**Nursing roles in disaster zones: Experiences and lessons from Turkey’s earthquake**

**Abstract**

**Background**

Natural disasters are a critical test of the preparedness of healthcare workers, systems, and procedures. Nurses are vitally important for effective field treatment in disaster response scenarios, and their experiences can provide valuable insights to improve preparedness.

**Aim**: This study focuses on the challenges encountered by the official Israeli humanitarian delegation during its mission to the February 2023 earthquake zone in Turkey. It investigates the difficulties faced in the preparation and operational phases and presents conclusions drawn after the completion of the mission.

**Methods**: Twenty-two nurses forming part of the humanitarian delegation were interviewed in three separate focus group meetings. These interviews were recorded, transcribed verbatim, and analyzed thematically using the 32 items outlined in the COREQ guidelines.

**Findings**

The study’s findings were organized chronologically into three themes––pre-departure preparation, working in the disaster zone, and post-mission conclusions. They were further divided into subthemes.

A sense of national mission was evident among the participants. Even though participants generally expressed positive attitudes towards the mission, many interviewees noted the logistical issues and difficulties they faced collaborating with local teams.

**Conclusion**

Nurses play a crucial role in humanitarian missions to disaster zones. They often find themselves embedded within local healthcare systems that they must negotiate. The insights provided by nurses can enhance the preparedness of humanitarian delegations for operating in disaster zones. Nurses’ post-mission reflections provide invaluable insights for improving health outcomes in future disaster scenarios.

**Implications for Nursing and Health Policy**

Nurse managers and healthcare policymakers can utilize the findings of this study to develop training programs in disaster healthcare provision for nurses, especially in the context of the international and multicultural teams typical of humanitarian missions.

Keywords: disasters, emergency nursing, humanitarian aid, collaboration, fieldwork, critical care nursing, multicultural team

**Introduction**

Over the past decade, there has been a noticeable global increase in the frequency of natural and human-caused disasters. Responding promptly to these crises ensures effective humanitarian aid and saves lives (Li et al., 2023). In February 2023, southeastern Turkey’s Kahramanmaraş region experienced two powerful earthquakes, measuring 7.8 and 7.6 in magnitude. With an estimated 57,000 fatalities, this was the deadliest natural disaster in modern Turkish history (Hussain et al., 2023).

Nurses are indispensable for the smooth operation of hospitals, serving patients’ clinical needs and playing an important role in providing psychological support. Unsurprisingly, nurses are essential in the context of emergency field hospitals (Pourvakhshoori et al., 2017; Segev, 2022). Nurses often assume responsibility for coordinating care and providing practical solutions to the countless clinical, psychological, and logistical challenges that arise when providing care to large numbers of injured patients in disaster zones.

Nurses are required to ensure safety standards and maintain communication channels while upholding the highest ethical principles when caring for disaster victims (Richards et al., 2023; Moradi et al., 2020). Despite the importance of their role, gaps in disaster preparedness nursing training persist (Labrague et al., 2018; Taskiran & Baykal, 2019), as does a lack of emphasis on disaster education and research (Al Harthi et al., 2020). Additionally, measures to mitigate long-term emotional distress among nurses tend to be insufficient (Johal & Mounsey, 2017; Mounsey et al., 2016; Segev, 2022).

Since the 1953 Greece earthquake, The Israel Defense Force Medical Corps (IDF-MC) has acquired considerable experience deploying humanitarian delegations and establishing field hospitals in disaster areas (Alpert et al., 2018). Between 2010 and 2016, IDF-MC operated six humanitarian hospitals worldwide (Glick et al., 2016). The IDF-MC delegation was dispatched to Turkey on February 8, 2023, just 24 hours after the onset of the earthquakes. The Israeli mission included 58 physicians, 32 nurses, five paramedics, 15 laboratory technicians, imaging personnel, and 23 administrative staff. The mission promptly established operations in a hospital building near the disaster zone and began supporting the local medical staff (The IDF Medicine Corps, 2023).

Successfully operating a field hospital in a foreign country relies on implementing efficient logistical planning, utilizing appropriate equipment, adapting to a foreign environment, and overcoming cultural and language barriers (Alpert et al., 2018). While foreign medical delegations often establish field hospitals independent of local medical infrastructure (Naor & Bernardes, 2016), the 2023 IDF-MC delegation in Turkey was integrated into an existing medical facility. Collaborating with local and international teams is essential for enhancing the quality of medical care in emergency situations (Bar-On et al., 2013). Bottlenecks caused by poor intercultural communication between local and international teams can compromise the quality and effectiveness of care in the uniquely stressful environment of disaster response. Nurses participating in humanitarian missions should be prepared to face these challenges.

**Study Aim**

Based on first-hand accounts from nurses involved in the mission, this study describes the challenges encountered by members of the IDF-MC nursing delegation in the uniquely challenging context presented by the devastating scale of the 2023 Turkey earthquake. These accounts are analyzed in the light of relevant existing literature, gaps are identified, and recommendations are offered for improvements to training programs based on the invaluable insights of professionals working on the front line.

**Methods**

Research Design

This qualitative study employed focus groups, as this approach is well-suited to unraveling intricate phenomena involving human actors (Hamilton & Finley, 2019). It is well-established that focus groups are effective in eliciting detailed descriptions of experiences by promoting interactive group discussions (Sim & Waterfield, 2019). Throughout the study, the authors adhered to the COREQ 32 reporting checklist, as outlined by Tong et al. ( 2007).

Participants and Settings

We compiled a list of all the nurses who had taken part in the humanitarian delegation in question. Of the 32 nurses we contacted by telephone, 22 agreed to participate in one of our three focus groups. We divided participants into groups of seven, four, and eleven and opted for the Zoom meeting format to accommodate participants from various locations within the country. In order to maintain a free and open exchange of ideas, nurses of high military ranks were excluded from focus groups one and three, mitigating the potential influence of the presence of authority figures on lower-ranking respondents. A total of ten men and twelve women, all with backgrounds in critical care or midwifery, participated in these discussions (see Table 1).

Data Collection

Between March 2023 and May 2023, three separate focus groups convened via Zoom, with each session lasting approximately 60 to 90 minutes. An interview guide was prepared prior to these meetings. This guide included a series of questions, including: “Could you describe the nursing preparations that were made before departing from Israel?”; “What was your specific role within the delegation team?”; “What sorts of challenges did you encounter?”; and “How did you go about addressing these challenges?” To minimize potential biases, we engaged two authors who were not affiliated with the delegation but did have extensive experience in qualitative interviewing. One of them began each session by introducing the research team and clarifying the objectives of the study and the other guided the conversations. All interactions during the focus group meetings were documented in audio and video formats and later transcribed verbatim.

Data Analysis

The transcriptions were professionally translated from Hebrew to English. These translations were then back-translated into Hebrew for verification purposes. Subsequently, the research team engaged in a comprehensive reading and re-reading of all the transcribed material. Thematic analysis was conducted to identify, analyze, and report recurring patterns within the transcribed interviews (Vaismoradi et al., 2016), proceeding through seven distinct phases: (1) text preparation and organization; (2) data transcription; (3) familiarization with collected data; (4) generating memos of the data; (5) data coding; (6) converting codes into categories, and categories into themes; (7) preparing a transparent analytic process (Lester et al., 2020).

Ethical Considerations

Prior to their participation, each study participant was provided with written documentation outlining the study’s objectives. Participants were required to sign a consent form indicating their willingness to participate and their agreement to having their responses recorded. Robust anonymization procedures were implemented. Participants were informed that they had the option to respond to questions at their discretion. The content of the focus groups was accessible exclusively to the primary researchers. Ethical approval for the study was granted by both the IDF-Medicine Corps review board (No. 0902-2023) and the Tel-Aviv University Ethics Committee (No. 0006518-2).

Rigor and Integrity

The researchers measured the study data’s rigor and integrity, applying four criteria: credibility, transferability, dependability, and confirmability, reflecting Krefting’s guidelines (1991). The primary investigators, both with considerable expertise in qualitative methodology, independently analyzed the data before conferring and deliberating on their findings. The participants were then given the opportunity to review and validate the findings.

**Findings**

The research findings shed light on the integration between local and foreign teams as they navigated several barriers, including political tensions between Israel and Turkey and differences in language, culture, and social norms. Interviewees conveyed their initial sense of detachment or “otherness” and described how it gradually transformed into a growing sense of camaraderie as they engaged in interactions and caregiving experiences over time. The main findings were organized in sets of themes on a chronological axis (Table 2):

1. Pre-departure preparation;
2. Working in the disaster zone;
3. Post-mission conclusions.

**Theme 1: Pre-departure preparation**

The nurses were selected from a pool of potential volunteer candidates based on professional affiliation, supervisor recommendations, and past participation in dedicated mission training. Participants characterized the first phase of the Turkey earthquake mission as one of preparation and organization. The most prominent positive subthemes were a sense of national mission and the flattening of the hierarchy between delegation members. The negative subthemes of logistical issues and insufficient utilization of the long pre-departure time were also identified.

Subtheme 1: A sense of national mission

Participants related that after agreeing to join the delegation, they engaged in an initial discussion with the organizers of the mission during which they received information about the destination of the mission and details about the schedule. A strong sense of commitment to the mission and a feeling of camaraderie in this national endeavor overshadowed any uncertainties or concerns they might have had.

I immediately jumped at the opportunity; …Curiosity and pride overcame all fears (Participant #12).

I chose to join really from a sense of mission. I think...if you believe in the mission...you just go. No matter what...immediately, first of all, I said yes…It was both an honor and a great privilege for me to participate...(Participant #20).

Nurses who had taken part in previous missions also expressed enthusiasm and a sense of mission:

This is not my first delegation...But as soon as there is a task––everything lights up. The strength, the heart, and the energies will all be on the alert... For me there is such a “rush” that you want...to be there already (Participant #10).

Participant #3 agreed, noting that her family situation was not a factor at that moment:

I didn’t think twice––the last time [I participated in such a delegation], I left a 5-month-old baby, and I didn’t think this time either. When they asked me, I immediately said yes. First, this comes from a sense of mission; second...it seems clear to me that you are called to the flag.

Subtheme 2: Logistical issues

Interviewees noted several logistical issues that arose during the preparation phase, including the lengthy delay between the phone invitation to join the mission, the assembly of the team, and the actual departure.

Participant #15, like others, described feeling that time had been wasted:

We received the alert Monday morning and the final okay around 9–10 pm... We arrived at 8 am...but [departure] was postponed and postponed and postponed, and the 24-hour wait left an impression of disorganization.

Participant #16 added:

There were many hours of waiting... From the moment we assembled, it took 36 hours until we landed in Turkey.

Emergency situations are characterized by uncertainty, making it difficult to anticipate potential challenges, including the quantity and scope of equipment required:

[We lacked] wound-dressing equipment. The equipment that was packed was based on...needs [such as treating] pressure sores or contaminated wounds, which you don’t see in the field (Participant #9).

Participant #12 reinforced this:

In terms of pediatric equipment, there were...many things we had no way to deal with and were simply spur-of-the-moment improvisations. It’s worth maybe adding more...pediatric care providers who will take care of children.

Subtheme 3: Suboptimal utilization of pre-departure time

Ideally, pre-departure time should focus on preparing participants for the destination by providing them insights into its geography and culture. However, according to participants, the time prior to departure from Israel could have been used more effectively to better acquaint team members with one another and to engage in better briefing and preparation:

We need to use this [the day of preparing for departure] more effectively, even if it only means getting to know who I work with because I did all this myself...If you board the plane and already know who you will be working with, you’re at a much better starting point (Participant #8).

Additionally, the delegation’s nurses were tasked with vaccinating team members prior to departure, as is common practice. Participants #9, #2, and #13 suggested outsourcing such logistical tasks. According to one of them:

The deployed nurses vaccinated everyone in the delegation...an external person [medic or nurse from outside the delegation] could have vaccinated and made some kind of order.

Subtheme 4: Flattening the hierarchy

One notable reaction among all the interviewees was that the delegation members’ professional hierarchy faded into the background during this initial phase. Everyone collaborated to accomplish what was required, irrespective of rank:

Before we set up the emergency room...I didn’t function as an emergency room nurse. I loaded boxes and cleaned containers, assembled air conditioners, and built tents. [I was] the person in charge of water and electricity; everyone works with everyone (Participant #13).

There’s no such thing as “Professor,” [or] “Lt. Col.” (Participant #9).

By the time we arrived at the disaster zone...everyone was equal (Participant #14).

Two interviewees emphasized that this collaborative work profoundly affected the tone of the entire mission:

Everyone is equal and does everything right from the beginning. It creates an atmosphere that the whole group is unified; it’s an important process (Participant #2).

A mission of destiny...it led me to work with people...better...connect to them, the work really flowed better, and I felt that everyone was pitching in and helping wherever possible....(Participant #5).

**Theme 2: Work in the disaster zone**

Participants identified the challenges of working in the disaster zone, both environmental (inclement weather) and intercultural (language barriers, different care protocols), as well as difficulties that arose when collaborating with local teams).

Subtheme 1: Inclement weather

The weather conditions made it extraordinarily difficult to enter the disaster zone:

The day we departed, it was super rainy. All the equipment stood outside in the rain until it was put on the trucks...In Turkey, it was also...raining and cold...The tents weren’t ready to receive [us], and there wasn’t enough heating equipment (Participant #18).

Participant #9 added:

The bitter cold was my experience… the first night we slept in tents, and I woke up with ice on my face.

Subtheme 2: Language barrier

In addition to the physical challenges, there were intercultural challenges, such as the language barrier. The local people spoke only Turkish. However, several team members could speak Arabic well enough to communicate with staff and patients, particularly with the many Syrian refugees affected by the earthquake. Participant #22 observed:

I think that we [nurses] naturally have better communication skills than other professions. Improvisation, body gestures, expressing everything with emotion....[We] noticed it was easier for us to communicate with the Syrian patients in Arabic. We have taken care of Arabic-speaking patients [professionally] and have some medically-oriented Arabic.

English-speaking Turkish Airlines staff volunteered to provide translation services to help overcome the language barrier. According to the nurses, this significantly facilitated the care workflow:

Turkish Airlines staff helped us incredibly. [Not] just with translation; they wanted to help beyond that...reassuring families, reassuring patients, lending a hand, providing water, buying us milk for coffee...It shouldn’t be taken for granted that [airline employees] return from a flight and come straight to a hospital to help translate and stay for hours...It really helped. I also think that we learned to communicate with each other (Participant 18).”

Subtheme 3: Different care protocols

A significant challenge for the delegation was operating within existing healthcare facilities. Many described tensions between local staff and delegation members over differing care protocols:

We entered a place, with a certain institutional behavior, [and] way of working. For example, there were differences between us in handling sterile equipment and in how to take patient histories and do a physical exam (Participant #15).

Initially, disagreements between the Israeli and local teams arose due to differences in their medical approaches. With time, the Israeli nurses learned to integrate with the local team and collaborate fully:

I think that after we received the first patient and they saw how we treated him, there was an increase in trust, and you could see it because when there were more difficult cases...they took a step back. The local doctor in charge cried and asked us not to go [back home] because she understood that we were doing good while having a dialogue with them and good intentions (Participant #22).

Subtheme 4: Difficulties collaborating with local teams

A shared commitment to delivering high-quality care fostered closeness between the different teams and their members, with medical knowledge serving as common ground:

[When we] started working and they [Turkish teams] saw how we insert a catheter into a peripheral vein and dress a wound, they quickly accepted us. The language of professionalism breaks barriers (Participant #14).

However, cultural gaps and different treatment approaches still created division:

The Israeli team would follow a “grand rounds” routine to examine patients. The Turkish team did not participate, [who] made a separate round after that, and then somehow [the two teams] would try to have a discussion. In the first few days, there was no discussion at all (Participant #16).

Israeli team members tried to speak in English during shift changes and for conveying medical data to enhance collaboration with local teams. Participant #6 recalled:

We decided to speak English as much as possible, especially during patient admission [so] the local senior doctor would understand and write the appropriate orders.

**Theme 3: Post-mission conclusions**

In contrast to the difficulties encountered during the first two stages, the delegation’s departure from the Turkish hospital and the process of transferring information and tools to the local teams proceeded relatively smoothly. Several areas of improvement relevant to future delegations emerged from the focus groups, including an optimal ratio of nurses to doctors, medical records’ language compatibility, software, and post-mission emotional processing.

Subtheme 1: Nurse-doctor ratio

Participants felt that the ratio of nurses to doctors was too low:

The numerical ratio between nurses and doctors in the workforce was not so balanced… There were more than enough doctors and too few nurses (Participant #16).

It was already clear before we left Israel that we had a small number of nurses. We knew...[it could] place a significant burden on nurses (Participant #18).

Subtheme 2: Medical records software

The medical records software was new and unfamiliar to some members of the Israeli delegation:

I had never seen our documentation system before, and I would have been happy to study it...before (Participant #5).

The user interface was in Hebrew, and delegation members had to document patient information in Hebrew, making it difficult for local staff to use and severely hampering collaboration. As Participant #1 described:

The Israeli computerized system...is irrelevant because it’s in Hebrew and isn’t translated to Turkish. The [patient] documentation...was all in Hebrew, and [the Turkish team] would write notes and try to understand what we wrote.

Subtheme 3: Processing the experience post-mission

Participants shared that they did not receive emotional preparation pre-departure. At the disaster zone, a military social worker and the emergency department’s head nurse conducted sessions for processing their experiences. However, the sessions were ad hoc and targeted only at specific issues that arose during their work.

The nurses acknowledged that military psychologists had checked up on them after returning to Israel. However, a feeling was prevalent among the study subjects that, despite post-mission personal conversations and honorary events, they lacked group closure for the experience they had undergone together. Participant #9 explained:

There was no closure, and it was missing. Everyone can talk about it on their own, but no one gathered the group [to talk]...There was a very nice closing event initiated by the medical corps that held an appreciation evening, but there was no room for talking.

**Discussion**

Three major themes emerged in this study, corresponding to three periods: pre-departure, disaster zone work, and post-mission. *Pre-departure preparation* was the first theme participants identified. Nurses felt a sense of mission about participating in the humanitarian aid delegation, highlighted logistical issues, and appreciated the delegation’s teamwork. International studies examining nurses’ experience during the pre-deployment preparation phase have noted their positive emotions associated with a sense of mission (Christensen & Wagner, 2022; Moradi et al., 2020), as well as their concerns about logistics (Al Harthi et al., 2020; Alpert et al., 2018; Richards et al., 2023). Although flattening the hierarchy among delegation members contributed to the team’s sense of unity in this study, no mention of this was found in the literature.

The findings indicate that pre-departure time should focus on acquainting team members with each other and preparing them for the assignment. Many studies have focused on general training and mission preparation (Niu et al., 2022; Ohana Sarna Cahan et al., 2023; Suresh et al., 2021), with only one effectively addressing how the pre-deployment phase can benefit team members through orientation, training, and teamwork (Holmgren et al., 2019).

*Working in the disaster zone* was the second theme that emerged*.* Nurses’ complaints focused mostly on inclement weather, especially the first cold, rainy night in the disaster zone, including sleeping in tents lacking suitable protection. Another challenge participants identified was interacting with the local population, particularly local medical teams. They found that cultural differences and conflicting medical perspectives presented formidable barriers, although collaboration was ultimately possible. Differences in cultural and professional perspectives among international groups of nurses have long been recognized (Purnell, 1991). Although there are studies strongly recommending improving cultural knowledge, thereby improving collaboration with local medical teams (Bar-On et al., 2013; Chin et al., 2022; Lind et al., 2012), we found no studies of real-time collaboration between foreign and local teams at a single disaster site.

Consistent with the current study, studies have identified extreme weather conditions as a staff challenge (Hamdanieh et al., 2023). In contrast to most disaster zones where, due to massive infrastructure damage, foreign delegations rarely find available local buildings for operations or have access to equipment (Naor & Bernardes, 2016), the current delegation entered an existing local health facility that survived the earthquake.

The third major theme that emerged was that of *post-mission conclusions.* The nurses shared insights gained from serving in the disaster zone and recommended increasing the nurse-to-doctor ratio. However, another study has indicated that more expert physicians were needed in field hospitals (Burnweit & Stylianos, 2011). Participants also recommended internationalizing electronic medical record software. This corresponds with earlier studies on medical records indicating poor nursing disaster competency, suggesting a possible connection between environmental factors and nursing competency (Yan et al., 2015; Yin et al., 2011).

While several studies have suggested that nurses are not adequately prepared for disaster response and management (Al Harthi et al., 2020; Taskiran & Baykal, 2019), this study offers new insights from nurses on overcoming these challenges by utilizing pre-deployment time more efficiently, improving delegation preparation, and encouraging team cohesiveness while reducing professional hierarchy issues. The nurses also revealed the need to psychologically process the experience after returning. Many studies have emphasized the importance of providing psychological support to teams providing disaster relief (Johal & Mounsey, 2017; Mounsey et al., 2016; Sadhaan et al., 2022; Segev, 2022; Xue et al., 2020; Zahos et al., 2022). While delegation members were offered some degree of psychological support in the disaster zone and after returning, the current study indicates that improvements is recommended for building nurses’ resilience.

**Study limitations and future directions**

One possible limitation of the study may be its reliance on nurses’ perspectives. Including participants from other professions or logistical disciplines and drawing on foreign and local perspectives could provide a broader perspective. We recommend interviewing participants from a range of disciplines to shed light on multidisciplinary collaboration in disaster zones at local and international levels.

**Conclusion**

This study emphasizes the crucial role of nursing in emergency disaster relief. In particular, the study revealed the role played by nurses in mediating between local and foreign teams and between the different professional levels of team members in an international delegation. Due to their diverse experiences and skills, nurses can assist in designing effective disaster preparedness measures. This study contributes to evidence-based knowledge on emergency response, adding a new perspective on important issues, including cultural sensitivity and cultural competence during disasters, that could be applied to future disaster interventions.

**Implications for nursing and health policy**

The study’s insights can help nursing managers and educators improve disaster and emergency nursing competence and enhance care capabilities. Recommendations emerging from nurses’ experiences could improve future planning of disaster relief programs, from the pre-deployment phase to the mission’s conclusion. Healthcare stakeholders may benefit from the unique insights revealed here addressing weather conditions preparedness, speaking a universal language such as English to enhance multinational team collaboration, and planning international emergency-response collaboration training for local-foreign partnerships. In addition, psychological preparedness in the pre-departure phase, mental support in the disaster zone for foreign and local teams at the end of each work day, and group debriefing post-mission are vital for preventing long-term psychological trauma from unprocessed experiences.

We also strongly recommend debriefing sessions with delegations and local team members using online meeting platforms like Zoom, which can contribute to the closure of the mission experience and build and strengthen diplomatic relationships.

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