruited to the study by purposive sampling method to ensure maximum diversity.

Sampling inclusion criteria were determined as follows: (a) working full-time for at least 6 months in the emergency department; (b) caring for COVID-19 patients for more than 1 month on the frontline; (c) normal cognitive ability and language skills for the participant to fully express emotional experiences; and (d) volunteering to participate in the study. Managerial-level emergency nurses were excluded, as they had less direct contact with the patients.

The determination of sample size was based on data repetition and information saturation; saturation is usually explained in terms of no new themes emerging in later interviews (Glaser et al., 1968). At the end of 12 interviews, it was determined that data saturation was reached, and the interviews were terminated.

The characteristics of the participants are presented in Table 1. The participants were two male and 10 female. Most of the participants were aged between 24 and 44 (years), were married and had children. The five nurses had a health vocational high school degree, six had a Bachelor's degree and one had a Master's degree. While the clinical experience of the nurses varied between 9 months and 24 years, emergency department experiences ranged from 8 months to 6 years.

This study was carried out in the emergency department of a public COVID-19-designated hospital in Konya, Turkey from January 12 to January 28, 2021. On January 12, 2021, when the data collection phase began, it was reported that the number of confirmed COVID-19 cases in Turkey was 9138, and the number of severely ill patients treated at the hospital was 2811 (WHO, 2021). During this period, an average of 98 COVID-19 patients a day were applying to the emergency unit of the hospital, which served as a pandemic hospital. A total of 12 emergency nurses worked in a single 24-hr shift, and four of these nurses were responsible for the treatment and care of COVID-19 patients in the quarantine department.

TABLE 1 Characteristics of participants

Nurse no.	Age	Gender	Marital status	Having a child	Education level	Total working time in the profession	Working time in emergency department	Interview time
1	26	F	Unmarried	–	Bachelor	9 months	8 months	32 min
2	25	F	Married	–	Bachelor	13 years	13 months	38 min
3	44	F	Married	3	HVHS	24 years	3 years	48 min
4	30	F	Married	2	Bachelor	10 years	3 years	46 min
5	25	F	Unmarried	–	Bachelor	13 months	13 months	33 min
6	32	F	Married	2	HVHS	10 years	6 years	55 min
7	34	F	Married	2	Master	6 years	12 months	37 min
8	28	F	Married	1	HVHS	9 years	15 months	35 min
9	24	F	Unmarried	–	HVHS	3 years	13 months	45 min
10	34	M	Married	2	Bachelor	11 years	10 months	40 min
11	41	F	Married	4	HVHS	22 years	2 years	42 min
12	30	M	Unmarried	–	Bachelor	6 years	6 years	34 min

Abbreviations: F, female; HVHS, Health Vocational High School; M, male.

2.3 | Data collection

The data were collected using the "Interview Guide", which includes seven semi-structured open-ended questions prepared by the researchers in line with the literature (Lam et al., 2019; Liu et al., 2020a, 2020b). A pilot interview was conducted with two nurses who met the inclusion criteria and were selected by purposeful sampling. As a result of the pilot interview, the interview guide was revised and two participants who had a pilot interview were not included in the study (Table 2).

Each interview was conducted only once via WhatsApp video call from January 12 to January 28, 2021. The date and time of meeting with the nurses who volunteered to participate in the study were planned by contacting the participants who met the inclusion and exclusion criteria. Most of the interviews were held on nurses' days off and outside of the working environment. At the beginning of the video interviews, the participants were informed about the purpose of the study, their verbal consents were obtained, and audio recording was made. During the interviews, the researcher was able to take a written note of her observations on the participants' facial expressions, pauses, and so forth. The interviews lasted a minimum of 32 min and a maximum of 55 min; it took an average of 40 min.

The second author who conducted the interviews has been trained and experienced in qualitative methods for many years. The researcher has worked as a nurse for many years and has been working as an emergency nurse for 1 year. This has facilitated the process of sharing participants' work experiences and ideas with the researcher. At the same time, the researcher's observations were also included in this study in order to increase the reliability of the research, since the researcher witnessed the place, time, people, and events.

TABLE 2 Interview guide

1. How would you define working as an emergency nurse during the pandemic?
2. What are your roles and responsibilities as an emergency nurse during the pandemic?
3. In your opinion, what kind of changes have occurred in your roles and responsibilities as an emergency nurse during the pandemic?
4. What are the challenges and risks you encounter in the emergency department during the pandemic?
5. How do you feel while caring for a suspected/confirmed COVID-19 patient?
6. What concerns do you have? Can you describe your feelings?
7. What are your strategies for coping with these feelings?

2.4 | Data analysis

The data were analyzed using the content analysis method with the MAXQDA 2020 software program (VERBI Software 2019, Berlin, Germany) by the second and third authors. The content analysis, which is a qualitative approach that is frequently used in nursing research and education, shows conflicting opinions and unsolved issues regarding the meaning, and use of concepts, procedures, and interpretation (Graneheim & Lundman, 2004). In this method, five steps were followed, as suggested by Graneheim and Lundman (2004): (1) to apply the entire interview immediately after each interview; (2) to read the entire text several times to understand its content in general; (3) to identify semantic units and basic codes; (4) classifying the main codes in more comprehensive categories; and (5) determining the main theme of the categories.

First, the recordings were transcribed verbatim within 24 hr of each interview. The interview texts were read several times to obtain a sense of the whole and divided into semantic units that were condensed. The condensed semantic units were abstracted and labeled with a code. Various codes were compared based on differences and similarities, and main codes were categorized. Then, all the researchers evaluated these main codes, and main and sub-themes were formed from the main codes, which further enhanced the rigor of the results.

2.5 | Rigor

This study considered the four criteria defined by Lincoln and Guba (1986) to ensure rigor: credibility, transferability, dependability, and confirmability. In this study, credibility was achieved by reflexivity to avoid prejudices about researchers' experiences with the phenomenon of interest. The authors independently analyzed the transcripts by bracketing the hypotheses, biases, and theoretical frame of reference and strictly following the steps of Graneheim and Lundman's (2004) content analysis method described above. The findings were then compared and discussed by the team until consensus was reached. Another way to ensure credibility is peer inquiry to provide external control over the research process (Lincoln & Guba, 1986). In this context, a researcher who was not involved in the research process reviewed and approved all the stages and findings. Further, participants were asked to check transcripts and evaluate researchers' comments. Thus, the dependability criterion was also met. Transferability refers to the generalizability of inquiry (Tobin &

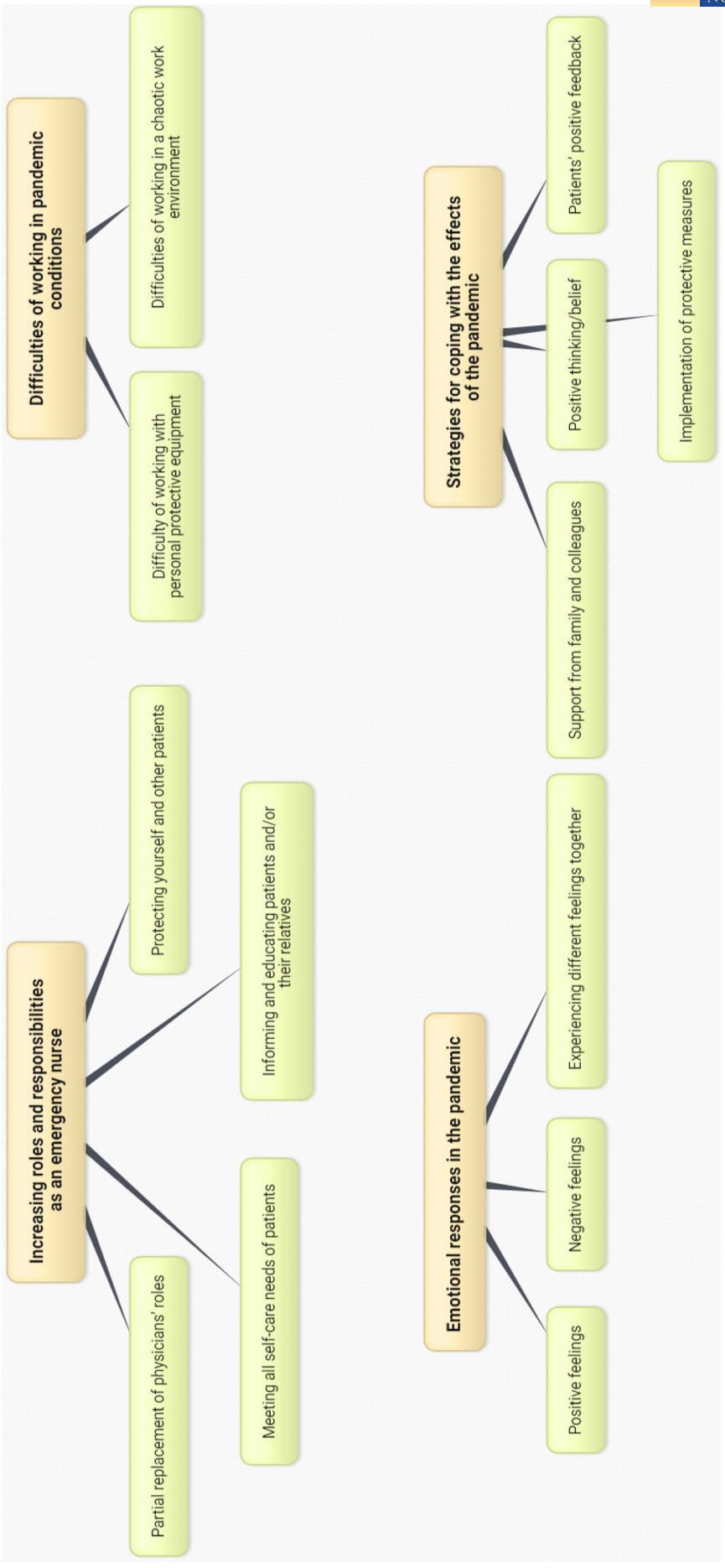

FIGURE 1 Themes and sub-themes

Begley, 2004). In this context, the interview questions were updated based on the interviews, and transferability was ensured through in-depth individual interviews. The interviews were transcribed verbatim and presented with direct quotations. To further increase transferability, nurses of different ages, gender, education level, and clinical experience were interviewed using the purposive sampling method. Finally, confirmability is concerned with determining that the researcher's interpretations and findings are clearly derived from the data, requiring the researcher to demonstrate how conclusions and interpretations were reached (Tobin & Begley, 2004). In this context, attention was paid to include the reasons for the researchers' theoretical, methodological, and analytical choices throughout the study.

2.6 | Ethical considerations

Written permission was obtained for the institutional permit from the public hospital where the study was conducted. Ethics approval was obtained from KTO Karatay University Ethics Committee (Date: 12/01/2021, Decision No: 2021/021). Before the interview, the participants were informed about the purpose of the study, and their verbal consent was obtained that they volunteered to participate in the study. During the interviews, the participants were informed that audio recording would be made and their permission was obtained.

3 | RESULTS

In this study, the themes and sub-themes obtained from the content analysis of qualitative data are given in Figure 1. Thirteen sub-themes were categorized under four themes: "Increasing roles and responsibilities as an emergency nurse"; "Difficulties of working in pandemic conditions"; "Emotional responses in the pandemic"; and "Strategies for coping with the effects of the pandemic". (Figure 1).

3.1 | Theme 1: Increasing roles and responsibilities as an emergency nurse

In this theme, the increasing roles and responsibilities of emergency nurses in the pandemic were captured: the partial replacement of physicians' roles, meeting all self-care needs of patients, informing and educating patients and/or their relatives, and protecting yourself and other patients.

3.1.1 | Partial replacement of physicians' roles

Most of the nurses stated that the roles such as patient triage and informing patients and their relatives which were performed by physicians before the pandemic were performed by nurses during the pandemic. Nurses highlighted that patient triage became more critical in this period. They reported that they divided patients into groups as confirmed/suspected COVID-19 patients or other patients according to their clinical signs and symptoms. This situation significantly increased their roles and responsibilities as nurses with the increase in the number of patients at the peak of the pandemic.

> *"Before* [the pandemic], *it was always physicians who greeted the patients first, did triage and gave information about their diseases to patients and their relatives. Now we do these too."* (Nurse 10).

> *"Physicians pulled themselves into the background, especially in the early stages of the pandemic, because the disease could be transmitted. In the quarantine area, we, the nurses, had to deal with everything of the patient, and it still is."* (Nurse 9).

3.1.2 | Meeting all self-care needs of patients

Most of the participants emphasized that all the self-care needs of the patients were met by them due to the companion/visitor restriction during the pandemic. They stated that with the increase in the number of patients and the length of stay in the emergency unit, this situation increased the workload of the nurses.

> *"Elderly patients who need more care come to the unit, but we cannot take their relatives with them due to restrictions. Patients may wait for a long time for hospitalization or discharge in the emergency unit. We are meeting all the self-care needs of these patients."* (Nurse 7).

3.1.3 | Informing and educating patients and/or their relatives

Most of the participants reported that emergency nurses informed the patients and/or their relatives about the disease, hospital process, treatment, and care during this

period. The nurses also mentioned that they provided training to patients and/or their relatives on the use of a mask, personal hygiene, social distance, and self-isolation rules. In addition, many nurses stated that to reduce the fear and anxiety of suspected or confirmed COVID-19 patients, they relieved patients psychologically by interacting more, and they taught breathing exercises to patients who had breathing difficulties due to panic and fear of death.

> *"In this process, we explained what the patient's condition was, how the process would progress and what kind of a process awaited them and informed the patients and their relatives. In this uncertainty, informing patients and their relatives constituted the most important part of the process."* (Nurse 4).

3.1.4 | Protecting yourself and other patients

Many emergency nurses emphasized that they work with the awareness of their responsibility to protect themselves, suspected COVID-19 patients, and other patients against the risk of contamination. They stated that they did implement infection control measures meticulously and this situation increased their roles and responsibilities.

> *"In this period, we also had to protect the other patients against the risk of contamination. Working with protective equipment has made a serious difference in our responsibilities."* (Nurse 5).

3.2 | Theme 2: Difficulties of working in pandemic conditions

This theme, derived from two sub-themes, explained the difficulty of working with personal protective equipment (PPE) and the difficulties of working in a chaotic work environment in pandemic conditions.

3.2.1 | Difficulty of working with PPE

Many nurses frequently mentioned the difficulty of working with PPE during the pandemic. They emphasized that working with PPE throughout the shift caused many physical symptoms such as headache, bridge of the nose pain, itching in the face area, excessive sweating, and fatigue. In addition, nurses stated their movements slowed down in PPE, compared themselves to astronauts especially in the early stages of the pandemic and that the patients hesitantly stayed away from them.

> *"My bridge of the nose hurts due to the mask, there is a sensitivity in my nose after the shift, I cannot even touch it. Double masks or shields cause headaches. Working with protective equipment is really exhausting."* (Nurse 7).

> *"It makes our job very difficult to intervene with the patient due to the limitation of movement in the protective equipment."* (Nurse 1).

3.2.2 | Difficulties of working in a chaotic work environment

Many nurses reported that adequate arrangements were not made in the working environment, that they were caught unprepared for the pandemic, and that they had to work in a "chaotic environment". They stated that no preparations were made until the first case of COVID-19 was announced in Turkey, the training needs of the nurses were not met, and even environmental regulations such as the separation of clean and dirty areas in the working environment were not made. They mentioned there was insufficient resource planning, especially in the early period of the pandemic, and nurses were forced to work on the frontline despite insufficient PPE.

> *"The working environment was not physically prepared, there was no distinction between clean and dirty areas, even the dining hall was opposite the COVID-19 polyclinic ... Without any training and psychological support, we -nurses- were directly driven to the frontline."* (Nurse 2).

3.3 | Theme 3: Emotional responses in the pandemic

Emotional responses of emergency nurses during the pandemic were obtained from three sub-themes: positive feelings, negative feelings, and experiencing different feelings together.

3.3.1 | Positive feelings

Some of the participants stated that despite working under very difficult conditions, they felt like heroes

because they were on the frontline in the fight against this disease, and they were proud of their profession. It was observed that the motivation of the nurses increased with their professional satisfaction and sense of commitment in this period.

> *"... I am proud of my profession. I have a very sacred profession as a nurse. It is a pride to be on the frontline in people's most difficult moments, especially in the case of a life-or-death epidemic. Just like in the war... Although I have difficulties from time to time during this period, I'm very glad I'm a nurse ..."* (Nurse 7).

3.3.2 | Negative feelings

The prominent emotion among emergency nurses during the pandemic was fear. Most of the participants emphasized they experienced fear of getting sick, fear of transmitting the disease to family members or others, fear of death, and fear of uncertainty due to the current situation. In this period, it was stated that the fear of the nurses to spread the infection was a factor that made it difficult to cope with the pandemic. However, it was determined that nurses experienced many negative emotions such as sadness, unhappiness, hopelessness, anger, guilt, worthlessness, stress, anxiety, depression, and burnout from time to time due to the death of some of their colleagues, negative reactions of some patients against them or managerial problems.

> *"I thought that the epidemic could affect my life in some way, but with the fact that I could die, I did not face until our friends in the hospital passed away."* (Nurse 2).

> *"Two of my friends passed away in the hospital due to COVID-19, which caused me despair and sadness. At that time, I experienced serious fear and anxiety, I never wanted to come to work. I did not have the right to take leave, but I was coming by force ..."* (Nurse 11).

> *"Sometimes there was anger towards management and sometimes towards patients who did not comply with the restrictions."* (Nurse 10).

> *"In addition to all these negativities, we also faced an unfair distribution financially. In this process, although the physicians were the healthcare workers the most distant from the patients, they received the highest incentive payment. However, an equal distribution should have been made to everyone, without discriminating against anyone, including the cleaning staff. However, we were left with sadness, anger, feelings of worthlessness, and more..."* (Nurse 7).

3.3.3 | Experiencing different feelings together

Most of the emergency nurses stated they experienced many positive feelings such as pride, happiness, and joy when they saw that they could be helpful to their patients, as well as negative feelings such as anxiety, fear, and hopelessness while caring for them.

> *"In this period, I experience both anxiety, fear, and sometimes happiness... From time to time I can experience all of these mixed feelings together."* (Nurse 6).

3.4 | Theme 4: Strategies for coping with the effects of the pandemic

Nurses' strategies for coping with the effects of the pandemic were captured from four sub-themes: support from family and colleagues, positive thinking/belief, implementing protective measures, and positive feedback from patients.

3.4.1 | Support from family and colleagues

Most of the nurses stated that their families and colleagues supported them during the pandemic process and emphasized that this situation was very effective in coping with the effects of the pandemic. The participants also stated that they had good communication with their nurse colleagues in the emergency unit as a team, they learned together, they struggled against the pandemic together and they were in solidarity.

> *"My family supported me the most in this process. Of course, we tried to support each other with our colleagues."* (Nurse 7).

> *"I think we are a good team, and we have good communication. It is very good to talk to my colleagues during rest hours and to talk*

about something other than the pandemic. In this process, we work shoulder to shoulder with a full fighting spirit, and we always support each other." (Nurse 6).

3.4.2 | Positive thinking/belief

Most of the participants stated they try to relax psychologically by thinking positively to cope with the pandemic and they believe in God and after taking all necessary precautions, they surrendered to destiny.

"I was trying to comfort myself by saying over and over again that 1 day all this will end, and we will return to normal life, even in my hardest times." (Nurse 10).

"I think our profession has a spiritual dimension. During this period, patients need us. For this reason, I start every new day thinking that I have to do my best for them..." (Nurse 8).

3.4.3 | Implementation of protective measures

Some nurses reported they fully implemented protective measures, isolated themselves in order not to infect their family/relatives, and avoided meeting with the people around them, and this situation relieved them psychologically.

"In some periods, I chose to be alone. I was isolating myself from my family, especially after working in the isolation ward. I darkened the bedroom and slept all the time. I was never leaving the room. This was very comforting to me, I believed I could protect my family in this way ..." (Nurse 11).

3.4.4 | Patients' positive feedback

Some nurses highlighted that in the pandemic, positive feedback from patients, positive shares in the media about nurses, and being applauded by society at a certain hour each evening gave them strength and they were pleased to see the value society gave them.

"I know that the patients need us and know that we will not leave them alone in their most difficult times... The patients are at the center of our life. They look gratefully, they pray... This definitely motivates me." (Nurse 3).

4 | DISCUSSION

In this study, four themes were obtained: "Increasing roles and responsibilities as an emergency nurse", "Difficulties of working in pandemic conditions", "Emotional responses in the pandemic" and "Strategies for coping with the effects of the pandemic". It was determined that the emergency nurses had increased their roles and responsibilities due to the physicians being in the background, especially in the early stages of the pandemic, faced many challenges such as insufficient special training, lack of protective equipment, and inadequate preparation of the working environment. In addition, it was found that they experienced many positive and negative feelings together or gradually and implemented more individual coping strategies in the management of the effects of the pandemic. This study supports the results of many studies examining the experiences of nurses during the pandemic in the sample of emergency nurses (Deliktas Demirci et al., 2021; Fernández-Castillo et al., 2021; Goh et al., 2021; González-Gil et al., 2021; Lam et al., 2019; Liu et al., 2020b; Sun et al., 2020; Tan et al., 2020).

4.1 | Increasing roles and responsibilities as an emergency nurse

In this study, it was determined that nurses' workload increased significantly due to various roles and responsibilities, such as nurses working more on the frontlines than physicians due to the partial replacement of physicians' roles, patient triage becoming more important and critical, and strict adherence to infection control measures to protect themselves and other patients. In addition, the nurses reported they met all the self-care needs of the patients due to the absence of their relatives and that they informed and provided training to the patients and/or their relatives more frequently. These findings are similar to the results of other studies revealing that the workload of nurses increased during the pandemic (Fernández-Castillo et al., 2021; González-Gil et al., 2021; Kang et al., 2018; Lam et al., 2019;Liu et al., 2020b; Tan et al., 2020).

In the literature, it is stated that emergency nurses are faced with a heavy workload during epidemics since emergency services are expected to go beyond emergency care in order to provide public health services and there is an increase in demand forcing the capacities of

emergency services (Lam et al., 2019). Lucchini et al. (2020) also reported that COVID-19 patients need prophylactic measures such as wearing PPE, special decontamination procedures, isolated segregated areas where special materials are stored to prevent or control the spread of the virus to other patients, and all these measures increase the workload of nurses. In addition to the severity of the disease, similarly, the workload of nurses increased due to the need to provide humanistic care in the absence of family (Lucchini et al., 2020). COVID-19 patients, due to the visitor restrictions, need assistance with their daily activities, including meeting the basic needs of elderly patients in particular (Lucchini et al., 2020; Poortaghi et al., 2021). Also, mobile phone calls help patients alleviate the feeling of isolation and keep themselves and their families updated on what is happening beyond the "hospital walls" (Negro et al., 2020). Therefore, in addition to medical care, nurses also provide primary health care, which increases the workload of nurses (Poortaghi et al., 2021).

In this study, giving some physicians' roles to nurses during the pandemic is a clear indication that nurses are healthcare professionals with critical importance in sustainable healthcare services. Indeed, Lam et al. (2019) reported that during an epidemic, emergency nurses were often given new and unusual roles, and these roles might be outside the nurses' previous practices and expectations and raised the problem of role ambiguity. In addition, in a systematic review of nine qualitative studies, it was stated that unpredicted tasks and challenging practices were an obstacle for nurses when caring for COVID-19 patients (Joo & Liu, 2021). This finding highlights the importance of clearly defining individual and team roles and establishing standard procedures in order to maintain the quality of care during an epidemic.

4.2 | Difficulties of working in pandemic conditions

The nurses highlighted that they encountered many difficulties such as working with PPE, inadequate preparation of the working environment, chaotic working environments, and fear of contracting, transmitting, or dying of COVID-19, and uncertainty. These findings are similar to the results of other studies in the literature reporting that nurses experience many professional, social, and psychological challenges during the COVID-19 pandemic (Bohlken et al., 2020; Catania et al., 2021; Corley et al., 2010; Cui et al., 2020; Liu et al., 2020b; Sadati et al., 2021). In a study conducted in Australia, the most common challenges encountered by healthcare workers in the H1N1 influenza pandemic are the wearing of PPE, infection control procedures, fear of contracting and transmitting the disease, adequate staffing levels in the intensive care unit, new roles for staff, morale levels, education regarding extracorporeal membrane oxygenation, and the challenges of patient care (Corley et al., 2010). Liu et al. (2020b)reported that nurses feared COVID-19 and viewed working on the frontline as a risky challenge. In the same study, it was stated that frontline nurses were forced to work in an entirely new environment, just as in the SARS and MERS epidemics; they did not have sufficient knowledge and skills for protection from infectious diseases with a short training given and they were worried that they or their families might become infected. Cui et al. (2020) stated that a chaotic nursing environment and lack of resources in institutions are the most urgent problems reported by nurses. In another study, it was found that when healthcare professionals felt safe and trusted the institution's protocols, their stress levels were lower and their motivation was higher (Goh et al., 2021). These difficulties encountered by nurses during the pandemic may be the result of the hospital administration's unpreparedness. This result emphasizes the importance of planning the necessary initiatives to create supportive work environments for the health and safety of healthcare professionals before the pandemic.

In addition, most of the participants experienced various challenges during the use of PPE, such as nose bridge pain, headache, fatigue, and limitation of movement. Similarly, it has been reported in the literature that the constant wearing of N95 masks by healthcare professionals may cause pressure injuries on the nose bridge and face, resulting in pain and even skin infections, which may adversely affect the functioning of the healthcare system. In addition, the discomfort and difficulty caused by wearing PPE can reduce the level of compliance among healthcare professionals (Cui et al., 2020; Lam & Hung, 2013). Therefore, managers should guide emergency nurses to wear PPE correctly by describing the proven efficacy of PPE in preventing contamination and sharing the most up-to-date guidelines for the proper use of PPE. In addition, the importance of institutional planning of the supply of quality equipment before an epidemic should not be forgotten.

4.3 | Emotional responses and coping strategies in the pandemic

In this study, it was observed that nurses experienced many negative feelings such as fear, unhappiness, hopelessness, fatigue, burnout, stress, anxiety, and depression. In fact, the onset of a sudden and immediately

life-threatening illness could lead to extraordinary amounts of pressure on healthcare workers. Increased workload, physical exhaustion, inadequate PPE, nosocomial transmission, and the need to make ethically difficult decisions on the rationing of care may have dramatic effects on their physical and mental well-being (Pappa et al., 2020). Many other risk factors also can be identified, such as the highly contagious nature of COVID-19, concerns about one's own health, fear of infecting family members or others at home, isolation, feelings of uncertainty, social stigma, or insecurity attachment, and inadequate support (Corley et al., 2010; Lai et al., 2020; Lam & Hung, 2013; Pappa et al., 2020). For these reasons, healthcare professionals are especially vulnerable to mental health problems, including fear, anxiety, depression, and insomnia (Pappa et al., 2020).

Most studies of the mental health of healthcare professionals on the frontline during the COVID-19 pandemic have focused on quantitative analysis. Pappa et al. (2020), in a systematic review and meta-analysis study in which 13 studies were examined, reported that the incidence of anxiety was 23.2% and depression was 22.8%. On the other hand, in qualitative studies conducted in Spain (Fernández-Castillo et al., 2021), Turkey (Kackin et al., 2021), and China (Liu et al., 2020b), many negative psychosocial effects were reported in nurses, including stress, anxiety, and depression symptoms caused by fear, high mortality rates, and uncertainty. Considering that the sudden and violent spread of the virus, its treatment being uncertain, and healthcare workers becoming infected and dying in many countries, this finding, which showed that nurses experience many negative emotions together, is a normal response to a crisis. In the literature, it is reported that nurses' mental health is not only important for them but also affects the prognosis of patients and the smooth handling of an epidemic (Liu et al., 2020b). Therefore, the importance of understanding the true feelings of frontline nurses fighting against the COVID-19, monitoring their mental problems, and applying early intervention methods cannot be ignored.

Besides many studies (Fernández-Castillo et al., 2021; Kackin et al., 2021;Liu et al., 2020b; Tan et al., 2020) which reported that nurses experienced negative feelings during the pandemic, this study found that positive feelings coexisted with negative feelings. Most of the nurses stated that they were happy to affect the lives of the patients, felt like heroes, and were proud of their profession. Similarly, in a study conducted with 20 Chinese nurses working on the frontlines, it was stated that positive and negative feelings were intertwined and coexisted during the COVID-19 pandemic; negative ones were dominant in the early stages of the pandemic, and positive feelings emerged gradually (Sun et al., 2020). On the other hand, Liu et al. (2020b) reported that a spirit of professional commitment is a key factor in overcoming their challenges during the COVID-19 pandemic. In this period, it can be said that professional commitment between individuals and their professions develops in nurses as individuals realize the value of their profession, that they internalize and integrate with their self-identities (Cui et al., 2020).

The nurses emphasized that they benefited from various coping strategies such as support from family and colleagues, positive thinking/belief, implementation of protective measures, and positive feedback from patients in the management of the effects of the pandemic. Further, the nurses stated that they requested psychological support from their managers during the pandemic, but no attempt was made in this way. In the literature, immediate interventions are recommended to enhance psychological resilience and strengthen the healthcare systems' capacity during the pandemic (Chen et al., 2020; Pappa et al., 2020). Clear communication, limitation of shift hours, provision of rest areas as well as broad access, and detailed rules on the use and management of PPE, and specialized training on handling COVID-19 patients could be effective in the management of mental problems of healthcare professionals (Pappa et al., 2020). Providing timely and appropriately tailored mental health support through helpline teams, the media, or multidisciplinary teams, including mental healthcare professionals is also vital (Chen et al., 2020). Meanwhile, social support can improve nurses' sense of self-efficacy, give confidence to individuals in their ability to do a good job, and thus increase job satisfaction and reduce job burnout (Cui et al., 2020). Peer support is also an important force that creates a sense of teamwork and friendship in the working environment, makes nurses feel they are not alone, and increases their confidence that the epidemic will be overcome (Goh et al., 2021; Xiong et al., 2020). At a time when a full workforce is required, it is essential that nurses have a long-term well-being strategy (Catania et al., 2021). Within this context, mental health support that is timely and adapted to the individual's needs should be made easily accessible to healthcare professionals. It should be kept in mind that this support will reduce the nurses' feelings of insufficient support, loneliness, and burnout and improve the quality of healthcare.

In the literature, it is stated that the physical and mental rewards that nurses receive from work institutions are also important factors that can promote their willingness to actively participate in anti-epidemic work (Sun et al., 2020). Due to the increasing demands for responsibility and care, temporary incentives paid to healthcare workers during the pandemic may be a good

step to improve their well-being and motivation. In Turkey, temporary incentive payments are made to healthcare professionals during the pandemic; however; most of the participants emphasized that this payment was made unfairly and that although physicians were more in the background during the pandemic, the incentive paid to them was much higher, and this made other healthcare professionals feel worthless. Nowadays, considering that there is a desperate need for professional nursing knowledge and skills, it is inevitable that countries take into account the needs and demands of nurses. Otherwise, some nurses may consider quitting or retiring. It should be noted that the epidemic may worsen if the treatment and care of COVID-19 patients are provided by less educated and experienced colleagues.

5 | LIMITATIONS

This study has some limitations. First, some participants were reluctant to participate in the study due to working conditions and time constraints. Also, given that some of the interviews were conducted at the end of the nurses' shift, their fatigue may have had a negative impact on their participation. Second, the generalizability of these results was limited as the sample size is 12 emergency nurses due to the characteristics of qualitative research, and the interviews were conducted in a single center in Turkey.

6 | CONCLUSIONS

This study demonstrated that emergency nurses were working on the frontlines during the pandemic and fulfilled their increasing roles and responsibilities in a chaotic working environment during the pandemic. Despite many negative feelings, it was determined that they tried to show psychological adjustment and resilience with a strong professional commitment and social support. These results emphasize the importance of both managerial and psychological support for determining strategies to improve nurses' capacities to fulfill their roles and responsibilities during an epidemic, creating safe working environments, and improving their mental health. In this context, it is recommended to clearly define the roles and responsibilities of emergency nurses before an epidemic, to prepare for the management of future crises by considering the physical and mental difficulties that nurses may encounter, to coordinate human and equipment resources effectively, and to provide psychological counseling support to improve their mental health.

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CONFLICT OF INTEREST

The authors declare there are no conflict of interests.

AUTHOR CONTRIBUTIONS

Didem Kandemir designed the study and drafted the manuscript. Ayşegül Yılmaz conducted the study and performed the data analysis. Betül Sönmez performed the data analysis and reviewed the manuscript. All authors read and approved the final manuscript.

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