**Nurses under Fire: Insights from Narratives of Nurses in non-hospital Settings in the Southern Israel Conflict Zone**

**Abstract:**

**Background:** Critical care Nurses are crucial in an emergency state providing direct patient care and stabilizing the wounded. Any nurse may find herself exposed to an emergency event outside a healthcare facility, requiring her to provide immediate care for wounded people.

**Aim:** The study aims to explore southern community nurses' and midwives' narratives based on their stories, and how they were thrown into a horror situation in their home community in south Israel on October 7th, 2023, during the terrorists’ attack.

**Methods:** Eight nurses' narratives, published on digital media, were collected and analyzed using qualitative narrative analysis. The COREQ checklist was used for methods selection, data analysis, and findings ways of presentation.

**Findings:** Two themes and a few subthemes were extracted from the narratives' analysis. Exploring nurses' stories of function during this shocking event without a critical care background was remarkable. Despite all that they faced, the nurses nurses cared for the wounded with empathy and professionally assessed the situation, improvising creative solutions and interventions.

**Conclusion:** Civilian nurses, with no critical care background, responded to a sudden terrorist attack, providing lifesaving care to their community. The research calls attention to the distinctive challenges faced by these civilian nurses, emphasizing their resilience, adaptability, and remarkable dedication to critical and quality care in unprecedented situations.

**Relevance to Clinical Practice:**

Relevant training empowers community health care nurses to perform effectively during crises, through integrating their experience with acquired critical care knowledge. Additionally, empowering nurses to confidently navigate unfamiliar critical care settings enhances their ability to provide optimal patient care, even in uncertain conditions, especially in and around conflict zones.

**Background**

Nurses play a critical role in healthcare, working in acute care settings and disease prevention. Rooted in clinical practice, education, research, and leadership, the nursing profession relies on registered nurses who use evidence-based knowledge for patient-centered care. Their responsibilities include the nursing process; assessing, planning, implementing, and evaluating complex interventions to ensure safety and quality care, meeting the standard of care within the legal scope of practice. Compassionate leadership guides nurses in coordinating care, while their autonomy allows them to make vital decisions and contribute to improving health outcomes (1). Attending to nursing care is essential for community health. To achieve effective nursing care based on science, clarity is essential. Nurses constantly train to improve competencies, recognizing client and community needs. Healthcare organizations design criteria and provide resources for upgrading quality care and nurses’ professional development (2). Recognizing that severely ill and injured patients can be found in diverse settings and at any moment. It is essential to emphasize the importance of providing high-quality care (3) in every situation. The nursing profession has evolved over the years, adapting to diverse populations, locations, and challenges (4). However, training still lacks comprehensive training in emergency and critical care outside medical facilities (5). Effectively managing a trauma patient is a complex task requiring thorough and quality nurse’s training (6).

Throughout history, the nursing profession has demonstrated its crucial role in times of war and extreme events, emphasizing the necessity for nurses to actively participate, lead, and manage the care of those injured (5,7,8). Sudden-onset disasters, whether natural (e.g., earthquakes) or man-made (e.g., accidents, wars, or terror attacks), are characterized by their unexpected, unpredictable, uncertain, and unplanned nature (9,10). Equipping nurses with the tools and skills to manage these events is critical in providing effective assistance to victims in a timely fashion (11). Nurses practicing in terrorist or conflict zones face challenges that include adapting to the inability to readily evacuate patients and a lack of necessary resources for adequate care (12). Effective management in conflict areas requires sufficient resources, knowledge, and skills (13).

On October 7th, 2023, the Hamas terrorist organization invaded Israel, brutally attacking civilians in southern Israel. The confrontation resulted in the murder of 1,400 Israelis, with hundreds abducted into Gaza (14). Community nurses and residents in the area were forced to provide critical and life-saving care under fire, as rescue and emergency personnel took many hours to arrive and evacuate the wounded due to terrorist siege. This study will demonstrate how nurses provided care under challenging conditions, including instances of gunfire.

**Keywords (up to 5):** emergency nursing, war, area of conflict, critical care nursing, narrative

**Aim of Study**

The aim of this study was to investigate and explore civilian non-critical care nurses' experience and insights from emergency caring their communities under October 7th, 2023 terror attack in southern Israel.

**Design and Methods**

Qualitative analysis was performed on eight narratives of nurses living in a conflict zone in southern Israel at the outbreak of the Israel-Hamas war on October 7th, 2023. The narratives were drawn from published digital media.

**Data Collection and Data Analysis**

Nurses' narratives were collected from the main digital media, using Hebrew searching keywords such as Nurse/s, medical aid, emergency medicine, and October 7th attack/war/ conflict. We revealed 21 nurses' narratives and included the narratives of eight nurses that appeared in digital media as posts/ articles describing their experiences during the terror attack of Oct 7th and how they functioned under live shooting, risking their own lives to save others' lives. The nurses were community nurses working near their residence. Two of the nurses were midwives and one was homecare nurse. All had work experience of 21 years on average (Table 1). They certainly were not trained for such an event. The narratives were transcribed verbatim, and textual analysis was performed.

Textual analysis method allows an opportunity to explore human behavior, opinions, and feelings. It also allows researchers to understand how people express themselves in various contexts, such as social media, forums, or interviews (15–17). The texts were interpreted, identifying themes within the context of the research objectives.

**Ethical Considerations**

An ethical waiver was obtained from Tel-Aviv University's ethical research committee (No. 0007490-1) since the narratives were posted and published with full names on digital media exposed to everyone; therefore, there was no need for a consent form.

**Rigor**

To promise rigor and trustworthiness, the two authors specialized in qualitative methods, read the texts, and analyzed them independently, ensuring systematic and reliable coding, followed by extracting the main themes from the text. Then, they discussed and compared their findings, consolidating the final findings backed by text evidence. The authors used and guided by the Consolidated Criteria for Reporting Qualitative Research (COREQ) (18).

**Findings**

Nurses are the backbone of any healthcare system, and their contributions become even more evident during times of crisis, such as natural disasters, pandemics, or emergencies. In the face of danger and uncertainty, nurses demonstrate incredible resilience, selflessness, and courage, putting their personal well-being on the line to care for those in need.

On Saturday, Oct 7th, when terrorists broke into residential areas early in the morning in southern Israel, shooting and bombing civilians, the nurses that live in the area literally jumped into the scene to help. They exhibited dedication and heroism. Their performance under these horrible circumstances is genuinely awe-inspiring.

The nurses took care of the wounded. They described the events of that day and their heroic nursing forthcoming that helped save lives.

From their narratives, two main themes were extracted with a few subthemes (Table 2):

1. **Thoughts and emotions**

* The experience
* Self-sacrifice
* Empathy

1. **The Nursing process**

* Assessment
* Interventions

**Theme 1: Thoughts and emotions:**

**Subtheme 1: The experience**

From the texts of the nurses' stories, it was evident that the exposure to a challenging and complex experience when facing a massive causality event, with minimal medical supply and no evacuation routes due to a terrorist siege, was horrifying; yet, they jumped into the scene with supreme bravery without hesitation to treat the wounded.

Galit # 8 (19), who drove back to her home after a night shift without knowing it was under fire, described: *I was sure this time is another round of tension state with launching the regular rockets towards our settlement…It is not my first time driving under rockets' fire toward home*

*…In the clinic, people are lying on the floor with lots of blood, lots of shouting, and lots of crying... (Dina # 2)*(20) *Unlike anything we've ever experienced... (Tzofia # 1)* (21)

Shoshi # 7 (22) added: *We woke up to the sound of the siren. when it calmed down I went outside and suddenly I see 400 wounded, blood, an influx of broken cars, shot cars, people speeding into the kibbutz - in retrospect these were people from the party [Nova's music festival] that was held not far away or from nearby settlements who massacred them and were just looking to escape…* *In addition to the care we gave in the clinic, we opened the dining room for the rest of the wounded. We spread mattresses on the floor for them [for the wounded]*

Caring for familiar patients, whether part of your own community or family members, is an emotionally challenging mission. In our study, nurses cared for both their family and community members. Tzofia and Reut (23) both knew the patients they had cared for as they described:

*I had exactly 5 minutes to fall apart from discovering that this was my brother... and then to collect myself because there is no time (Tzofia #1)… When I found out that another patient of mine was a friend of my husband's, it was hard and sad for me…... it is the most challenging situation; on the one hand, it is sort of comforting [my attendance taking care of him gave him a sense of confidence]. On the other hand, [it's emotionally hard] to take care of friends and, in such circumstances, when they are very severely injured (Reut #5)*

**Subtheme 2: Self-sacrifice**

Nurses as healthcare professionals often find themselves on the front line, facing various crises, and their commitment to saving lives is nothing short of heroic, as was described by Dina, Michaela (23), and Nirit (24) :

*You don't think you're risking your life at that moment... on the way to the clinic, I thought for a second that I might not make it to the clinic alive... while risking our lives…on the way evacuating the wounded to the helicopter we were also risking our life because we had to run with them to the main road where the shooting fire did not stop (Dina #2)*

*All this time the shooting continues….and I am caring for the wounded man's hand under our kitchen table (Michaela #3)*

Nirit #6 continued describing the dangerous of caring at the dental clinic in her settlement: *I arrived at the wounded man, saw him in bad condition. Shahar, from the emergency rapid-response squad, told us it was unsafe to stay there, and we must enter the place...a closed area. While we were taking care of him, another gunshot wound man came to us; we started to take care of him as well…*.. *At two o'clock, we realized we probably wouldn't get out of this anymore because Shahar and Eitan [emergency rapid-response squad] said they ran out of ammunition and had no protected place there. Everyone just went and hid somewhere else, and the terrorists just walked in, walked into the dental clinic. Shot bunches, threw loads of grenades. It was terrible, it was just awful, I was sure I was going to die….* *I sent goodbye messages to my family.*

The outbreak of the terror attacks found the nurses completely by surprise, far from a clinic setting. Nevertheless, they focused on saving lives at any expense, including risking their own life, leaving behind families under threatening conditions, and offering the best care they could provide.

**Subtheme 3: Empathy**

Nurses exhibit extraordinary compassion and empathy, offering medical care emotional support and other basic care to patients and their families during trying times. Their presence provides comfort and reassurance, even when circumstances are dire. This compassionate approach contributes significantly to the overall well-being and recovery of patients facing life-threatening situations. Reut explains:

*In those moments, I didn't think about myself but about the wounded man and the fact that, in his condition, the presence and care of someone close gives him security. They felt how I was giving them and all the wounded my whole heart and soul along with life-saving treatment - and that calmed them down… a huge pride when we managed to calm them down a bit. Instill in them the hope that soon they will be evacuated... (Reut #5)*

Shoshi # 7 described her efforts caring for basic food supply for the evacuated families who were left without any means: *I see in front of me a huge amount of families, people from the party, I cooked a lot of food for Shabbat holiday, and I just knew we [her family] wouldn't eat what I cooked at home, I just put it in the dining room and invited people to come eat*

**Theme 2: The nursing process**

Nurses are trained to assess situations quickly, make critical decisions, and provide life-saving interventions. Their ability to prioritize and act promptly often differentiates between life and death. From the descriptions, the nursing process was evident: assessment, interventions, evaluation, and reflection.

**Subtheme 1: Assessment**

The nurses described findings based on observations, searching for wounds and evaluating the situation they were confronted by:

*Severely wounded but conscious... I saw him already breathing with difficulty and in agony (Tzofia #1)…I laid him on the kitchen floor and looked for gunshot wounds. I detected a bullet in the palm of his left hand and a significant abrasion from a bullet that passed through his right hand... "He had difficulty breathing and was sniffling... I took off his shirt and identified three gunshot wounds in the back... without oxygen, the other injured person would not survive. He [The second wounded] was closer to death than life....(Michaela #3)…We received seriously wounded... all with chest, stomach, and limb amputations (Reut #5)…I arrived at the wounded man and saw him in a bad condition (Nirit #6).*

Nirit added the need for more staff: *While we are taking care of him, another gunshot wound comes to us, we started to take care of him as well. And when the third wounded man arrived, we needed help (Nirit #6)*

**Subtheme 2: interventions**

After a brief assessment, nurses supplied quick interventions using all available equipment encouraging and guiding non-medical people to help them as described by Michaela #3:

*I made him [a wounded] a pressure dressing from an elastic bandage I had at home and connected him to a fluid infusion…he said that he was in pain, and all I could give him for pain relief was what I had at home: three Advil pills….With the help of my husband, I appointed him as a nurse's assistant at that moment... my husband improvised a phone cable to hang the IV bags I connected to each of the wounded*

Michal #4 added: *I Dragged myself to a safe spot and explained to my children how to place a tourniquet on the wounded soldier's leg (Michal #4)* (25)

As Reut #5 reflected: *People who were not drafted [to army] showed up armed to the scene to offer help. They protected the paramedics with their weapons while the paramedics evacuated the victims to a hospital and flew to bring back victims who had already received lifesaving first aid from us and who were lying on the floor in the “improvised field hospital.”*

**Summary**

Even though these nurses practice community health and midwifery during routine days and are not trained in emergency nursing, they demonstrated determination and professional performance to save lives. In essence, the heroic functioning of nurses under fire highlights their indispensable role in safeguarding public health and well-being. Their courage, resilience, and commitment to saving lives make them heroes who deserve recognition and gratitude. Society owes a debt of gratitude to these remarkable individuals who, day in and day out, exemplify the true meaning of selfless service in the face of adversity. Reut described that “*I was privileged to save lives.”*

**Discussion**

Our study's findings indicate two major themes emerged from the nurses' testimonies: thoughts and emotions. Shocking events highlighted the unique experience the nurses witnesses, without critical care background, they were forced into providing immediate life-saving care to their familiar community members and relatives. Even though it seems that they overcame the initial shock effect, they found themselves caring with empathy for patients under fire, risking their own lives. The second theme describes the rational way the nurses acted during the emergency event, from assessing the wounded to the creative ways of treating them, using management skills to guide and activate non-medical people.

The harsh experience of nursing and caring for wounded under life-threatening conditions is mainly described in military or battlefield front-line contexts (26–28). However, in this study, civilian nurses were under fire dealing with foreign critical care practice. Those nurses cared for their community, and family members which added another layer of psychological burden slightly resembles the experiences during the intensive and uncertain time of COVID-19 when nurses were frightened for their close family and friends members (29,30).

In general, disaster events are the core and essence of emergency medicine and nursing. Many studies have described extensively the critical care nurses experiences and perspectives on caring for terror attacks within hospital settings (31–34). Although nurses and midwives often face emergencies outside their place of work (35), the question of experiencing and involving community health nurses or midwives in emergency settings outside their clinical scope is still missing in the evidence-based nursing literature. In a study aimed to evaluate the preparedness and willingness of public health providers to work unconditionally in times of disasters and emergencies, the majority prefer to avoid working under mass shootings or bombing threats (36). Another study examined theoretical nurses' and midwives' responses to out of work emergencies, revealing anxiety and concern about doing the right thing while keeping their safety (37). Our study revealed that self-sacrifice was part of the nurses' thoughts taken for granted. Hesitations about their actions or fear feelings did not emerge from their narratives.

Moreover, the nurses' function, under stress, sacrificing their lives did not hinder their ability to care with empathy. One explanation might rely on their high professional experience, as a previous study drew a significant correlation between years of experience and greater empathy levels (38). Another study argues that emotions such as empathy characterize nursing more than other healthcare professions, encourage nurses to promote changes in the caring process, and contribute to nurses' personal and professional growth (39).

Keeping the nursing process was the second theme in the current study. Despite the stressful conditions in an unfamiliar critical care setting, nurses kept their professional approach, assessing the wounded’s situation and finding creative solutions. Using the standard nursing process in a foreign care setting kept them doing the right things. According to Fitzgerald's study, by doing so, they acted according to the nursing professional identity, contributing to their self-empowerment (40), which may encourage them to continue working under uncertain conditions. In addition, nurses' experience, like in the current study, may increase their ability to assess more accurately when critical interventions are needed (41). Creativity and improvisation also emerged in the study. Those skills are well-known in emergency settings (27,42). Nurses led improvisation of problem-solution whether related to shortage or absence of equipment or places to care (43). According to our study, the nurses utilized creative and improvisation skills, used emergency environmental resources, and briefly guided and activated non-medical personnel for caring purposes.

**Limitations**

The study's limitations may derived from its lying on a few nurses' narratives. Another limitation can be considered due to the narrative's characteristics. They were described by different journalists without using one common interview guide that might be usually utilized by qualitative scholars conducting an interview study who may have the option to use more open questions and interviewees' clarifications. Although this, narrative as a research approach is generally based on the lived experience story collected from digital or physical documents (44) as we had in our study.

**Implications and Recommendations for Practice**

Incorporating emergency preparedness to community health-care nurses is important in saving lives during crises.

Emergency preparedness reinforces nurses’ professional identity empowering them to act confidently and contribute effectively in uncertain conditions unfamiliar critical care settings.

Formalizing Creative and Improvisation Skills: Acknowledge and formalize the recognition, development of creative, and improvisation skills exhibited by nurses in emergency settings. Integrate these skills into nursing training and education to enhance problem solving, particularly in resource-constrained environments.

**Conclusion**

In this study, nurses without critical care background responded to a sudden terrorist attack, providing immediate vital care to their community. The research identifies two key themes: the emotional challenges faced by nurses and their rational response during the emergency. Operating in a field that is unknown to them, providing critical care treatment. Despite the unimaginable stress, the nurses performed remarkably in full control. These qualities are intrinsic to the nursing profession in addition to personal experience and expertise. Additionally, the research demonstrates the creativity and improvisation skills exhibited by nurses in addressing challenges, such as equipment shortages—an aspect often overlooked in existing literature. Overall, the study reveals the unique challenges faced by nurses and emphasizes their resilience, adaptability, and dedication to quality care in unprecedented situations.

**What is known about the topic**

* Extensive literature describes nurses’ functioning during war and disaster.
* It has been proven that periodic training and drills yield better performance during real time mass casualty events.

**What this paper adds**

* This paper highlights community nurses’ function under fire, caring for very seriously wounded people without specific training in emergency nursing.
* One important implication is the need to provide nurses with emergency nursing training in nursing schools and refresher courses on a regular basis.
* Any community in a conflict zone must ensure proper equipment and training for emergency care. There should be a designated place for medical supplies, a list of medical personnel should be prepared and periodic training and drills should be mandated.

**References**

1. Waters A. What is nursing? The RCN’s definition of nursing is finally ready for use. Nurs Stand. 2003;17(31):20–2.

2. Hadadian-Chaghaei F, Haghani F, Taleghani F, Feizi A, Alimohammadi N. Nurses as gifted artists in caring: An analysis of nursing care concept. Iran J Nurs Midwifery Res. 2022;27(2):125–33.

3. Stankiewicz J, Ward R, McCurdy M. Critical Care Anywhere: Principles for High-Functioning Management in Low-Resource Environments. Med Res Arch. 2021;9(1):1–20.

4. Stievano A, Caruso R, Pittella F, Shaffer FA, Rocco G, Fairman J. Shaping nursing profession regulation through history – a systematic review. Int Nurs Rev. 2019;66(1):17–29.

5. Al Thobaity A, Plummer V, Innes K, Copnell B. Perceptions of knowledge of disaster management among military and civilian nurses in Saudi Arabia. Australas Emerg Nurs J [Internet]. 2015;18(3):156–64. Available from: http://dx.doi.org/10.1016/j.aenj.2015.03.001

6. Liu SI, Curren J, Leahy NE, Sobocinski K, Zambardino D, Shikar MM, et al. Trauma Response Nurse: Bringing Critical Care Experience and Continuity to Early Trauma Care. J Trauma Nurs. 2019;26(4):215–20.

7. While A. World War I remembered with reference to district nurses. Br J Community Nurs. 2014;19(5):244–7.

8. Lotfian L, Habibi F, Khoshnevis MA, Salaree MM, Zivari S. Military nurses’ professional competencies in disasters and emergency: Systematic review. J Mil Med. 2020;22(5):466–75.

9. Kayona R, Clarke M, Murray V, Chan E, Abrahams J, O’Sullivan T. WHO Guidance on Research Methods for Health Emergency and Disaster Risk Management. Vol. 38, Prehospital and Disaster Medicine. 2021. 25–25 p.

10. Debarati Guha-Sapir, Philippe Hoyois PW&, Below Regina. Annual Disaster Statistical Review 2016: The numbers and trends. Rev Lit Arts Am [Internet]. 2016;1–50. Available from: https://www.emdat.be/sites/default/files/adsr\_2016.pdf

11. Hugelius K, Adolfsson A. The HOPE model for disaster nursing – A systematic literature review. Int Emerg Nurs [Internet]. 2019;45(June 2018):1–9. Available from: https://doi.org/10.1016/j.ienj.2019.03.007

12. Michaud J, Moss K, Licina D, Waldman R, Kamradt-Scott A, Bartee M, et al. Militaries and global health: peace, conflict, and disaster response. Lancet [Internet]. 2019;393(10168):276–86. Available from: http://dx.doi.org/10.1016/S0140-6736(18)32838-1

13. Lowe G, Zhong Y, Plummer V, Tori K. The extent, range and nature of the evidence on advanced practice among military nurses during war and terrorism: A scoping review. Int Emerg Nurs [Internet]. 2023;69(June):101295. Available from: https://doi.org/10.1016/j.ienj.2023.101295

14. Elyoseph Z, Hadar-shoval D, Angert T, Yitshaki N, Hol E, Asman O, et al. Mental health volunteers after the Oct 7 Gaza border crisis in Israel : silent warriors. The Lancet Psychiatry [Internet]. 2023;6736(23):9–10. Available from: http://dx.doi.org/10.1016/S2215-0366(23)00369-3

15. Smith B, Monforte J. Stories, new materialism and pluralism: Understanding, practising and pushing the boundaries of narrative analysis. Methods Psychol [Internet]. 2020;2(January):100016. Available from: https://doi.org/10.1016/j.metip.2020.100016

16. Nasheeda A, Abdullah HB, Krauss SE, Ahmed NB. Transforming Transcripts Into Stories: A Multimethod Approach to Narrative Analysis. Int J Qual Methods. 2019;18:1–9.

17. Boyd RL, Blackburn KG, Pennebaker JW. The narrative arc: Revealing core narrative structures through text analysis. Sci Adv. 2020;6(32):1–10.

18. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. Int J Qual Heal Care. 2007;19(6):349–57.

19. Bar-Meir O. While Galit was giving birth to Palestinians in Soroka, her son Itai Nachmias was killed in the battle. Mynet Be’er-Sheva and the Negev [Internet]. 2023; Available from: https://beersheva.mynet.co.il/local\_news/article/hydzq000fa?fbclid=IwAR25hXfb52u\_55CyMoou2F4CWVrolfaWxdiUdYR6okgtPEccCIROXpbAGpM

20. Bar-Lev Orly. Dina Cohen’s The Kibbutz Reeim Nurse’s Story [Internet]. Youtube. 2023. Available from: https://www.youtube.com/watch?v=byhoFIpyttg

21. Israeli Ministry of Health Nursing Administration. Tzofia Raz: Nurses Heroine of Swords of Iron War [Internet]. 2023. Available from: https://www1.health.gov.il/nursing/work/in-memoriam/nurse-heroes/heroes-tzofia/

22. Binyamini S. War diary: The nurse from Kibbutz Tze’elim who treated hundreds of wounded: "It still feels like a nightmare. "AT " Magazine [Internet]. 2023; Available from: https://www.atmag.co.il/שושי-דיאמנט-קיבוץ-צאלים-חרבות-ברזל/%0A%0A%0A

23. Ayalon A. Feminine Power under Fire. Ynet [Internet]. 2023; Available from: https://www.ynet.co.il/yedioth/article/yokra13633580

24. Shani B. The nurse who saved lives in Kibbutz Beeri, the inferno she went through and the rescue of her family [Internet]. 2023. Available from: https://www.mako.co.il/news-military/6361323ddea5a810/Article-468b08f83a94b81026.htm

25. Israeli Ministry of Health Nursing Administration. Michal Alon: Nurses Heroine of Swords of Iron War [Internet]. 2023. Available from: https://www1.health.gov.il/nursing/work/in-memoriam/nurse-heroes/heroes-michala/

26. Anton-Solanas I, Wakefield A, Hallett CE. International nurses to the rescue: The role and contribution of the nurses of the International Brigades during the Spanish Civil War. Japan J Nurs Sci. 2019;16(2):103–14.

27. Segev R. Learning from critical care nurses’ wartime experiences and their long-term impacts. Nurs Crit Care. 2022;28(2):253–60.

28. Dodd D. Local Markers: Canada’s First World War Military Nurse Casualties. Can J Heal Hist. 2022;39(2):235–80.

29. Catania G, Zanini M, Hayter M, Timmins F, Dasso N, Ottonello G, et al. Lessons from Italian front-line nurses’ experiences during the COVID-19 pandemic: A qualitative descriptive study. J Nurs Manag. 2021;29(3):404–11.

30. Missouridou E, Mangoulia P, Pavlou V, Kritsotakis E, Stefanou E, Bibou P, et al. Wounded healers during the COVID-19 syndemic: Compassion fatigue and compassion satisfaction among nursing care providers in Greece. Perspect Psychiatr Care. 2022;58(4):1421–32.

31. Murphy JP, Hörberg A, Rådestad M, Kurland L, Rüter A, Jirwe M. Registered nurses’ experience as disaster preparedness coordinators during a major incident: A qualitative study. Nurs Open. 2022;9(1):329–38.

32. Iskandar N, Rahbany T, Shokor A. Healthcare and Terrorism: The Lebanese Experience. Disaster Med Public Health Prep. 2022;16(3):1073–6.

33. O’CONNOR T, HAMMAD KS. Emergency department nurses’ perspectives on responding to terror attacks: A review of the literature. Heal Emerg Disaster Nurs. 2016;3(1):9–17.

34. Brandrud AS, Bretthauer M, Brattebø G, Pedersen MJB, Håpnes K, Møller K, et al. Local emergency medical response after a terrorist attack in Norway: A qualitative study. BMJ Qual Saf. 2017;26(10):806–16.

35. Richardson S. Model of moral agency that encompasses nurses’ and midwives’ perceptions of off-duty emergency response. Evid Based Nurs. 2022;26(1):35.

36. Sultan MAS, Sørensen JL, Carlström E, Mortelmans L, Khorram-Manesh A. Emergency healthcare providers’ perceptions of preparedness and willingness to work during disasters and public health emergencies. Healthc. 2020;8(4):1–14.

37. Crouchman C, Griffiths L, Harris R, Henderson K. Nurses’ and midwives’ experiences and views about responding to out of work emergencies: A constructivist grounded theory study. J Adv Nurs. 2022;78(6):1755–72.

38. Ghaedi F, Ashouri E, Soheili M, Sahragerd M. Nurses’ empathy in different wards: A cross-sectional study. Iran J Nurs Midwifery Res. 2020;25(2):117–21.

39. Jiménez-Herrera MF, Llauradó-Serra M, Acebedo-Urdiales S, Bazo-Hernández L, Font-Jiménez I, Axelsson C. Emotions and feelings in critical and emergency caring situations: A qualitative study. BMC Nurs. 2020;19(1):1–10.

40. Fitzgerald A. Professional identity: A concept analysis. Nurs Forum. 2020;55(3):447–72.

41. Reay G, Smith-MacDonald L, Then KL, Hall M, Rankin JA. Triage emergency nurse decision-making: Incidental findings from a focus group study. Int Emerg Nurs [Internet]. 2020;48(August 2019):100791. Available from: https://doi.org/10.1016/j.ienj.2019.100791

42. Andersson U, Maurin Söderholm H, Wireklint Sundström B, Andersson Hagiwara M, Andersson H. Clinical reasoning in the emergency medical services: An integrative review. Scand J Trauma Resusc Emerg Med. 2019;27(1):1–12.

43. Tort-Nasarre G, Alvarez B, Galbany-Estragués P, Subías-Miquel M, Vázquez-Segura E, Marre D, et al. Front-line nurses’ responses to organisational changes during the COVID-19 in Spain: A qualitative rapid appraisal. J Nurs Manag. 2021;29(7):1983–91.

44. Tomaszewski LE, Zarestky J, Gonzalez E. Planning Qualitative Research: Design and Decision Making for New Researchers. Int J Qual Methods. 2020;19:1–7.

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