**Abstract**

Background: Nurses have long served in battlefield hospitals, improving injured soldiers’ outcomes, and facing physical and emotional injury. Today, nurses are increasingly deployed to crisis areas resembling battlefield situations. This qualitative study explores nurses’ experiences providing care during war, interviewing nurses originally trained for hospital work and were then redeployed to Israeli battlefields between 1967 and 1982. They describe common experiences: crucial roles in field hospital functioning and management; logistical and psychological challenges; coping strategies; and their wartime experiences’ continuing impact.

Methods: We conducted qualitative, semi-structured, in-depth interviews with twenty-two former military reserve nurses who served in battlefield hospitals between 1967 and 1982. We analyzed interview transcripts using a content analysis approach. COREQ, a 32-item checklist, guided method selection, data analysis and the findings presentation.

Findings: Data analysis revealed three main themes – Field Service Challenges, Coping with Challenges, and Nurses’ Self-Recognition of their Contributions – and ten subthemes.

Conclusion: The findings identify mental, emotional, and organizational issues resulting from nurses’ wartime experiences, and emphasize the importance of pre-deployment preparation, emotional support pre- and post-wartime, and acknowledgement of nurses’ contributions.

Clinical Relevance: Nurses’ wartime experiences offer invaluable knowledge for those planning future field hospitals. Policies are needed to prepare, support, and help nurses process these experiences.

Clinical Practice Implications

\* Nurses need preparation for crisis zone service.

\* Emotional relationships among nursing, medical and paramedical staff pre- and post-crisis deployment must be nurtured.

\* Nurses need official and public recognition of their value in saving lives and comforting soldiers.

**Key Words:** emergency nursing, field hospital, military nursing, history of nursing, Israeli Defense Forces, nursing care, wartime nursing

**Introduction**

The nineteenth century was a decisive period in military nursing’s development. Florence Nightingale’s knowledge of the importance of sanitary conditions and a proper diet for the healing process resulted in significant reductions in fatalities amongst British soldiers wounded during the Crimean War (1854–1856). American Civil War (1861–1865) nurses also began seeking increased medical authority, convinced that they could better care for wounded patients under improved environmental conditions (Keeling, MacAllister and Wall, 2015; Vuic, 2013).

These nurses’ achievements caused a paradigm shift regarding the conditions deemed necessary to help soldiers recover from battlefield injuries, a change supported by numerous improvements and advances, often discovered by nurses during twentieth century wars. These advances led to declines in infectious diseases and the development of pioneering medical treatments for war injuries. Thus, in Western countries, military nursing and medical technology progressed reciprocally, while remaining separate from the civilian medical system (Agazio, 2010; Hallett, 2009; Segev, 2020).

In contrast, in Israel, military and civilian medical services are tightly intertwined (Segev, 2020). Conscription into military service, and wars’ proximity to the home front create conditions closely linking the civilian and military spheres of medicine, as seen in the cooperation between Israeli civilian hospitals and the Israel Defense Forces’ (IDF) medical corps during armed national conflicts (Segev, 2020). Wartime service for nurses demands versatility, mediation, and the ability to cope with an ever-changing and dynamic environment (Brooks and Hallett, 2015; Dolev, 2020; Hallett, 2009; Segev, 2020).

Nursing has been defined as inhabiting “the borderlands between the delivery of scientific solutions and the creation of conditions in patients and their environments that will permit healing”(Brooks and Hallett, 2015)*.* This broadly describes nurses’ role as mediators in the healing process, and suggests a division of nurses’ duties based on science and intuition (Hallett, 2009). The scientifically based aspects of nurses’ role, related to proven treatments to help patients heal, have been described in great detail (Keeling et al., 2015; Martin and Weir, 2020). The second, highly debated aspect of nursing beyond mediating in the care process — nurses’ duties — is more difficult to define. Some assume that nurses define their own duties whilst considering such factors as personal motivation, a subjective value system, and the probability of receiving recognition for potentially life-threatening work carried out in severe environments (Agazio, 2010; Brooks and Hallett, 2015; Hallett, 2009; Keeling et al., 2015; Vuic, 2013).

 The field hospital is military nurses’ working environment, in which nursing became a well-established medical profession over the last nearly 200 years. The field hospital is designed to provide medical treatment during disastrous events — occurrences disrupting normal life and resulting in a high demand for medical services unmeetable by the community. Traditionally, field hospitals have operated as mobile units linking the battlefield and permanent hospitals. Today, while military nurses serve during armed national conflicts, they also play a critical but commonly overlooked role in humanitarian relief missions to regions around the world struck by natural or others disasters (Adler, 1989; Dolev, 2020; Keeling et al., 2015; Martin and Weir, 2020).

 Post-disaster environments, whether natural or man-made, are unstable and potentially dangerous. Studies have found that military nurses in these environments experience a blurring of roles arising from their lack of mission-specific training, the scarcity of medical provisions, the complex injuries, and diagnoses they must make. These conditions expand their duties beyond their official qualifications, and military nurses have described taking leadership and teaching roles within field hospitals (Adler, 1989; Agazio, 2010; Brooks and Hallett, 2015; Goodman, Edge, Agazio and Prue-Owens, 2013; Keeling et al., 2015; Lal and Spence, 2016; Lj, Standard, Kenward and Kenward, 2015; Zinsli and Smythe, 2009).

This expanded authority has been found to create professional dilemmas that may cause long-lasting mental health issues (Elliott, 2015). Possibly, the undefined nature of the military nurses’ job and unstable operating conditions act as stressors, especially when combined with low levels of mission-specific preparedness (Agazio, 2010; Hallett, 2009; Lal and Spence, 2016). The moral distress they experience is often perceived as resulting from their inability to meet their own personal and professional standards (Baack and Alfred, 2013; Fry, Harvey, Hurley and Foley, 2002). This phenomena, also common in intensive care settings, could, without intervention, negatively affect the nurses and cause burnout, job dissatisfaction, and poor patient care quality (Forozeiya et al., 2019; Imbulana et al., 2021). Phenomenological studies have found that previous deployment experience, communication skills, and a sense of belonging and unity among the medical staff serve as coping mechanisms for military nurses facing such difficulties (Almonte, 2009; Gholami, Sarhangi, Nouri and Javadi, 2015; Goodman et al., 2013; Lj et al., 2015; Noguchi, Inoue, Shimanoe, Shibayama and Shinchi, 2016; Ormsby and Harrington, 2003).

**Background**

After Israel’s establishment in 1948, the government focused on building a healthcare system for its rapidly growing population following massive Jewish migration from around the globe. To meet demands for nurses and medical centers, military hospitals were shifted to the Ministry of Health’s authority. Since then, most drafted nurses complete their military service in civilian hospitals, and qualified nurses from civilian emergency departments, intensive care units, and operating rooms are recruited to war efforts and other disasters during emergencies (Segev, 2020).

The few previous studies on military nursing have been based exclusively on experiences of Western (non-Israeli) military nurses participating in humanitarian or wartime missions (Brooks and Hallett, 2015; Keeling et al., 2015; Scannell-Desch and Doherty, 2010). Research into IDF field hospitals has focused mainly on humanitarian missions, describing their organizational structure and analyzing the type and severity of injuries and the number of patients treated by field hospital staff. However, only a few researchers have examined issues regarding the personal level of preparedness and safety, professional dilemmas encountered, and the resulting implications for nurses’ mental and physical health (Amital, Alkan, Adler, Kriess and Levi, 2003; Bar-Dayan et al., 2000; Erlich et al., 2015; Kreiss et al., 2010; Lachish, Bar, Alalouf, Merin and Schwartz, 2017; Lichtenberger et al., 2010; Merin, Ash, Levy, Schwaber and Kreiss, 2010). This study seeks to fill this void by presenting insights derived from the experiences of Israeli military nurses in field hospitals while serving during major armed national conflicts.

**Methods**

Design

A qualitative descriptive study was conducted, utilizing in-depth interviews. Data from the interviews were analyzed using content analysis to obtain a better understanding of the former IDF nurses’ experiences, their perspectives on serving in field hospitals during wartime, and the long-term impact of those experiences.

 Participants

Twenty-two nurses, retired from the IDF military reserves, were interviewed for this study: 3 males and 19 females. Each had served as a nurse during one or more of Israel’s wars between 1967–1982: The Six Day War (1967), the Yom Kippur War (1973), or the First Israel-Lebanon War (1982). Participants were recruited via purposive sampling, using a call on social media, like history-seeking groups in Facebook and other websites to reach relevant audiences, and the IDF’s archive website, and after consultation with key members of the medicine corps. Additionally, some interviewees made suggestions regarding colleagues who could be potential interviewees.

All participants provided written consent prior to their interviews.

Ethical Considerations

The XXXX University Ethical Committee approved the research protocol. Participants were informed of their right to refuse to participate or to terminate their participation at any time. The study participants received written information about the research and its purpose and chose the place and date for their interviews.

Data Collection and Analysis

Face-to-face, in-depth, and semi-structured interviews were conducted between November 2011 and October 2017 (data saturation attained). Interviews lasted from 60 to 120 minutes on average. The interviews used open-ended questions asking for background information, followed by their job preparation and training. Interviewees were then asked more focused, open-ended questions, for example: In your opinion, did you experience any significant military event? What was it? What was the nurses’ role in this event? What was your military training for this event? To gain a deeper understanding, the researcher added purposeful follow-up questions based on participants’ answers.

All interviews were recorded and transcribed. The researcher then identified and extracted the meaning units that emerged from the transcriptions. Meaning units were labelled, consolidated, and coded. Codes were compared according to similarities and differences to formulate new categories. The categories were grouped, and this analysis process continued until the main categories and the connections between them emerged.

Rigor and Trustworthiness

To eliminate the possibility of researcher bias, data analysis results were shared with three qualitative research experts who read and approved the data description’s accuracy. Transcripts were also returned to interviewees to ensure the accuracy of the researcher’s recollection and interpretation. The researcher used the Consolidated Criteria for Reporting Qualitative Research (COREQ), a 32-item checklist for the methods, findings and analysis process (Tong, Sainsbury and Craig, 2007).

Findings

Three major themes and ten subthemes emerged from the interview transcriptions (Table 1). The three major themes include: Field service challenges; Coping strategies; and the nurses self-recognition and their needs for official recognition of their contributions to saving lives during war.

Theme One: Field Service Challenges

The findings show that nurses faced numerous challenges during their wartime service, which were divided into four subthemes described below.

* War service without military experience

Many participants, especially those who usually worked in civilian emergency departments, intensive care units, and operating theaters, were deployed to serve in warzones as part of the IDF reserve forces due to their special clinical experience. Many had not served in the army before, and of those who had, most had not served as army nurses. They were all were jolted by exposure to the army and war, and their experiences had a profound impact on them. The nurses shared their experiences: “We did not know what to expect in a war zone. We had no knowledge about either using our weapons or how to manage a field hospital. We did it in real-time, using our common sense, using our skills from civilian wards.”

* Water supply and difficulties in hygiene maintenance

Female nurses described water supply insufficiency as a major difficulty, affecting their personal hygiene and ability to provide safe and quality treatment for the wounded. Nurses’ comments included: “From the beginning of the war we had not taken a shower. We only washed our face, hands and genitals. We had to face an insufficient water supply. At one time we would have water, and later we wouldn’t. It was a serious problem to maintain the hygiene of our hands and the medical equipment. We used to drink sterile water from the operating room and we (female nurses) washed each other in a minimal way from a water bottle.”

* Exposure to harsh scenes of war

Exposure to war’s horrific scenes was the most significant issue the nurses related. Consistent with findings from previous studies documenting post-trauma among battlefield nurses (Agazio, 2010; Kenward and Kenward, 2015) long after the experiences the interviewees described, these scenes loomed large in their stories. They may have put the experiences aside at the time, but the memories remained with them: “I remember the clotted blood with its uniquely acidic smell. Seriously wounded soldiers came to us with their chests and abdomens open. They showed up dirty with soil, blood, and even the food they had for lunch spread all over their open chests.” Another recalled: “The sight of the burned soldiers, the sounds of helicopters, and the pounding of nails to make coffins for dead, refuse to leave me until today.”

 Theme Two: Ways of Coping with Field Service Challenges

Participants adopted various ways of coping with the challenges of service in a warzone. Four subcategories of coping mechanisms can be identified: improvisation; maintaining cohesive staff relationships; emotional/mental ventilation; and avoidance and denial.

* Improvisation

Nurses used improvisation and creativity to overcome the medical demands they faced during the wars. They had to find adequate ways to sterilize surgical equipment in desert conditions and sandstorms and solutions for disposing of needles and biological waste. As one described: “We faced a lack of medical equipment, so we called our friends overseas and they sent us a lot of necessary items. If anyone from the hospital went home on leave, we asked them to bring back specific things.” One nurse described an unusual case when they needed an orthopedic nail to repair an injured soldier’s elbow: “I sent a soldier outside the operating room to sterilize a non-medical nail, under fire. Unfortunately, the soldier whose elbow we fixed did not survive.”

* Maintaining cohesive staff relationships

Participants described how nurses, physicians, and medics supported each other during the war as a coping strategy. The social environment was crucial in maintaining their ability to act efficiently. As one participant related: “We were working in harmony, with collaboration between us. We stayed in tents together — male and female. Our commanders ordered us to separate the tents by gender, but we refused to do so. In this way, we could overcome this difficult and stressful time.”

* Emotional/Mental Ventilation

Nurses vented their emotions through actions that enabled them to continue functioning. Crying or taking a shower between patient care were popular coping mechanisms. As one participant recounted: “After each surgery I went to take a shower, pouring out my heart in tears, washing myself, changing to a clean uniform, then going back like a new person.” For another, “The meetings between several field hospital staff members to exchange equipment and blood products enabled us to ventilate and share the emotional burden. That helped us to move on with renewed energy.”

* Avoidance and Denial

Participants revealed that one of the strategies that helped them function was denial, such as avoiding looking at the wounded’s’ faces or learning their names. One said: “After a resuscitation event, I went outside and did not want to meet anyone. We worked like robots and did not talk about the war. We were also avoided learning the soldiers’ names. We were afraid to encounter someone we knew.”

Theme Three: The nurses self-recognition and their needs for official recognition of their contributions

In discussing their contributions to war efforts, most of the participants recognized the sacrifices they made to help the wounded and to the military forces, and hoped the country would recognize their contributions. Three main constructs emerged under this theme: organizational and management aspects; contributions to helping the wounded; and expectations of acknowledgment and recognition from the military and governmental authorities.

* Organizational and management aspects

Nurses had to draw on organizational skills during their wartime service. They participated in building field hospitals, managed human services, allocated medical instruments, and cared for the welfare of the entire field hospital staff. Nurses’ comments included: “We managed the human resources throughout the hospital. Our civilian experience enabled us to act by prioritizing according to the urgency of missions. We found ourselves taking intimate care of all the women in the military base zone. We also took care of the dignity and memory of those who died by collecting their personal belongings and later giving them to their families.” Another added: “We were always thinking about the hospital’s needs. We maintained the medical equipment and prevented waste of materials for dressing wounds. We worked after our shift ended and gave our turn to go for short vacation to those who had families and children.”

* Contributions to the helping the wounded

Most participants acknowledged their contributions to helping injured soldiers. Many reported that the reactions from the wounded gave them energy and justified their service in a hostile warzone environment. One recounted: “Soldiers who felt the nurse’s hand or even her feminine voice gained strength and hope to fight for their lives. They told us this.”

* Expectations from military and governmental authorities for acknowledgment and recognition

Most of the nurses expected acknowledgment and recognition from the medical corps and from governmental authorities, but this was unfulfilled. They believed the reason was that nurses did not dedicate time to documenting their activities, being busy building families and raising their children after the war. As one participant stated: “Some of us got a certificate of appreciation by mail. We did not get the deserved attention for our contribution. At that time, we did not think our story should be publicized, because we did not perceive it as a special act.”

Discussion

Our study adds to previous studies addressing nurses’ experiences in wars (Biedermann, Usher, Williams and Hayes, 2001; Farsi, 2017; Lj et al., 2015; Rahimaghaee, Hatamopour, Seylani and Delfan, 2016; Scannell-Desch and Doherty, 2010; Stanton, Dittmar, Jezewski and Dickerson, 1996). The themes emerging from this study reflect the nurses’ experiences during wartime, showing that even many years after the events, nurses remember them clearly enough to describe their challenging work in war field hospitals. The nurses developed multiple ways of coping with the demands of such service. From their perspective, the issue of the nurses’ contribution was predominant, and their need for recognition of their contributions was evident.

In several previous studies, as in the current study, nurses emphasized that they had not known what to expect in the war zone (Biedermann et al., 2001; Stanton et al., 1996). However, unlike participants in our study, nurses surveyed in other studies had military backgrounds. Understanding nurses’ prior experiences can help better prepare staff for future events (Farsi, 2017). A well-planned preparatory program before deployment could give the field hospital staff the skills necessary for providing healthcare in a stressful crisis environment (Sprinks, 2013).

Our study is consistent with previous research regarding the difficult living and working conditions during wartime service, such as difficulties maintaining bodily hygiene and providing high-quality care (Scannell-Desch and Doherty, 2010). There is significant evidence supporting the subtheme of Exposure to Harsh War Scenes in the literature. Many studies describe and address nurses’ harsh experiences, including exposure to the sights and smells of war causalities (Farsi, 2017; Hagerty, Williams, Bingham and Richard, 2011; Scannell-Desch and Doherty, 2010; Stanton et al., 1996).

One study found that military nurses learned to improvise so they could provide efficient care for the wounded because conditions in a warzone hospital arena significantly differ from those in a civilian hospital (Stanton et al., 1996). Similarly, this study found the theme of Ways of Coping with War Services Challenges, and the subtheme of Improvisation. Nurses must be creative in finding solutions to problems that arise. Maintaining cohesive staff relationships, a subtheme of this study, was found in other studies to be a major factor in coping with war’s challenges (Farsi, 2017; Finnegan et al., 2016; Rahimaghaee et al., 2016; Stanton et al., 1996).

One coping strategy this study found is crying, apparently a prevalent way to release emotional and mental stress. Farsi also found this to be a common strategy, especially among those facing wounded youth and patients with extensive injuries. Farsi concluded that the ability to express emotions in a stressful situation helps reduce anxiety and improve coping with the conditions (Farsi, 2017).

Similarly, avoidance and denial were also found to be coping strategies for protecting oneself from confronting painful information, such as names or personal details about the wounded. These negative strategies, when used in the short term, may prove helpful in avoiding the stressors, but in the long term, they could lead to depression and dysfunction caregiver (Farsi, 2017; Ribeiro, Pompeo, Pinto and De Cassia, 2015).

Our study’s third theme reveals the participants’ recognition of their own contribution. Israeli military nurses demonstrated administrative skills in organizational and management contexts that enabled them to address administrative and clinical issues, a subtheme not found in other studies, although Scannell-Desch and Doherty (2010) noted that military nurses improved their clinical skills during the Iraq and Afghanistan wars. In our study, nurses came to the war situation with high levels of clinical skills gained from working in civilian wards, and developed their management skills during war service.

Our participants described their contribution to helping the wounded as among their major achievements, echoing another study where participants described the relationships they created with the wounded as having a positive effect during this stressful period (Stanton et al., 1996). A unique subtheme that emerged in this earlier study refers to the participants’ need for acknowledgement of their contributions from military and governmental authorities. As our study and others show, military nurses serve with remarkable commitment. While they do not consider themselves heroes (Sheehy, 2007), they still seek recognition. This need for recognition may not have emerged in other studies since many countries honor and acknowledge their own country's military nurses for their contributions in war in publications and commemorations (Ashton, 2015; Gadd, 2015; “In Brief: Nurse killed in Iraq,” 2007; “News: New coin to honour army nurses,” 2017).

Conclusions

This study contributes to the literature describing the experience and impact of battlefield nursing. Using in-depth interviews with nurses who served during wars in Israel between 1967 and 1982, nurses described common experiences, and immediate and long-term challenges. Investigating this issue many years after their wartime experiences is one of the study’s limitations; some participants had difficulty recalling events after the passage of many years. However, conducting the study from this time distance provided a wide perspective on the subject across more than one war, and confirmed the existence of long-term impacts from wartime experiences as well as common coping patterns. Although these wars ended between 39 and 54 years ago, participants still live with harsh and unprocessed war experiences. Among the most beneficial responses nurses sought was official recognition. Official acknowledgment and recognition could help nurses feel more valued; documenting their contribution as part of the professional and national heritage could support and encourage those who served in the past, and those entering the nursing profession.

 Implications for Nursing and Health Policy

Nurses serving during crisis/ wartime face many challenges. Appropriate pre-deployment clinical and general preparation may reduce uncertainty and make mission/ military concepts more familiar to nurses, most of whom are deployed to war with little or no crisis/emergency/military background. Supplying advanced facilities and mental/emotional support during wartime service can help them process harsh experiences, strengthen positive coping strategies, and prevent long-term painful consequences.

Once a war ends, all the nurses should be convened to receive their feedback and insights, acknowledge them during a Nursing Week or on Memorial Day with ceremonies, and grant them certificates of appreciation. Documenting and publishing their stories in professional literature and public media can undoubtedly increase national and individual pride in nurses and the nursing profession.

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