*Araştırma Makalesi / Research Article*

## Hemşirelerin COVID-19 İmgeleri

## Images of Nurses to COVID-19

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**Özet:**

**Amaç:** Bu çalışmanın amacı, pandemi sürecinde Türkiye'de hastanede çalışan hemşirelerin COVID-19 pandemisi ile ilgili geliştirdikleri metaforların belirlenmesidir.

**Yöntem:** Bu araştırma betimsel olarak tasarlanmış ve nitel araştırma geleneği çerçevesinde metaforik (mecazlar yoluyla veri toplayan) veri analiziyle gerçekleştirilmiştir. Araştırmaya katılmayı kabul eden144 hemşire ile gerçekleştirilen çalışmada, hemşirelere; COVID-19'u, COVID 19 kliniğinde bakım vermek üzere ilk görevlendirildiğinde hissettiği öne çıkan duyguyu, COVID + hastalarına bakım verirken hissettiği en güçlü duyguyu, COVID + hastalarına bakım verilen süre içerisinde toplumun kendilerini bakış açısını bir metaforla tanımlamaları ve kullandıkları metaforun nedenini belirtmeleri istenmiştir.

**Bulgular:** Covid 19 için hemşireler 75 metafor üretmiştir. Covid 19 kliniğinde bakım vermek üzere görevlendirildiğinde hissedilen öne çıkan duyguyu tanımlamada hemşireler 68 metafor üretmiştir. Bu duyguyla ilgili kategoriler, çaresizlik, belirsizlik, endişe/korku, karmaşıklık, üzüntü, görev ve sorumluluk, kahramanlık olarak belirlenmiştir. Hemşirelerin Covid + hastalarına bakım verirken hissedilen en güçlü duyguyu tanımlamada hemşireler 71 metafor üretmiştir. Bu duyguya ilişkin onore edici, yıpratıcı ve karmaşık olmak üzere üç kategori oluşturulmuştur. Hemşirelerin toplumun bakış açısını tanımlamaya ilişkin ürettikleri metaforlar pozitif, negatif, hem pozitif hem negatif olmak üzere üç kategoride sınıflandırılmıştır. Bu duyguya ilişkin toplam 47 metafor üretilmiştir.

**Sonuç:** Pandemi sürecinde sağlığın ve ailenin önemi vurgulanırken, bu süreçte hemşirelerin mesleki sorumluluğu pandeminin olumsuz etkilerinin önüne geçmiştir.

**Anahtar Kelimeler:** Hemşirelik; hemşire; covid-19; hemşire deneyimleri; metafor.

**Abstract:**

**Aim:** This study aims to determine the metaphors developed by nurses working in hospitals in Turkey regarding the COVID-19 pandemic during the pandemic process.

**Methods:** This research was designed as descriptive and was carried out with metaphorical (collecting data through metaphors) data analysis within the framework of qualitative research tradition. In the study conducted with 144 nurses, nurses were asked to describe COVID-19, the prominent emotion they felt when they were first assigned to care in the COVID 19 clinic, the strongest emotion they felt while caring for COVID + patients, the society's point of view during the time they were cared for COVID + patients with a metaphor, and they were asked to indicate the reason for the metaphor they used.

**Results:** Nurses have produced 75 metaphors for Covid 19. Nurses produced 68 metaphors to describe the prominent emotion felt when assigned to care in the Covid 19 clinic. Categories related to this emotion were determined as helplessness, uncertainty, anxiety/fear, complexity, sadness, duty and responsibility, and heroism. Nurses produced 71 metaphors to describe the strongest emotion felt by nurses while caring for Covid + patients. Three categories were created for this emotion: honorific, abrasive, and complex. The metaphors produced by nurses to describe the society's point of view were classified into three categories: positive, negative, both positive and negative. A total of 47 metaphors related to this emotion were produced.

**Conclusions:** While emphasizing the importance of health and family in the pandemic process, the professional responsibility of nurses in this process has prevented the negative effects of the pandemic.

**Key Words:** Nursing; nurse; Covid-19; nurses experiences; metaphor.

## Introduction

The COVID-19 outbreak, which is the last of the epidemics with global effects that led to changes in management and life in world history, emerged in the last month of 2019 in the city of Wuhan, China. The cause of this disease, which is characterized by pneumonia-like complaints, is a new type of coronavirus, declared by the World Health Organization (WHO) as a pandemic. The COVID-19 outbreak, with the number of cases and death rates increasing day by day, has been seen in almost all countries of the world. In the WHO report (2021), as of December 25, 2021, 279,255,740 cases, of which 5,412,553 died, were confirmed worldwide. As of this date, the total number of confirmed cases in our country has exceeded 9 million, and the number of cases resulting in death has exceeded 80 thousand Ministry of Health. [1]

In this process, healthcare workers are faced with many problems different from working conditions under normal conditions. In the report published by the National Center for Posttraumatic Stress Disorder, it has been reported that healthcare workers are experiencing various difficulties because of the reasons such as social isolation, separation from family members, not touching family members/loved ones even after working hours, difficulties in using protective personal equipment, frequent changes in official recommendations and policies, strict isolation rules, the need to be constantly vigilant and vigilant about infection control procedures, fear of catching an infection and fear of contagion and stigma.[2] In addition, health workers were adversely affected by the unpredictable nature of the disease, indefinite house arrest, sudden changes in plans for the near future, and the physiological and psychological effects of increasing financial losses.[3]

Nurses, the largest group of healthcare professionals, are at the forefront of the healthcare system against both epidemics and pandemics. [4] Nurses care for patients in direct physical proximity and therefore are often directly exposed to these viruses and are at high risk of developing

disease.[5] According to the International Nursing Council (ICN), WHO has confirmed that 180,000 healthcare workers have died due to COVID-19 so far.[6]

At the same time, nurses, who provide 24-hour uninterrupted service on the front line during the pandemic process, are trying to adapt to new protocols and a very "new normal" beyond the busy work schedule. Nurses are more witnessing the rapid deterioration in the health status of their patients, providing more end-of-life care, working longer without leave, and trying to cope with serious moral distressing situations such as which patient will be given an intensive care bed. This situation causes them to experience both physical and mental problems.[7]

In this direction, one of the ways for nurses to reveal themselves and to understand their lives more easily during the COVID-19 process, where unexpected and threatening events are experienced, is the use of metaphors. Explaining global diseases with metaphors and myths has been used since ancient times and this understanding of mass diseases continues today.[8] Metaphor is shaping the way people perceive the world in their minds. It is linguistically developed to understand, perceive and explain the world. A metaphor is to compare the characteristics of a complex subject, phenomenon or situation to a familiar object, phenomenon or event. Although metaphors cannot fully convey what they describe, they help visualize complex elements involving people, events and processes, and make unusual situations understandable.[9]

In this context, examining the metaphorical perception of the COVID-19 pandemic process, which is a multifaceted and abstract situation, on nurses will allow nurses to make sense of the problems experienced by nurses during the epidemic, to investigate the current situation and their feelings, and to express themselves in order to develop effective strategies. In addition, we believe that the results of this study and the recommendations it offers will contribute to understanding nurses who are facing the epidemic all over the world and to predict their

experiences. Moreover With this study, basic data were provided for the interventions to be applied in the face of negative situations experienced by nurses.

The main purpose of this study is to examine the perceptions of nurses working in Turkey during the COVID-19 pandemic through metaphor analysis. For this purpose, answers to the following questions were sought:

- The first thing/thought that comes to mind when you say COVID-19

- The most prominent emotion felt when assigned to care at the COVID-19 clinic,

- The strongest feeling when caring for COVID + patients,

- Community/people's perspectives/approaches during care for COVID + patients

## Methods

### Study Design

In this study, phenomenology, one of the phenomenological methods of ethnographic design, which is one of the qualitative research methods, was used. This research was designed as descriptive and was carried out with metaphorical data analysis within the framework of qualitative research tradition.

### Setting and Sample

The study was conducted with nurses working in a public hospital in the capital city of Turkey. It had a bed capacity of 300 patients and the number of nurses serving was 400. Inclusion criteria were: (a) Working as a hospital nurse for at least six months, (b) Caring for COVID-19 patients, and (c) volunteering to participate in the study. The study was completed with 144 nurses who met the inclusion criteria. Data were collected between March- -May 2021.

### Ethical Consideration

This study was approved by the Institutional Review Board of the Ankara Yıldırım Beyazıt University (Approval no. 84892257-604.01.02-E.15648). Institutional permission (No.E-72300690-799) was obtained from Ankara City Hospital to conduct the study. The participants were informed and their written consents were obtained.

**Instruments**

The data collection tool used in the research consists of two parts. In the first part, there were questions about the sociodemographic data of the nurses. In the second part, nurses

- With COVID-19
- The most prominent emotion he/she felt when assigned to care at the COVID-19 clinic,
- The strongest emotion when caring for COVID + patients,
- Views of society/people during care for COVID + patients

They were asked to describe them with a metaphor and to indicate the reason for the metaphor they used. For this purpose, nurses are …………………. The sentence "Because ………….." were asked to be completed. These definitions, written by the nurses in their own handwriting, constituted the main data source of this study as a document. It took about 15 minutes to fill out the questionnaire. Responses were saved in an Excel spreadsheet.

**Procedure**

The purpose of the research was explained by face-to-face interviews with the nurses working in the clinics that care for Covid + patients of the hospital where the study was carried out. Nurses who agreed to participate in the study were explained how to fill in the data collection form. Volunteer nurses filled the form with their own handwriting.

**Statistical Analysis**

The analysis of metaphors developed by nurses, coding and sorting, sample metaphor image compilation, category development, validity and reliability, and quantitative data analysis stages[10]were followed.

**Coding and sorting phase***:* First of all, a tentative list of metaphors produced by the nurses participating in the research was made according to the questionnaire number. Metaphors were coded by looking at whether the metaphors were clearly expressed in the writings of the participants. Documents that did not make some metaphor definitions or could not produce a logical basis despite using metaphors were excluded from that metaphor group*.*

**Example metaphor ımage compilation.** In the research, a list was created by choosing a sample metaphor image by choosing the documents that are thought to be best represented from the metaphors specified in each sentence. The abbreviation "H" was used for the nurses participating in the study and each nurse participant was given a number. Numbering was done separately for each metaphor group.

**Category development.** Metaphor images produced by nurses during the category development phase were grouped by their similar characteristics.  Each metaphor was divided into parts, the metaphors were read and reviewed one by one in terms of similarities or common features with other metaphors, and the relationship between the subject of each metaphor, the source of the metaphor, the subject of the metaphor and the source of the metaphor were evaluated.

**Ensuring validity and reliability.** In order to ensure the reliability of the research, the opinions of two experts were consulted to confirm whether the metaphors given under the conceptual categories created in the research represent a conceptual category in question. Inter-rater agreement ranged from 78% to 84% for each theme created for each topic, indicating that the overall level of agreement is acceptable.

**Quantitative data analysis.** At the stage of calculating the frequency of mentioning and interpreting the findings, the numbers and percentages of the participants who produced each conceptual category and the metaphors belonging to these categories were calculated and tables were created.

# Results

## Sociodemographic Characteristics of The Sample

Of the nurses participating in the study, 81.3% were female and 18.8% were male. The mean age of the nurses was 30.71±8.62. More than half of the nurses (63.9%) were single and had a bachelor's degree (80.6%) (Table 1).

## Qualitative Results

### Definition of covid-19

Metaphors related to COVID-19 were collected in three categories as negative (89.2%), positive (5.8%) and both positive and negative (5.0%) (Table 2).

In the negative category, the metaphors repeated by the nurses were weapon (n=6), monster (n=5), and darkness (n=3). In this category, they used *"it causes death of people"*(H8) regarding the weapon metaphor, and used *"it took all the beauties in our lives"*(H119) and *"frightens everyone with death"*(H18) regarding the monster metaphor.

In the positive category, 7 metaphors were produced: puzzle, lesson, bird in a cage, caterpillar, April rain, intelligence test, a stimulating presence, and a divine guard. The expressions related to the metaphors in this category are as follows: *"it prompted people to be united"* (H7) regarding the puzzle metaphor, *"people understood that the rest of things were meaningless when their freedom was restricted"* (H15), regarding the metaphor of a bird in a cage(H15) *is"* regarding the metaphor of a stimulating presence.

They have produced metaphors of war, natural selection, separation, duty, a stormy season that can be overcome in both positive and negative categories. The nurses' exemplary expressions regarding these metaphors are about the metaphor of war that can be overcome, *"We can win when the necessary precaution is treated. I likened it to war because it was a difficult process"* (H20), *"The strong will survive and the weak will perish"* in relation to the metaphor of natural selection.

**The most prominent emotion he/she felt when assigned to care at the covid-19 clinic**

The categories related to this emotion were classified as helplessness, uncertainty, anxiety/fear, complexity, sadness, duty and responsibility, and positive or negative emotional states associated with heroism. When the categories are examined, it is seen that the categories of anxiety/fear (36.8%), helplessness (10.4%) and duty/responsibility (16.0%) come to the fore (Table 3).

In the helplessness category, 13 nurses (10.5%) produced 10 metaphors (14.9%). In this category, they stated *"we had no choice but to protect ourselves well"*(H23) regarding the metaphor of helplessness.

In the worry/fear category, the first three of the 15 metaphors (22.4%) produced by 45 nurses (36.3%) are respectively fear (n=18), worry (n=8) and death, uneasiness and black (n=3). The nurses stated *"I did not know what kind of disease it is"* (H84) regarding fear metaphor.

In the confusion category,6 nurses (4.9%) produced 3 metaphors (4.5%). They said *"Environment and individuals are confused by a situation they do not know"* (H10) regarding the complex metaphor, *"I will do something, but I do not know what to do"* (H15) regarding the metaphor of the newly hatched chick regarding the metaphor of the newborn baby.

In the sadness category,7 nurses produced 5 metaphors (7.5%). The most frequently used metaphors in this category are sad and black. The nurses stated *"having to wear overalls every*

*day and living with the risk of contamination made me unhappy"*(H3) regarding the sad metaphor and *"I felt full of pessimism"*(H115) regarding the black metaphor.

In the category of duty and responsibility,20 nurses (16.1%) produced 12 metaphors (17.9%). They said *"we are fighting to regain health"*(H72), *"you will be sad but happy"*(H67) regarding the metaphor of going to the military, *"whatever needs to be done, it should have been done"*(H5) regarding the metaphor of duty (n=2).

In the heroism category,15 nurses (12.1%) produced 7 metaphors (10.4%). The metaphor of superman was *"I thought we would defeat this very powerful virus"* (H92) and the metaphor of warrior(n=3) was *"this disease would be eradicated thanks to us"* (H111).

**The strongest emotion when caring for Covid + patients**

Three categories were created for this emotion as honorific, abrasive, and complex. When the categories are examined, it is seen that honoring (44.5%) and abrasive (38.3%) categories come to the fore (Table 4).

In the honoring category, 57 nurses (44.5%) produced 27 metaphors (38.0%). In this category, nurses were categorized as *"For the first time, our profession was considered important and many people expressed my value"*(H33) as well as *"there was no one to ask for help but me"*(H68).

In the abrasive category, 49 nurses (38.3%) produced 26 metaphors (36.6%). It is seen that the leading metaphors in this category are fear(n=12) and anxiety(n=6). Nurses used expressions such as *"fear of myself and my loved ones will die"*(H14), regarding the fear metaphor, *"there is a lot of uncertainty, there is no response to treatment, it either gets better or dies, it is entirely up to the patient"*(H4).

In the complex category,22 nurses (17.2%) produced 18 metaphors (25.4%). In this category, empathy(n=5) was the leading metaphor. Nurses thought that "I might have a relative"(H1), *"I wish I were in their place. How would I feel towards people who came to me with so many layers of equipment? Fear of being infected with a contagious disease or if I infect someone…*

**Views of society/people during care for Covid + patients**

Metaphors produced by nurses regarding defining the society's point of view were classified in three categories as positive (29.8%), negative (66.4%) and both positive and negative (3.8%) (Table 5). The first three metaphors produced by nurses in the positive category were hero (n=20), savior (n=5), and angel (n=4), respectively. Nurses used expressions such as *"they thought I was doing a sacred duty"*(H50) regarding the hero metaphor.

It is seen that the first three of the 30 metaphors produced by the nurses in the negative category are sick(n=18), walking virus(n=11) and covid (n=10), respectively. Nurses used experesions such as *"Everyone was afraid, especially the people living in the apartment, taking care to keep their distance from me. they were officially running away from healthcare workers"* (H26), regarding the metaphor of the walking virüs.

It is seen that the 5 metaphors that nurses produced in both negative and positive categories are instagram, rainbow, monster and hero, soldier, half poor half superhero. They uses expresions such as *"people applaud you from the outside and they are afraid inside"*(H11) for instagram metaphor.

## Discussion

Metaphors were used to describe nurses' inner world regarding COVID-19 relationally. Metaphors are a possible way of giving meaning to events and an effective tool to enrich expressions to explain and understand complex situations. [11] Metaphors have provided us with

important information about how nurses perceive reality and how they deal with it. The results obtained from the study helped us to understand that similar perceptions all over the world also apply to nurses in our country, and help nurses to see and understand the importance and experiences of the pandemic in more familiar terms.

In the study, the metaphors produced by nurses regarding the first thoughts that come to mind when COVID-19 is mentioned are mostly negative, and they includemeraphors such as weapons, monsters, cancer, leeches, enemies, etc.. It is seen that nurses produce negative metaphors in difficult working conditions, in direct contact with the patient and being exposed to or at risk of infection. In the study of Durgun et al (2021) similarly, the negative emotions of nurses are found to be harmful to humans, such as enemies, snakes, ivy, etc. focused on features.[12] It is seen in th studies of Marey-Sarvan et al(2021)that nurses felt themselves at war in this process, they saw the virus as an enemy and defined it as a silent killer.[11] In other studies in the literature, it is stated that COVID-19 is often expressed using the metaphor of war.[13-15] Metaphors illuminate and underline perception, linking the known to what one wants to know.[16] The metaphors that nurses use, such as weapons, enemies, heroes, armor, soldiers, and saviors, and the link they established between the pandemic and today's increasing wars gave us information about their cognitive processes and perceptions. The metaphors described helped turn the unknown pandemic into something as familiar as a war and an enemy. Nurses have also produced positive metaphors for COVID-19. The trauma caused by negative experiences can be said to lead to positive experiences with the expressions *"it prompted people to unite"* regarding the puzzle metaphor or *"it reminded people how important love and cleanliness is"* in relation to a stimulating presence metaphor. Although trauma causes negative experiences, negative experiences accelerate the development of positive change, while positive changes act as a buffer against negative experiences.[17] One of the themes created in Aydın and Bulut's study examined their experiences, is "post-traumatic growth".[18]

In our study, when assigned to care in the COVID-19 clinic, nurses mostly produced metaphors related to the theme of worry/fear. In the study conducted by Sun et al to determine the psychological experiences of caregivers of COVID-19 patients, it was stated that nurses experienced significant negative emotions, which peaked when they first entered the negative pressure rooms where COVID-19 patients were cared for.[19] Nurses are concerned because they think they may be a source of infection for their relatives/family.[5,19-21] At the same time, the high mortality rate of serious cases admitted to the intensive care unit of the disease also created anxiety and fear in both professionals and patients.[5,22,23] Nurses experience anxiety, fear and helplessness due to the unknown situations of the disease and the patients, physical fatigue due to the workload, serious and urgent situations and the psychological state of the patients. It is important to identify these negative emotions early and to provide continuous psychological intervention.

In our study, nurses perceived working in COVID-19 clinics and providing care to patients as a responsibility of their job. In the study of Liu et al. (2020), physicians and nurses are under the theme of "To be fully responsible for the well-being of patients—this is my duty". They described emotions including the feeling of being called to duty, caring for patients, and emotionally supporting patients. [20]Similarly, in other studies, participants emphasized that they were doing their professional duties independently of COVID-19 [24,25]. The sense of responsibility brought by being a nurse outweighed the negative aspects of working in the pandemic, [5] and a high level of professional identity has developed in nurses along with a sense of professional responsibility. [26] Most nurses reviewed the value of the nursing profession and identified even more with their chosen nursing profession.

In the study of LoGiudice & Bartos (2021), it was determined that nurses coped moderately the personal experiences and coping strategies of nurses working during the COVID-19

pandemic.[27] In the study, it was seen that the theme of "proud to be a nurse" was at the forefront and their coping was effective in this. Nurses are at the forefront every day to provide care during the ongoing pandemic. In our study, the nurses' use of honorific metaphors while expressing the strongest emotion felt while caring for COVID + patients is an indication of this. Similar to our study, in another study, nurses stated that they were proud to take part in most wars, despite the fear of exposure to the virüs. [11]

Despite the feelings of distress, uncertainty and anxiety they experienced due to the pandemic, it can be said that factors such as the work team, social-family support, and respect and appreciation from those around help nurses to better cope with the new situation while caring for COVID-19 patients. [11,21,28] In our study, the nurses stated that *"they thought I was doing a sacred duty"* and added that the society perceived them as heroes. However, in our study, the metaphors produced by nurses about how the society perceives the point of view of the society during the pandemic process are mostly negative. Nurses stated that the society sees themselves as covid, walking virus, monster, diseased, alien, etc. One of the participants expressed the stigma and discrimination she experienced by saying *"they were looking for a place to hide when they saw me".* Individuals diagnosed with COVID-19 or in quarantine were seen as a potential source of virus in the society, interaction with these individuals was avoided, which caused the individual to experience a sense of exclusion.[29] In Aydın and Bulut's(2022) study, nurses stated that they were afraid of being ostracized and stigmatized when quarantined, and stated that they were ostracized by their environment after the quarantine.[18]In the study of Yıldırım et al, all nurses participating in the study stated that although they were at the forefront, they were not visible and their needs for respect and value were not met.[30]The Japanese Nurses Association reported that about 20% of nurses experienced discrimination or prejudice during the spread of the first wave of the pandemic. [6]

During the COVID-19 pandemic, the general situation changes rapidly, especially due to the emergence of various variants, where the disease has not yet been brought under control and continues today. This uncertainty has caused anxiety and panic to become more common among the society and health care practitioners. [31]In the study of Sun et al.(2020), nurses caring for COVID-19 patients reported different psychological problems such as fatigue, discomfort and helplessness due to heavy workload during shifts. In our study, it was observed that nurses experienced intense feelings of helplessness. [19] The unknown nature of the disease, the anxiety of the nurses fighting on the front line about their health due to the infection cause stress related to the workload associated with the patients. In addition, the fact that they have elderly parents in their care and children whose education needs to be managed at home has also been an important source of stress for them. The fact that they could not go to their homes for fear of contagion, and that they could not see their family members and especially their children, increased their weariness and desperation even more. It is known that this stress, fear of being infected, risk of contagion to others cause nurses to avoid providing basic care and even consider quitting their jobs.[19,20]

## Conclusion

In line with the results obtained from the study; In the definition of COVID-19, metaphors produced by nurses were obtained as negative, positive and both positive and negative categories. Nurses produced mostly negative metaphors specific to this theme. The categories of helplessness, uncertainty, anxiety/fear, complexity, sadness, duty and responsibility, and heroism were obtained to describe the prominent emotion felt when assigned to care in the COVID-19 clinic. It has been determined that the categories of anxiety/fear, helplessness and duty/responsibility stand out in this theme. The metaphors used to describe the strongest emotion felt by nurses while caring for COVID + patients were discussed in three categories as honoring, abrasive and complex. The first three metaphors produced by the nurses participating in the study in the positive category they used to define the society's point of view were hero, savior and angel, respectively. The first three of the metaphors they produced in the negative category were determined to be sick, walking virus and COVID, respectively. In both negative and

positive categories, they produced the metaphors of instagram, rainbow, monster and hero, soldier, half-poor, half-superhero.

With a phenomenological approach, this study tried to comprehensively address the psychological experiences experienced/feeled by nurses caring for COVID-19 patients. It has been revealed that during the epidemic, nurses both felt while giving care to their patients and experienced ambivalent feelings in the perceptions of the society they served. With the focus of the unknown and the source of infection, he felt the anxiety/fear of infecting his relatives and at the same time, although he was stigmatized with the adjectives of walking virus and diseased, he perceived the epidemic as a war to be overcome and defined himself as a soldier with the positive metaphors he established under this pressure.

Uncovering nurses' experiences during the pandemic, emphasizing the existence of various concerns that need attention, is important in determining the strategies that provide the best possible patient care. Although nurses express that they experience professional and personal development in the pandemic, the intense workload and uncertainty in the course of the disease consumes them and causes them to experience compassion fatigue. In this context, early diagnosis of the problems experienced by nurses is guiding in determining the strategies for providing the needed psychosocial support, equipment and work team support. In line with the results of the study; It is recommended to strengthen the social image and professional identity of nurses, increase their motivation, ensure justice in team role definitions and wages, and address pandemic training in strategies and policies to be created. In line with the study results; it is recommended to strengthen the social image and professional identity of nurses, increase their motivation, ensure justice in team role definitions and wages, and address pandemic training in strategies and policies to be created.

**Study Limitations and Future Research**

This study has limitations that need to be addressed. The study was carried out in a hospital in a large city in Turkey. It cannot be generalized to all nurses working in Turkey. At the same time, it should not be forgotten that nurses' reactions, terminology and self-expression may change over time, as the unknowns of the pandemic continue. In addition, in a pandemic, the effect of which was felt all over the world, similarly, conducting interviews with other healthcare professionals could enable the creation of more analytical categories.

The status of the hospital where nurses work (private or public hospitals) can change the perceptions and feelings experienced. Administrative features of private or public hospitals, working conditions offered by staff (work intensity, material management, etc.) can affect nurses' perceptions. Some of the nurses did not write the explanation of the images they stated. This both caused data loss and restricted the inclusion of all the images specified in the themes.

Although there are studies dealing with the emotional states experienced by nurses during the COVID 19 pandemic, in our study, the emotional states experienced by the nurses in this process were tried to be handled in a multidimensional way. In addition to revealing the images of COVID 19, the unique aspect of the study is that the nurses, when first assigned to care in the pandemic clinic, reveal the emotions they feel while caring for COVID + patients and the perspectives of the society and the approaches of individuals in this process.

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**Table 1. Participant Demographics (*n*= 144)**

| Characteristics | Mean ± SD or n (%) |
|---|---|
| **Age (year)** | 30.71±8.62 |
| **Gender** | |
| Men | 27 (18.8) |
| Women | 117(81.3) |
| **Marital Status** | |
| Married | 52(36.1) |
| Single | 92(63.9) |
| **Education** | |
| Licence | 116(80.6) |
| Associate degree | 10(6.9) |
| Graduate | 18(12.5) |
| **Years of experience** | |
| 2 months-1 year | 67(46.5) |
| 2 -10 years | 32(22.2) |
| 11 years and more | 45(31.3) |

**Table 2. Categorical Distribution of Metaphors Produced by Nurses Regarding Covid 19 (*n*= 120)**

| Categories | Metaphors (f) | Nurse n | Metaphor f |
|---|---|---|---|
| **Positive Metaphor** | puzzle, lesson, caged bird, caterpillar, april shower, a warning presence, a divine guardian | 7 | 7 |
| **Negative Metaphor** | Thunderstorm (3), darkness(3), weapon(6), monster(5), venomous snake(2), prison(2), tree, flat truck(2), nightmare(2), sea(2), black hole(2), snowball(2), flood(4), love(3), war(2), enemy(3), sickness(2), mud(2), stinging nettle(2), fire (2), cactus(2), cancer(4), black(2), homesickness, leech(4), flu, tunnel of fear(2), perfume, maggot, smile, phone, harvester, boomerang, thief, volcano, garlic(2), alien, storm, gossip, skunk, capsule, grim reaper, radiation, dirty sponge, apocalypse, ivy, octopus, machine, fire(2), lightning, skull, foggy weather, tooth decay, evil spirit, mountain climbing, chameleon, domino, trauma, locust swarm, swamp, uncertainty, mine(2), drowning | 107 | 63 |
| **Both Positive and Negative Metaphor** | war that can be overcome, natural selection, separation, attendant(2), a stormy season | 6 | 5 |
| **Total** | | 120 | 75 |

**Table 3. Categorical Distribution of Metaphors Produced by Nurses Regarding the Prominent Emotion Felt When Assigned to Care in the Covid 19 Clinic (*n= 125*)**

| Categories | Metaphors (f) | Nurse n | Metaphor f |
|---|---|---|---|
| **Helplessness** | goat jumping off a cliff, helpless(3), withered flower, trash, sticky, swamp, fish(2), falling into the middle of the fire, bird alone in a cage, unable to find its way | 13 | 10 |
| **Uncertainty** | Mystery (2), polished board, city I just went to, being alone in space(2), horror movie, obscurity(2), newborn baby, outer space, invisible tunnel, robot, bottomless pit, dark, gray, deadly bug, death announcement | 18 | 15 |
| **Worry/Fear** | fear (18), anxiety(8), gazelle, uneasiness(3), death(3), doubt, prison cell, butterfly, horror movie, black(3), height, a timid bird, sinking titanic, sacrificial, storm, hedgehog | 46 | 16 |
| **Confusion** | Complex (3), newly hatched chick, newborn baby (2) | 6 | 3 |
| **Sadness** | Sad (2), complete depression, black (2), loneliness, rebellion | 7 | 5 |
| **Duty And Responsibility** | Duty (2), happiness (2), excitement (2), pride (2), moment of death, mercy, astronaut with injector, sun, military (4), child (2), mother, gardener | 20 | 12 |
| **Heroism** | Warrior (3), guard, black, superman (7), medicine, sacrifice (2), ant | 15 | 7 |
| **Total** | | 125 | 68 |

**Table 4. Categorical Distribution of Metaphors Produced by Nurses Regarding Their Strongest Feelings While Caring for Covid + Patients (*n*= 128)**

| Categories | Metaphors (f) | Nurse n | Metaphor f |
|---|---|---|---|
| **Honoring** | success, walking stick, phoenix, shading under tree in heaven, superhero(13), spider, pride and power(6), rain, spacecraft, hulk, angel(5), moon, sun, happiness(2), flower(2), hope, tree sapling, sacrifice(3), benefit(2), truck, pink, breath(2), rock, life coaching, ivy, prayer, mother(4) | 57 | 27 |
| **Abrasive** | Anxiety (6), fire, dying, rain cloud, fear (12), danger (2), boredom, snake, uneasiness (2), pedestrian, tennis ball, hit tree, drowning in ocean, butterfly(2), space, darkness(3), a bottomless pit, loneliness, despair(3), swamp, horror movie , chainsaw, crush in press, flightless birds, robot, pawn move | 49 | 26 |
| **Complex** | Empathy(5), rose, Buddhist temple, patience, ant, exercising, both fear and strength, shield, marriage, farming, cigarette, soldier in armor, watching horror movies, storm, red, bird in a cage, rainbow, summer rain | 22 | 18 |
| **Total** | | 128 | 71 |

**Table 5. Categorical Distribution of Metaphors That Nurses Use to Describe Society's View of Themselves (*n*= 131)**

| Categories | Metaphors (f) | Nurse n | Metaphor f |
|---|---|---|---|
| **Positive Metaphor** | Hero(20), cold-blooded, angel(4), savior(5), a broken rose, warrior(2), someone fighting for them(2), beacon of hope, goddess(2), ecole, octopus | 39 | 11 |
| **Negative Metaphor** | Covid(10), sick(18), walking virüs(11), alien(7), vampire, grim reaper(2), orphan child(3), cactus(2), fire, bug, monster(5), terminally ill, ghost(2), leper/plague(4), filthy filthy, astronaut, menace(2), soldier, machine, infected waste, stinging nettle, garbage, bee, skunk, robot, ping pong ball, skull, time bomb, creature(2), pathetic | 87 | 30 |
| **Both Positive and Negative Metaphor** | instagram, rainbow, both monster and hero, frontline soldier, sometimes a prisoner in exile, sometimes a hero, half-poor, half-superhero | 5 | 5 |
| **Total** | | 131 | 47 |