**Abstract**

Background: Nursing has a pivotal function in wartime. Israeli Military nursing had a rich experience in wars as an emergency, Operation Theater and intensive care nurses during service in field hospitals in 3 major Israel wars between 1967-1982. The nurses had a crucial part in hospital's function and management, although war was influenced them until current time. Nurses had to face with field service challenges, learn to cope with it and self-recognized their own contributions.

Method: A qualitative semi instructed in depth interviews was designed. 22 former reserved military nurses who served in field hospitals during the Six Days war 1967 to the First Israel-Lebanon war 1982, were participated. All collected data were analyzed with content analysis approach.

Results: 3 themes and 10 sub-themes were emerged from data analyzing. The themes were: "Field Service Challenges", "Ways of coping with service's Challenges", "Self-Recognition of Nurses' Contribution".

Conclusion: Mental, emotional and organizational issues as outcomes of wars' experience are identified in the current study.

Key words: Military Nursing, Field Hospital, Emergency Nursing, Israeli Defense Force, History of Nursing, Wartime Nursing

**1. Introduction**

The nineteenth century was a decisive period in the development of military nursing. Florence Nightingale’s knowledge of the importance of sanitary conditions and diet for the healing process yielded a great decrease in the number of fatalities amongst British soldiers wounded on the Crimean Peninsula. Similarly, nurses serving during the American Civil War began striving for more medical authority. This too was rationalized based on the nurses’ successful care for wounded patients, while paying close attention to environmental conditions [1,2].

These achievements resulted in a conceptual change in the social perception of the traits necessary for the optimal outcome of the healing process. Moreover, health care improvements discovered during wars fought in the twentieth century, in the form of a decline in infectious disease and the further advancements of pioneering medical treatments, came because of the diligence of military nurses. Thus, in western countries nursing and military technology progressed in a reciprocal manner, making the two interdependent, while separate from the civilian medical system [3–5].

In Israel, by contrast, the military and civilian medical services are entwined. Conscription military service and the proximity of the wars to the home front, fought by the Israeli defense forces (IDF), created conditions that tightly sutured the civilian and military spheres. This is evident in the cooperation between Israeli civilian hospitals and the IDF medical corps in several armed national conflicts. The implications for the military nurse are demands for a versatile and mediating character, able to cope with an ever-changing-dynamic environment [3,4,6,7].

Military nursing therefore, became broadly defined as *“the borderlands between the delivery of scientific solutions and the creation of conditions, in patients and their environments that will permit healing”* [7]*.* The definition loosely describes the nurse’s role as a mediator in the healing process, and suggests a division of the nurses duties based on science and intuition [3]. The scientifically based aspects of the nurses role are part of a proven treatment, designed to quicken the healing process in wounded patients, and have consequently been described thoroughly [2,8]. The second category of the military nurses’ duties, although profusely debated, is difficult to define. A resulting assumption is that nurses may define their own duties whilst taking into consideration a variety of elements, including personal motivation, subjective value system, and the probability of receiving recognition for potential life-threatening work, carried out in austere environments [1–3,5,7].

 The field hospital is the military nurses working environment; and wherein nursing became a well-established medical profession. The field hospital is designed to provide medical treatment in lieu of a disaster event: an occurrence that causes a disruption to normal life, and results in a high demand for medical services unable to be fulfilled by the damaged community. Traditionally, field hospital units operated as mobile connecting links between the battlefield and permanent hospitals. In the modern era the military nurse, in addition to participation in armed national conflicts, plays an important part - although commonly overlooked - in humanitarian relief missions to natural disaster struck regions of the world [2,6,8,9].

 The post-disaster environment, be the disaster natural or manmade, is characterized as a dynamic and potentially dangerous. Studies have found that in these environments, the military nurse experiences a blurring of roles. The experience arises when the combination of the lack of specific training, the scarcity of medical provisions, and a complex diagnosis creates conditions resulting in an extension of the nurses’ duties beyond official qualifications. A common example comes from the field of pediatrics, where nurses describe the necessity to partake in immediate clinical decision making that is out of the scope of their normal practice. Military nurses have described their experience in leadership and teaching roles within the field hospital in a similar fashion [2,5,7,9–13].

The described extension of authority has been found to create ethical dilemmas that may result in long lasting mental health issues [14]. A possible explanation could be that the undefined nature of the military nurses’ job, and the dynamic settings of operation act as stressors when combined with a low level of personal mission preparedness [3,5,12]. The moral distress experienced is often perceived as resulting from the inability to perform to one’s personal and professional moral standards [15,16]. Phenomenological studies have found that previous deployment experience, communication skills, and a sense of belonging and unity within the medical staff, act as coping mechanisms for military nurses when faced with such difficulties [11,13,17–20].

**2. Background**

After the establishment of the Israeli state on 1948, Israeli government were focused on building healthcare system for their growth population parallel to the wide Jewish immigration absorption from all over the globe. In order to fulfil the demands for nurses and medical centers, military hospitals were shifted to health ministry and majority of recruited nurses did their military service in civilian hospitals. During emergency times, qualified nurses from emergency departments, intensive care units and operation rooms were recruited from civilian hospitals to the field [4]. Although sparsely, studies have so far been exclusively based on the experience by western non-Israeli military nurses, participating either in humanitarian or war missions. Research into IDF field hospitals, mainly focused on humanitarian missions, describing its organizational structure, whilst analyzing data about the type and severity of injury, and the quantity of patients treated by the field hospital staff. From this analytical perspective, a minority of researchers have discussed issues pertaining the personal level of preparedness and safety, encountered ethical dilemmas, and the resulting implications on mental and physical health [21–27].

Nevertheless, at the time the present study was conducted, there were no known publications investigating the involvement of the Israeli military nursing in the field hospital during armed national conflicts. Therefore, the purpose of the present study is to fill this void by bringing forth insights derived from the experience of Israeli military nurses in field hospitals, serving during three major armed national conflicts.

**3. Method**

3.1 Design

In this study, a qualitative descriptive design was conducted as in-depth interviews. Interviews data were analyzed by content analyzing and their purpose was to obtain a better understanding of the former IDF nurses' experience from their perspective of serving in field hospital during wartime.

3.2 Participants

22 retired reserved military nurses were interviewed for this study (3 male, 19 female). An inclusion criterion was participation as a nurse on one or more of wars between1967-1982. Participations were recruited by purposive sampling. The researcher had their details after publishing a call for research participation on social media, IDF's archive website and after advising with medicine corps key members. The interviewers were also recommended the author to interview their colleagues who they served with. All participants signed on written consent prior their interview.

3.3 Data collection and Analysis

The author conducted face to face in-depth, semi-structured interviews. The author invested a lot of time and efforts to find the relevant participants which many of them changed their family name and living place location due to their marriage and the time had passed since wars had ended. The interviews were conducted between November 2011 to October 2017. Interviews length was 60 minutes to 120 minutes in average. The interviews based on open questions, for example: "would you please describe your military service including dates, place of service?" then, they were asked more focused open-ended questions: "in your opinion, did you experience a military significant event? What was it? What was the nurses' rule in this event? What was your military training towards this event?" in order to get a better understanding, the researcher added probing questions depends on participants answers. The author recorded all the interviews and transcribed them verbatim. All manuscripts were read by the author several times until full understandings of interviews were achieved. In the next step, the researcher highlighted and extracted the meaning units emerged from the transcriptions. Meaning units were labelled and were united into codes. Codes were compared according to similarities and differences until new categories were formulated. The categories were grouped and analysis process continued until main categories and the connection between them were emerged.

3.4 Ethical statement

The research protocol was approved by the Tel-Aviv University ethical committee. Participants were guided for their right to refuse or stopped their participation whenever they want. They choose the interview's place and date and they had informed by the researcher about the research topics and it purpose. All participants gave their full written agreement prior to participation.

3.5 Rigor

The author shared the data with his experienced qualitative research colleagues. They read it and approved the accuracy of data description. In addition, the researcher returns some of the transcripts to interviewees in order to ensure their accuracy according to researcher's understanding. The author also assisted the COREC , 32 items checklist in the methods, findings and analysis process[28].

4. Results

3 major themes and 10 subthemes were emerged from the interviews transcriptions (Table 1). Participants were mainly focused on the field service's challenges, ways to cope with those challenges and emphasized their self-recognition's contribution to the war efforts.

4.1 Field service's challenges

The results showed that nurses, who served at war, had to face with many challenges during service in warzone. The challenges were divided to four subthemes as following.

4.1.2 War service without military experience

Many participants, especially from emergency department, intensive care unit and Operation Theater, were deployed to war as a reservation force because of their special clinical experience in the civilian ward; even they had not been served at the regular army at all. They shared their experience: "We did not know what to expect in war zone, we had no knowledge whether using our weapon either how to manage a field hospital. We did it in real-time using our common sense, using our skills from civilian ward".

4.1.3 Water supply and body hygiene maintenance difficulties

Female nurses had described water insufficiency supply as a major difficult. This problem influenced their personal hygiene but also affected on their ability to provide safe and quality treatment for wounded. Nurses comments included: "In the beginning of war we had not took a shower. We only washed our face, hands and genital organs. We had to face with water insufficiency supply. Once we had water and later we hadn't. It was a serious problem with keeping our hands and medical equipment's hygiene. We used to drink sterile water from operation room and we (women) washed each other in a minimal way with water bottle".

4.1.4 Exposure to hard scenes of war

Hard sights were the most significant issue described by nurses. Even after long time from exposure to this experience, the participants gave to it a major place in their story. They put it at the side on real-time but those memories refuse to leave them until today. : "I remember the clotted blood with its unique acidity smell. The massive wounded soldiers came to us with open chest and abdominal, they showed dirty with soil, blood and even the corn they had for lunch was spread all over their open chest". Other nurses added: "the appearance of burn soldiers, helicopters sound and the knocking nails in the coffins for dead, are refuse to leave me until today".

4.2 Ways of coping with war services' challenges

Participants adapted different ways of coping with warzone service's challenges. This sub category includes four constructs of "Improvisation", "Maintaining cohesive staff relationships", "Mental ventilation" and "Avoidance and denial".

4.2.1 Improvisation

Nurses used improvisation and creativity in order to overcome the medical demands during the war. They had to find proper way to sterile the surgical devices in desert and sand storm's condition and had to find solution how to eliminate sharp and biological waste. Nurses described their efforts: "we dealt with lack of medical equipment so we called our friends from overseas and they send us a lot of necessary staff. If anyone from the hospital went for a short vacation, we asked him to bring with him back particular staff." One nurse even described an unusual case when an orthopedic nail for elbow fixation was essential: " I send outside the operation room a solider to make a sterilization of a non-medical nail under fire. Unfortunately, the fixed elbow did not survive".

4.2.2 Maintaining cohesive staff relationships

Participants described how the nurses, physician and medics hold each other during the war as a coping strategy. The social environment had a crucial function maintaining their ability to act efficiently .They said: "We were working in harmony 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".

4.2.3 Mental Ventilation

Nurses expressed their emotions as an action enabled them to carry on function. Crying and taking a shower between patients were very popular: "After each surgery I went to shower, tearing my heart in tears, washing myself, changing to clean uniforms and going back like a new person". Other participant said: "the meetings between several field hospitals' staff for equipment and blood products exchange enable us to ventilate and sharing the mental burden. That was helped us to move on with new renewed energy".

4.2.4 Avoidance and Denial

Participants discussed that one of their strategy for keeping them function was to avoid and denial from watching wounded faces nor their names. They said for example: "After 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 from knowing the soldiers names. We afraid to meet someone we knew".

4.3 Self Recognition's contribution

Participants discussed about their contribution to war efforts. Most of them recognized their sacrifice to the wounded and to army forces while they wished the country would either recognize their contribution. Three main constructs emerged under this theme: "Organization and management aspects", "Contribution to the wounded" and "Expectation from military

and governmental authorities for acknowledgment and recognition".

4.3.1 Organization and management aspects

Nurses recognized organizational skills during wartime service. They participated in building the field hospitals, managed the manpower and allocated human and instrument resources and took care for the welfare of all the field hospital's staff. Nurses comments included: "we managed the human resources all over the hospital. Our civilian experience enables us to act by giving priority by the urgency of missions. We found our self-taking care for intimate staff for all women in the military base zone, and we also took care of the dead's dignity and memory by collecting from them their personal belonging and giving it later to their families". Other nurses add:" We were always thought about the hospital's needs. We maintained and prevented waste of medical equipment and dressing materials, worked after our shift was ended and gave our turn to go for short vacation to those who had family and children".

4.3.2 Contribution to the wounded

Majority of participants acknowledged their contribution for the injured soldiers. Many of them believe that the wounded's feedback gave them the energy and justification for their service in hostile warzone environment. They testified: "soldiers who felt the nurse hand or even her feminine voice gained straight and hope for fight their lives, they said it to us".

4.3.3 Expectation from military and governmental authorities for acknowledgment and recognition

Most of the nurses expected an unfulfilled acknowledgment and recognition from medicine corps and from governmental authorities. They believed the reason for that lies in the fact that nurses were not documented their activities and they did not dedicate time for that. As 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 published because we did not perceive this as a special act".

5. Discussion

Themes that emerged from this study reflected the nurse's experience during wartime. The results showed that even after many years from the events, nurses remembered very clear to tell about their challenging activity in war field hospital. We found the nurses created few ways of coping with warzone's service demands. From interviewees' point of view, the issue of nurses' contribution was very dominant and the need for recognition of their contribution emerged very clear. Our study join many studies dealt with war nurses' experience[11,29–33].

Like in our study, in few studies, nurses emphasized the fact they did not knew what to expect from war zone arena[32,33], but unlike our study, those nurses had a military background. From that reason, understanding nurses' experience will assist to better prepare the staff for future events[31]. Well planned preparing program before deployment could supply to the field hospital staff, military skills for caring in a stressful environment [34]. Another aspect in common with ours refers to the living and serving hard conditions during wartime service and difficulties to maintenance body hygiene and high quality care[30]. Subtheme "exposure to hard scene of war", has a large support in literature. Many studies describes and deal with nurses' hard experience according to exposure to sight and smell of war causalities [30,31,33,35]. According to our theme "ways of coping with war services' challenges", in line with our subtheme "Improvisation", one study found that military nurses learned to improvise to efficacy care for the wounded because the warzone hospital arena is significant difference from the civilian conditions[33]. That fosters nurses to be more creative in finding solutions to raised problems. In similar to the current study, Maintain cohesive staff relationships was also found as a major factor in order to cope with war challenges [31,33,36,37]. The coping strategy we found in the study revealed that crying was a popular way for mental ventilation. Farsi also found it as a common strategy in her study, especially after facing young wounded and extensive injuries. Farsi argued that the ability to express emotions in stressful zone, help to reduce anxiety and enable better coping with that conditions [31]. With same context, avoidance and denial strategies were also found as coping strategies in order to self-protect from confronting with painful information like familiar names nor personal details of the wounded. This dysfunctional strategy, act in the immediate term as a helpful in striving to avoid the stressors, but in the long term, it could cause to depression and incompatibility for the care giver staff [31,38]. The third theme in our study revealed the participant's self- recognition's contribution. From organization and management aspects, Israeli military nurses were discovered with administrative skills helped them running administrative issues in addition to the clinical one. we did not find this subtheme in other studies. Scannell-Desch and Doherty argued that military nurses improved their clinical skills during the war [30]. In our study, nurses arrived to war with high clinical skilled they received from the civilian ward, while during the war service, they developed their managing skills. From the contribution to the wounded aspect, our participants described it as one of their major achievement. This finding is in common with a study which its participants were also describe the relationship created with wounded as a positive effect in stressful event[33]. One of this study's unique emerged subtheme, referred to the participants need of acknowledgement from military and governmental authorities for their contribution. Like in our study, military nurses served with remarkable commitment but do not considered themselves as heroes[39]. However, the need for military nurses recognition may not emerged on other studies since many publications commemorate and acknowledged their own country's military nurses for their war contribution[40–43].

6. Conclusions

This study described military nurses' experience during 3 different Israeli wars. Although we deal with 3 different wars, we found the nurses' challenges, ways of coping with them are in common. Investigating this issue many years after its occurring was one its limitations since the difficulties to find participants that would be able to share their memories and experience and overcome on the years and memories obstacles. However, conducting the study from that time distance provided a wide perspective on the subject for more than one war, enable us to reveal common military service's challenges and patterns ways of coping with them.

Although more than 39-50 years had passed since the end of the described wars, participants still live with hard and unprocessed war's experience. Official's acknowledgment and recognition could help nurses fill more valuable and encourage them documenting their contribution as part of professional and national heritage legacy.

7. Implications for Military Nursing and Health policy

War service faced nurses with many challenges. Pre-deployed well clinical and general military preparation may reduce uncertainty and will make military concepts more familiar for nurses whose most of them deploy to war without or very little military background. Supply advanced facilities and mental support during wartime service, can positively affect processing hard experiences, strengthen positive coping strategies and prevent long term consequences.

At the end of the war, it is recommended to gather all nurses, have their feedback and insights, acknowledge them in nursing week or in memorial day with ceremonies and grant them with certificate of appreciation. Documenting and publishing their stories in professional literature and public media is necessary for increase nursing national and individual proud.

Table 1: Research's emerged themes and subthemes

Main Themes Subthemes

\*Field service's challenges \* War service without military

 experience

 \*Water supply

 and Body Hygiene maintenance difficulties

 \* Exposure to hard scenes of war

\* Ways of coping with war service's \* Improvisation

 Challenges

 \* Maintaining cohesive staff relationships

 \* Mental ventilation

 \* Avoidance and denial

 \*Self-recognition's contribution \* Organization and management aspects

 \* Contribution to the wounded

 \* Expectation from military

 And governmental authorities for

 Acknowledgment and recognition

Highlights:

* Israeli military nurses faced with instrumental problems, military pre-deployment lack of preparation and tough experience as a result of war scene exposure
* Nurses coped with war's challenges by Improvised a solution for urgent need, maintaining staff coherence, mental ventilation and avoidance and denial strategies
* Organizational skills, contribution to wounded recovery and need of acknowledgement and recognition, emerged from nurses Interviews

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**To:**

Prof. Petra Brysiewicz,

Editor, *International Emergency Nursing*

Attached please find our original manuscript "Learning from history: Israeli military nursing war's experience from Six Days war 1967, October 1973 war and First Israel-Lebanon war 1982. An Interview Study".

In my study I focused on nurses' experience during 3 Israeli main wars. I found3 themes and 10 subthemes expressed nurses' challenges, ways of coping and their self-recognition contributions' during those war time service. The paper sheds light for the first time on the Israeli military war experience.

I believe this article will be of interest for researchers, clinicians and educators in military and civilian emergency ward.

None of the data has been previously published or is under consideration for publication elsewhere. As the author, I declare full responsibility for the data, the analyses and interpretation, the conduct of the research, and have the right to publish any and all data.

I would like to thank you for considering my manuscript for publication in *International Emergency Nursing.*

Kind Regards,

Ronen Segev, PhD, RN