**Nursing roles in a disaster zone: Experiences and lessons learned from Turkey’s earthquake events**

**Abstract**

**Background**

Disasters, both natural and man-made, are a global concern that significantly affect human health and welfare, both immediately and long term. Nursing plays an essential role, both before and during disaster events, in efficient early-response organization and effective field treatment in the disaster zone.

**Aim**

The study explores the experiences of the Israeli humanitarian delegation dispatched to the Turkey earthquake zone during February 2023, including the preparation phase in Israel, the delegation’s activities in the disaster zone, and conclusions drawn at the end of the mission. Notably, unlike in previous humanitarian aid missions, the delegation had to integrate into functioning local healthcare systems and adapt to their protocols.

**Methods**

Following approval from the ethics committee, 22 nurses who had participated in the humanitarian delegation were interviewed in three focus group meetings, after signing consent forms. The interviews were recorded and transcribed verbatim. That text was then analyzed using a content analysis approach. COREQ’s 32 items were used as criteria for qualitative analysis.

**Findings**

The study revealed three main themes raised by the participants::

* Pre-departure preparation;
* Work in the disaster zone;
* Post-delegation conclusions.

**Conclusion**

Among the many essential functions that nurses fulfill in a disaster zone, particularly noteworthy is their vital contribution to integrating into existing local healthcare systems. Nurses actively apply a respectful and sensitive approach in this multicultural setting and recognize their impact on the quality of care.

**Implications for Nursing and Health Policy**

Insights from this study can be used by nurse managers and health policy stakeholders when planning future training programs and fostering collaboration between international healthcare teams.

**Introduction**

Over the past decade, there has been an increase in the incidence of both natural and man-made disasters worldwide. An early response is critical for ensuring effective humanitarian aid and saving lives (Li et al., 2023). During February 2023, two earthquakes struck the Kahramanmaraş region of southeastern Turkey within nine hours of each other, with magnitudes of 7.8 and 7.6, respectively. An estimated 57,000 people died, making these events the deadliest in modern Turkish history (Hussain et al., 2023).

Nurses play a central role in field hospitals in emergency settings (Pourvakhshoori et al., 2017; Segev, 2023), as they are essential for hospital operations both clinically and psychologically. They coordinate care and provide on-the-ground solutions for the many problems and challenges that arise, while maintaining safety and constant communication in disaster areas (Richards et al., 2023) and upholding ethical standards for disaster victims (Moradi et al., 2020). Despite the critical role of nursing in emergency zones, gaps in nursing education about preparedness training persist, including a lack of disaster preparedness competence (Labrague et al., 2018; Taskiran & Baykal, 2019), inadequate disaster education and research (Al Harthi et al., 2020), and insufficient measures to prevent long-term negative effects on nurses’ emotional states (Johal & Mounsey, 2017; Mounsey et al., 2016; Segev, 2023).

The Israel Defense Forces Medical Corps (IDF-MC) has acquired a wealth of experience deploying humanitarian delegations and erecting field hospitals in disaster arenas, dating back to the 1953 Greece earthquake (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 8th, 2023, just 24 hours after the onset of the disaster. The delegation included 58 physicians, 32 nurses, five paramedics, 15 laboratories, imaging personnel, and 23 administrative staff. They were all brought to an existing hospital building near the disaster area, in collaboration with local medical staff (The IDF “Olive Branches” Humanitarian Delegation, 2023).

Many factors contribute to the successful operation of a foreign field hospital, such as effective logistical planning, appropriate equipment, respecting the orientation demands of a foreign environment, and bridging cultural gaps and language barriers (Alpert et al., 2018). Collaboration with local and international teams has been regarded as essential for enhancing the quality of medical care (Bar-On et al., 2013). While foreign medical delegations usually establish their field hospitals independently and do not use local medical equipment and infrastructures (Naor & Bernardes, 2016), in contrast, the delegation in Turkey integrated into an existing medical facility.

The current study describes and analyzes the challenges and insights of the IDF-MC nursing delegation members in this unique situation.

**Aim of Study**

This study seeks to describe and analyze the challenges that nurses encountered as part of a humanitarian aid delegation to Turkey following the 2023 earthquakes and to derive applicable lessons from those experiences.

**Methods**

Research Design

Our quality methodology involved the use of focus groups, as this method facilitates the exploration of complex phenomena (Hamilton & Finley, 2019). For over sixty years, focus groups have been shown to elicit richer descriptions of experiences through interactive group conversations (Sim & Waterfield, 2019). The authors were guided by the COREQ 32 reported checklist (Tong et al., 2007).

Participants and Settings

Initially, we identified all the nurses who had participated in the humanitarian delegation and contacted them by phone. Of the 32 nurses, 22 agreed to participate in one of our three focus groups. The Zoom meeting format was chosen to enable participants from around the country to join at a time convenient for them. Ten men and 12 women nurses with backgrounds in critical care or midwifery were interviewed for the study (Table 1).

Data Collection

Between March 2023 and May 2023, three focus groups were conducted, connecting participants through Zoom meetings lasting 60–90 minutes. Two authors with qualitative interview experience guided these focus groups. One opened the conversation by presenting the researchers and the study aim, while the other guided the flow of the conversation. Prior to the meetings, an interview guide with leading questions had been prepared, containing questions such as: “What nursing preparations were made prior to departure from Israel?”; “Describe your role in the delegation team.”; “What challenges did you face?”; and “How did you deal with those challenges?”. All focus group conversations were video-audio recorded and subsequently transcribed verbatim.

Data Analysis

The transcriptions were professionally translated from Hebrew to English and back-translated from English to Hebrew. The researchers thoroughly read and re-read all the transcripts. Text repetitions were coded and categorized and main themes and subthemes were extracted from the text.

Ethical Considerations

All participants received written information about the study’s aims and signed a consent form agreeing to their participation in the study and to their responses being recorded. Standard de-identification techniques were employed and participants were free to answer or decline to answer the questions. Access to the content was limited to the primary researchers. The study was approved by the IDF-Medicine Corps review board (No. 0902-2023) and the XXX-XXXX University Ethics Committee (No. 0006518-2).

Rigor and Trustworthiness

The researchers measured the study data’s rigor and trustworthiness according to four criteria: credibility, transferability, dependability, and confirmability, in accordance with Krefting’s guidelines (1991). The primary investigators, both with qualitative methodology expertise, each analyzed the data separately before comparing and discussing their findings. Finally, participants were given the opportunity to review the findings and confirm their accuracy.

**Findings**

The research findings offer insight into the integration process between local and foreign teams navigating across multiple barriers: diplomatic and political tensions between Israel and Turkey, languages differences, and cultural and social gaps. Interviewees described an initial sense of distance or “otherness,” which evolved over time into a greater sense of closeness throughout their interactions and caregiving experiences.

The study’s main findings are presented along a continuum of distancing/closeness, as experienced and described by the interviewees, in each of the three main themes identified in the study (Table 2):

1. Pre-departure preparation;

2. Work in the disaster zone; and

3. Post-delegation conclusions.

**Theme 1: Pre-departure preparation**

The nurses identified the first recruiting phase as one of preparing and organizing for the delegation. This stage was characterized by the subthemes of a positive sense of national mission, logistical issues, and flattening the hierarchy between delegation members.

Subtheme 1: A sense of national mission

After responding positively to the invitation to join the delegation, the interviewees participated in an initial conversation with the delegation organizers providing destination details and schedules. Any doubts they may have had were outweighed by a sense of mission and partnership in this national undertaking doubts, as described by several participants:

I'm looking forward to it (Participant #2).

For me, it was a great excitement (Participant #7).

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

Participant #20 agreed:

I chose to join really from a sense of mission. I think you don’t overthink the details of what needs to be done, and if you believe in the mission, ...you just go. No matter what might happen to me, immediately, first of all, I said yes. …It was both an honor and a great privilege for me to participate in such a delegation.

Participant #3 shared a similar sentiment, noting that her family situation was not a factor for her at that moment, recounting:

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 of all, this comes from a sense of mission; second, from a place where it seems clear to me that you are called to the flag.

Even those who had participated in such delegations in the past exuded a similar enthusiasm and sense of mission. As Participant #10 explained:

This is not my first mission; I work on medical flights. But as soon as there is a task – everything lights up. The strength, the heart, and the energies will all be on the alert. A state of uncertainty and mental flexibility. Uncertainty. But we prepare for all scenarios. Prepare the mind and the heart. For me there is such a *rush* that you want to arrive, want to be there already.

Subtheme 2: Logistics of the delegation

Interviewees noted several logistical issues that arose during the preparation phase. One issue concerned the lengthy time that elapsed between the team’s assembly and the actual departure. Participant #15 related:

We received the alert Monday morning and the final okay at around 9–10 PM, and you are on a “hold” mode for so many hours. We arrived at 8 AM – we were told our estimated departure time [to the disaster zone] would be that evening, but it 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 outside and inside the plane. From the moment we assembled, it took 36 hours until we landed in Turkey.”

Emergencies inevitably breed uncertainty, making it difficult to anticipate many things in advance, including the quantity and scope of equipment required:

There was a lack of wound-dressing equipment. The equipment that was packed was based on medical and surgical departments’ needs [such as] for the treatment of pressure sores or contaminated wounds, which you don’t see in the field." (Participant # 9) " Participant #12 reinforced this point: “In terms of pediatric equipment, there were many improvisations and many things that we had no way to deal with and were simply spur-of-the-moment improvisations. It’s worth maybe adding more pediatrics staff or pediatric care providers that will take care of children.”

Subtheme 3: Flattening the hierarchy

One interesting observation mentioned by all the interviewees was that the professional hierarchy between delegation members faded into the background. During this initial organization phase, everyone collaborated to accomplish what was required in the organizational phase, regardless of professional rank:

Before we set up the emergency room in the disaster zone, I did not function as an t emergency room nurse. I loaded boxes and cleaned containers, assembled air conditioners, 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, and there is no such thing as Lt. Col.” (Participant # 9). “By the time we arrived at the disaster zone, I agree with my colleague, everyone was equal (Participant # 14).

Two interviewees emphasized that his collaborative work had a considerable impact on setting the tone for the entire mission:

“ Everyone is equal and everyone 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...and for me personally, it led me to work with people in a better way and connect to them, and the work really flowed better and I felt that everyone was pitching in and helping wherever possible in the following days” (Participant #5).

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

Several aspects of work in the disaster zone were challenging, raising four subthemes: inclement weather conditions, language barriers, different standards of care, and collaborating with local teams,

Subtheme 1: Weather difficulties

Entering the disaster zone was challenging first and foremost because of the weather conditions, as Participants #18 and #1 described:

“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 put on trucks where it was raining and cold...The tents were not prepared to receive staff members and there was not enough heating equipment.”

Subtheme 2: Language barrier

Another difficulty that the humanitarian team faced was the language barrier. The local people spoke only Turkish and did not speak English. Several of the Israeli team could converse in Arabic, which enabled them to communicate with staff and patients, particularly the many refugees from Syria affected by the earthquake. Participant #22 shared her perspective:

“I think that we [nurses] naturally have better communication skills than other professions. Improvisation, body gestures, express everything with emotion and don’t just be cold and technical. Both me and others noticed that it was easier for us to communicate with the Syrian patients in Arabic. As caregivers, we have taken care of Arabic-speaking patients in our professional careers and have a certain level of medically oriented Arabic.”

Although Participant #18 spoke Persian and therefore could be of help interpreting, she credited Turkish Airlines, Turkey’s national airline, for coming forward to provide effective translation services and help in general:

Turkish Airlines staff who spoke English helped us amazingly. They didn’t just help with translation; they wanted to help beyond that. At the level of reassuring families, reassuring patients, lending a hand, giving us water, buying us milk for coffee...It shouldn’t be taken for granted that [airline employees] would return from a flight and come straight to a hospital to help translate and be there for hours until their next scheduled flight. It was an excellent initiative and it really helped. I also think that we learned to communicate with each other.

Subtheme 3: Different standards of care

A significant challenge in Turkey lay in the Israeli delegation operating within existing healthcare facilities, in addition to the diplomatic tensions between countries. Descriptions of tensions between local staff and delegation members recur in many of the transcripts:

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

Subtheme 4: Collaboration between care teams

While the mutual desire to provide quality care built closeness among caregivers, the language barrier created distance. The shared medical knowledge offered common ground, but cultural gaps and different treatment approaches created a divide. As some members of the nursing staff described it:

The Israeli team would follow a “grand rounds” routine to examine the patients. The Turkish team did not participate. The Turkish team 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). "

But when you started working and they saw how we insert a catheter into a peripheral vein and how we dress a wound, they quickly accepted us. The language of professionalism breaks barriers. Shortly after they sat with us, showing us family pictures on their phones and drinking coffee together (Participant #4).

Subtheme 5: Standard of care

Initially, there was suspicion and disagreement between the Israeli and local teams regarding medical approaches. As time passed, the Israeli nursing team learned to integrate into the local team and cooperate towards their common goal:

A wounded patient would arrive and [local teams] weren’t sure about him – they called us, asked us to come and help" (Participant #6).

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, a resuscitation or a child who was brought to us on the verge of death, they took a step back. The local doctor in charge cried and asked us not to go [back home] because they understood that we were doing good, doing it with respect, while having a dialogue with them and having good intentions (Participant #22).

**Theme 3: Post-delegation conclusions**

In contrast to difficulties encountered during the delegation’s preparatory stage and work in the disaster zone, the delegation’s departure from the Turkish hospital and the process of transferring information and tools to the local teams proceeded relatively smoothly. In addition to the lessons gleaned from formal debriefings, several issues emerged from the focus groups that future delegations may want to consider, such as. ensuring an optimal ratio of nurses to doctors, better use of the delegation’s pre-departure time from Israel, the language compatibility of medical records, software, and processing the experience post-mission.

Subtheme 1: Nurse/doctor ratio

Participants felt that there had not been enough nurses relative to the number of doctors, as reflected in Participant #16’s comments:

The main perceived disadvantage...the numerical ratio between nurses and doctors in the workforce was not so balanced. I think there were more than enough doctors and too few nurses.

Subtheme 2: Better use of the pre-departure time

According to participants, the time leading up to the delegation’s departure from Israel could have been used more effectively to enable team members to become better acquainted with one another and for better briefing and preparation:

We need to use this day [the day of getting ready for departure] in a more effective way, even if it only means getting to know who I work with because I did all this myself, I started talking to people about who you are and what you are...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 the team ahead of departure. Several interviewees suggested that such logistical tasks should be assigned to others from outside of the delegation.

The deployed nurses vaccinated everyone in the delegation...I do think that an external person could have vaccinated and made some kind of order, because there were those who wanted to work. I believe that everyone wanted to work, but there were those who had more and those who had less desire and it could have been much more effective" (Participants # 9, #2, #13).

Subtheme 3: Medical records software

The medical records software was new and unfamiliar to some of the delegation participants. In addition, the user interface in Hebrew made it difficult for local staff to use.

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

The Israeli computerized system...is irrelevant because it is in Hebrew and is not translated to Turkish. The [patient] documentation that was passed on to the Turkish team was all in Hebrew, and they would write notes and try to understand what we wrote (Participant #1).

Subtheme 4: Processing the experience post-mission

In the focus groups, the nurses acknowledged that they had been contacted by military psychologists after their return to Israel. Nonetheless, there was a prevalent feeling that while there had been personal conversations and honorary events, there was a lack of group closure for the traumatic experience they had undergone together. Participant # 9 explained:

In my view, there was no closure, and it was missing. Everyone can talk about it on their own, but no one gathered the group [to talk]. Three days ago, I had dreams about Turkey again. I don’t know where they came from...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 separate time periods: pre-departure, work in the disaster zone, and post-delegation conclusions. *Pre-departure preparation* was the first theme identified by interviewers. Nurses felt a sense of mission about participating in the humanitarian aid delegation, highlighted logistics issues, and appreciated the equal teamwork between delegation members. International studies have examined nurses’ experience during the preparation phase before deployment, and noted the positive emotions associated with a sense of mission on the one hand (Christensen & Wagner, 2022; Moradi et al., 2020), and dealing with logistical concerns on the other hand (Al Harthi et al., 2020; Alpert et al., 2018; Richards et al., 2023). Flattening the hierarchy among delegation members contributed to the team’s sense of unity; however we did not find prior mention of this in the literature.

*Work in the disaster zone* was the second theme that emerged*.* Nurses noted environmental difficulties like inclement weather, but primarily focused on the interaction with the local population, particularly the local medical teams. They identified cultural differences and divergent perspectives, which presented them with formidable barriers while also recognizing in them potential for collaboration. Working with a local medical team in an existing hospital, as in this study. is considered unique. Differences in cultural and professional perspectives among international groups of nurses have been recognized for many years (Purnell, 1991). Although studies highly recommended improving cultural knowledge, and thus improving collaboration with local medical teams (Bar-On et al., 2013; Chin et al., 2022; Lind et al., 2012), we have found no cases of real-time collaboration between foreign and local teams at a single disaster site to date.

Consistent with the current study, the literature has identified extreme weather conditions as a staff challenge (Hamdanieh et al., 2023). Due to massive infrastructure damage in disaster zones, foreign delegations may only rarely find local buildings or equipment available for use (Naor & Bernardes, 2016).

*Post-delegation conclusions* was the third major theme that emerged from the focus groups. The nurses shared insights learned from serving at the disaster zone. In interviews, the recommendation to increase the nurse/doctor ratio emerged. In contrast, a previous study had pointed to the need for more expert physicians in field hospitals (Burnweit & Stylianos, 2011). Better use of pre-departure time and internationalization of electronic medical record software were also identified as areas which could be improved for future delegations. While several studies have revealed an insufficient level of preparedness among nurses for disaster response and management (Al Harthi et al., 2020; Taskiran & Baykal, 2019), this study offers new insights from nurses themselves on overcoming these challenges by more efficiently utilizing pre-deployment time, educating delegation teams on the disaster zone, and actively encouraging team cohesiveness. The nurses’ need to process the experience upon their return from the mission was the last revealed insight. Although 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, 2023; Xue et al., 2020; Zahos et al., 2022), and despite the fact that delegation members were offered some degree of psychological support upon their return, the current study indicates that further improvement would be welcome.

**Study limitations and future directions**

One limitation of the study may be that it relied solely on nurses’ perspectives. Including participants from other professions or logistical disciplines, as well as drawing on both foreign and local perspectives, would have offered a broader perspective on the topic. We recommend interviewing participants from a range of disciplines to shed light on multidisciplinary team work on local and international levels.

**Conclusion**

This study emphasizes the crucial role of nursing in emergency disaster relief. Nurses may contribute to the design of effective disaster preparedness measures due to their own multifaceted experience and skills. They act as moderators between local and foreign teams and as cohesive factors in multidisciplinary delegations. The study contributes to evidence-based knowledge on emergency response and adds a new perspective on disaster nursing benefits that may be utilized to improve future disaster interventions.

**Implications for nursing and health policy**

Nursing managers and educators may use the study’s insights to improve disaster and emergency nursing competence and enhance care capabilities. Recommendations that emerged from nurses’ experiences could improve future planning of disaster relief programs, from pre-deployment phase to the conclusion of the mission. Healthcare stakeholders may benefit from the unique insights revealed here addressing multicultural team collaboration in emergency states, and planning international emergency-response collaboration training for local-foreign partnerships.

**Author Contributions**

Study design: RS, LZ, AS; data collection: RS, MS, RG, AS; data analysis: RS, AS; manuscript writing: RS, MS, AS; critical reading and revisions: RS, MS, RG, LZ, AS. Study supervision: RS, AS.

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