

Investigation of the Relationship Between Nurses' Attitudes Towards the Pandemic and Their Commitment to the Profession: Cross-Sectional Study

Hemşirelerin Pandemiye Yönelik Tutumları ile Mesleğe Bağlılıkları Arasındaki İlişkinin İncelenmesi: Kesitsel Araştırma

¹Hacer KABAKOĞLU^{a,b}, ²Hatice TAMBAĞ^c

^aGaziantep University Faculty of Health Sciences, Department of Psychiatric Nursing, Gaziantep, Türkiye

^bHatay Mustafa Kemal University Vocational School of Health Services, Department of Elderly Care, Hatay, Türkiye

^cHatay Mustafa Kemal University Faculty of Health Sciences, Psychiatric Nursing Department, Hatay, Türkiye

ABSTRACT Objective: Nurses are members of the profession who form the structure of the healthcare system during epidemic periods. This study aims to investigate the relationship between attitudes towards the pandemic and commitment to the profession in the pandemic process among frontline nurses. **Material and Methods:** Data were collected through the Information Form, the Perceptions and Attitudes towards COVID-19 Pandemic Questionnaire and the Nursing Professional Commitment Scale. The sample, recruited using the snowball sampling method, included 489 nurses who agreed to participate in the study. Data were collected online using the Google Questionnaire form. **Results:** The number of nurses participating in the research is 489. Demonstrating efforts about the profession and maintaining the profession scores were found to decrease as the causes perception scores of the Perceptions and Attitudes towards coronavirus disease-2019 (COVID-19) increased in nurses who were not infected with COVID-19 ($p<0.05$). **Conclusion:** Within the scope of this research, it is important to educate nurses about epidemics and to raise awareness that nursing is a key force in epidemic situations. Increasing scientific knowledge about the epidemic and supporting nurses psychosocially to manage the process will help nurses manage the process.

Keywords: COVID-19; pandemic; attitude; nursing; professional commitment

ÖZET Amaç: Hemşireler salgın dönemlerinde sağlık sisteminin yapısını oluşturan meslek mensuplarıdır. Bu çalışmanın amacı, ön saflarda görev yapan hemşirelerin pandemi sürecinde pandemiye yönelik tutumları ile mesleğe bağlılıkları arasındaki ilişkiyi araştırmaktır. **Gereç ve Yöntemler:** Veriler tanıtıcı bilgi formu, COVID-19 Salgınına Yönelik Algı ve Tutumları Değerlendirme Ölçeği ve Hemşirelikte Mesleğe Bağlılık Ölçeği aracılığıyla toplanmıştır. Kartopu örnekleme yöntemi kullanılarak oluşturulan örneklem, araştırmaya katılmayı kabul eden 489 hemşireyi içermektedir. Veriler Google Anket formu kullanılarak çevrim içi olarak toplandı. **Bulgular:** Araştırmaya katılan hemşire sayısı 489'dur. Koronavirüs hastalığı-2019 [coronavirus disease-2019 (COVID-19)] enfeksiyonu olmayan hemşirelerde, COVID-19'a ilişkin algı ve tutumların nedenleri algılama puanları arttıkça mesleğe ilişkin çaba gösterme ve mesleği sürdürme puanlarının düştüğü belirlendi ($p<0,05$). **Sonuç:** Bu araştırma kapsamında hemşirelerin salgın hastalıklar konusunda eğitilmesi ve hemşireliğin salgın durumlarında kilit güç olduğu konusunda farkındalık yaratılması önemlidir. Salgınla ilgili bilimsel bilginin artırılması ve hemşirelerin süreci yönetebilmesi için psikososyal açıdan desteklenmesi hemşirelerin süreci yönetmesine yardımcı olacaktır.

Anahtar Kelimeler: COVID-19; pandemi; tutum; hemşirelik; mesleki bağlılık

While the coronavirus disease-2019 (COVID-19) epidemic period continued its impact, nurses actively served at the forefront in the field. When we look at not only the COVID-19 pandemic but also previous epidemic periods, we see that nurses are on the front

lines. Compared to other professional groups, nurses are exposed to high levels of occupational stress because they work with patients 24 hours a day, 7 days a week during epidemic periods.¹⁻³ As study that was conducted to investigate the psychological conse-

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Correspondence: Hacer KABAKOĞLU

Gaziantep University Faculty of Health Sciences, Department of Psychiatric Nursing, Gaziantep, Türkiye

E-mail: haker.kabakoglu@mku.edu.tr



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quences of the COVID-19 pandemic on people and aimed to guide clinical practitioners (social service specialists, psychologists, etc.) reported that individuals' anxiety, depression, and anger increased in the pandemic period while their positive emotions and life satisfaction decreased; they began to take care of their family and health more; and they gave less importance to free time and friends.⁴ Another study conducted in China during the pandemic period investigated the psychosocial effects of the pandemic on health professionals and found that the health professionals who were at risk of being in contact with COVID-19 patients had the highest risk in terms of experiencing sleeplessness, anxiety, and depression.⁵ Nurses stated that they had difficulties because they were stigmatized in society. They stated that society sees nurses as a threat to the safety of others. They mentioned that they were called "disease carriers".⁶

Nurses have a very important role at the peak of the coronavirus pandemic since they are among frontline workers who provide health services.⁷ Therefore, nurses experience numerous stressors while they are working in environments with high-stress levels and inadequate sources, which could also affect their intention to provide care to patients diagnosed with COVID-19.^{8,9} Various studies indicate that lack of knowledge, fear of infection, and worries about transmitting the disease to family members increased the difficulty of providing care to these patients. This fear affects nurses and causes them to want to leave their job.^{6,10,11}

In this regard, commitment to the profession, an important component of job-life-related commitment, is considered to be an important factor in terms of nurses' believing in the values of the profession they are doing and accepting them, making an effort to realize these values, being willing for self-development in the professional field, and being determined to maintain this profession.¹²

This research was conducted during the second wave of the COVID-19 pandemic and was conducted to determine how nurses were affected by the epidemic process. Professional commitment is important in nursing, as in every profession. Especially in situations where nurses will be on active duty, such as during epidemic periods, it becomes more important

for nurses to feel like they belong to the profession. Therefore, this study was planned.

AIM

This study aims to investigate the relationship between attitudes towards the pandemic and commitment to the profession in the pandemic process among frontline nurses.

RESEARCH QUESTIONS

- Is there a relationship between nurses' level of knowledge about the COVID-19 epidemic and their professional commitment?
- Is there a relationship between professional commitment between nurses who have and have not experienced COVID-19 disease?

MATERIAL AND METHODS

STUDY DESIGN AND SAMPLING

This cross-sectional study was conducted between the 1st of February and the 1st of May 2021. The target population of the study was nurses who worked in health institutions in Türkiye. The sample, recruited using the snowball sampling method, included 489 nurses who agreed to participate in the study. Data were collected online using the Google Questionnaire form. Since conducting face-to-face research during the epidemic period will increase transmission, institutions have imposed restrictions on permission. Therefore, online methods were used to reach participants. Once the participants clicked on the questionnaire link, they saw brief information about the questionnaire, which was followed by the consent form, questionnaire form, and the scales.

Inclusion criteria;

- Agreeing to participate in the research.
- Working during the pandemic.

DATA COLLECTION

Data were collected through the introductory information form, the Perceptions and Attitudes towards COVID-19 Pandemic Questionnaire, and the Nursing Professional Commitment Scale (NPCS).

Introductory information form: The form that was prepared in line with the literature is composed

of eight questions regarding nurses' socio-demographic characteristic.¹¹⁻¹⁶ The questions asked the nurses' age, COVID-19 status, gender, education level, how many years they have been working, whether they have worked with patients diagnosed with COVID-19, and whether they are considering leaving the profession during the pandemic process.

NPCS: The scale was developed by Lu et al. in 2000 to determine the levels of nurses' commitment to the profession. Turkish reliability and validity of the scale were performed by Çetinkaya et al. in 2015.¹⁷ The scale is composed of 26 items and 3 sub-scales (willingness to make an effort, maintaining professional membership, belief in goals and values). Nine items of the 4-point Likert scale have reverse items (items 14, 15, 16, 17, 18, 19, 20, 21, 25). The scores to be obtained from the whole scale range between 26 and 104. The lowest and highest scores to be obtained from the sub-scales are 13-52 for the "willingness to make an effort" sub-scale, 8-32 for the "maintaining professional membership" sub-scale, and 5-20 for the "belief in goals and values" sub-scale. Higher scores to be obtained from the whole scale and sub-scales indicate an individual's higher commitment to the profession. Cronbach's alpha values were found $\alpha=0.88$ for willingness to make an effort sub-scale, $\alpha=0.77$ for maintaining professional membership sub-scale, and $\alpha=0.67$ for belief in goals and values sub-scale. The total internal consistency of the scale was found $\alpha=0.90$.¹⁷

This study found Cronbach's alpha values as $\alpha=0.89$ for willingness to make an effort sub-scale, $\alpha=0.83$ for maintaining professional membership sub-scale, and $\alpha=0.67$ for belief in goals and values sub-scale; the total internal consistency of the scale was found $\alpha=0.91$.

Perceptions and Attitudes towards COVID-19 Pandemic Questionnaire: The scale was developed by Artan et al. in 2020 and its reliability and validity were performed. The scale has four sub-scales that include disease perception, causes perception, control perception and avoidance perception. The sub-scales can be used independently of each other.

This study utilized three sub-scales (disease perception, causes perception, control perception) except

for avoidance perception. The sub-scales used in the study are scored on a 5-point Likert scale ranging from "1-I strongly disagree" to "5-I strongly agree". Eight items in the scale are scored reversely (1-2-3-4-36-37-38-39). The disease perception sub-scale is composed of eight items that measure general perceptions about the disease. Higher scores obtained from the disease perception sub-scale indicate positive attitudes towards the disease knowledge. Causes perception sub-scale is composed of 18 items and measures factors causing diseases. It is composed of questions containing conspiracy, environment and belief perceptions. Higher scores obtained from the causes perception sub-scale indicate something negative as it shows that the disease is grounded on a non-scientific basis. Control perception sub-scale assesses control perception regarding the disease and is composed of 13 items. Higher scores obtained from the control perception sub-scale indicate something positive because it shows higher control perception. Higher scores obtained from the sub-scales indicate higher perceptions in that domain. Cronbach's alpha coefficient was found $\alpha=0.65$ for disease perception sub-scale, $\alpha=0.84$ for causes perception sub-scale, $\alpha=0.78$ for control perception sub-scale, and $\alpha=0.84$ for avoidance perception sub-scale.¹⁸

This study found the Cronbach's alpha coefficients as $\alpha=0.28$ for disease perception sub-scale, $\alpha=0.83$ for causes perception sub-scale, and $\alpha=0.62$ for control perception sub-scale.

DATA ANALYSIS

The data obtained from the research were analyzed. The normality of the data distribution was tested using the Shapiro-Wilk test. Frequency, percentage, mean, and standard deviation were utilized for data analysis. In addition, Pearson correlation analysis was used for relationship analysis.

ETHICAL APPROVAL

The study was approved by the Social and Human Sciences Scientific Research and Publications ethics committee of the Hatay Mustafa Kemal University (date: February 4, 2021; no: 19). The study was conducted in accordance with the principles of the Declaration of Helsinki. Permission to conduct the study

was obtained from the Ministry of Health. Since participation was on a voluntary basis, special attention was paid to enhancing the voluntary participation of nurses. Hence, the nurses were given information about the purpose of the study as well as for what purposes the results would be used. They were assured that no personal information would be shared with anyone apart from the researcher and that no one would be allowed to access the data. The participants' consent was received online.

RESULTS

The findings show that of all the participating nurses in this study (n=489), 35.2% (n=172) were infected

with COVID-19 and 64.8% (n=317) were not infected with COVID-19. Of all the nurses who were infected with COVID-19, 82% (n=141) were females, 53.5% (n=92) were aged 20-30, 58.7% were married (n=101), and 69.9% (n=119) had undergraduate degree. Duration of working in profession was 0-5 years for 38.4% (n=66), 47.1% (n=81) worked in the Mediterranean Region, 82.6% (n=142) provided care to patients diagnosed with COVID-19, and 63.4% (n=109) did not intend to leave their profession during the COVID-19 pandemic (Table 1).

Nurses' Perceptions and Attitudes towards COVID-19 Pandemic Questionnaire sub-scale scores were found 24.00 ± 3.17 for disease perception sub-

TABLE 1: Sociodemographic characteristics of nurses (n=489).

Sociodemographic characteristics	Have had COVID-19 (n=172, 35.2%)		Have not COVID-19 (n=317, 64.8%)	
	Number	Percentage	Number	Percentage
Age				
20-30 years	92	53.5	168	53.0
31-40 years	54	31.4	74	23.3
41 years and above	26	15.1	75	23.7
Gender				
Female	141	82.0	283	89.3
Male	31	18.0	34	10.7
Marital status				
Married	101	58.7	177	55.8
Single	71	41.3	140	44.2
Educational status				
Vocational school	7	4.1	10	3.2
Two-year college degree	17	9.9	22	6.9
Undergraduate	119	69.9	218	68.8
Postgraduate	29	16.9	67	21.1
Working experience				
0-5 years	66	38.4	122	38.5
6-10 years	48	27.9	66	20.8
11-15 years	27	15.7	36	11.4
16 years and above	31	18.0	93	29.3
Area where the nurse is located/working				
Mediterranean Region	81	47.1	129	40.7
Black Sea Region	19	11.0	20	6.3
Marmara Region	18	10.5	50	15.8
Eastern Anatolia Region	10	5.8	15	4.7
Central Anatolia Region	23	13.4	50	15.8
Southeastern Anatolia	11	6.4	22	6.9
Aegean Region	10	5.8	31	9.8
Provided care to patients diagnosed with COVID-19				
Care provided	142	82.6	220	69.4
No care provided	30	17.4	97	30.6
Intention to leave the profession during the COVID-19 pandemic				
Intend	63	36.6	100	31.5
Not intend	109	63.4	217	68.5

scale, 49.60±8.88 for causes perception sub-scale, and 35.10±5.34 for control perception sub-scale. The NPCS mean score was found 68.56±16.27, willingness to make an effort sub-scale mean score was 33.01±8.86, maintaining professional membership sub-scale mean score was 21.19±6.28, and belief in goals and values sub-scale was 14.36±3.20 (Table 2).

The Perceptions and Attitudes towards COVID-19 Pandemic Questionnaire sub-scale mean scores of the nurses who were not infected with COVID-19 were 23.76±3.12 for disease perception, 48.76±9.77 for causes perception, and 35.97±5.88 for control perception. While the NPCS total mean score was 72.37±13.87, the sub-scale scores were 34.94±8.16 for willingness to make an effort sub-scale, 22.25±5.50 for maintaining professional membership

sub-scale, and 15.17±2.65 for belief in goals and values sub-scale (Table 2).

According to the Pearson correlation analysis results, no significant relationship was found between the Perceptions and Attitudes towards COVID-19 Pandemic Questionnaire sub-scale mean scores and the NPCS scores among the nurses who were infected with COVID-19 (p>0.05, Table 3).

According to the Pearson correlation analysis results, a positive, weak, and significant relationship was found between disease perception scores in the Perceptions and Attitudes towards COVID-19 Pandemic Questionnaire and the NPCS belief in goals and values sub-scale (r=0.124). A negative, weak, and significant relationship was found between causes perception sub-scale scores in the Perceptions

TABLE 2: NPCS and perception and attitudes towards the COVID-19 Pandemic Questionnaire Scale mean scores.

Scales	Have had COVID-19		Have not COVID-19	
	X±SS	Minimum-maximum	X±SS	Minimum-maximum
Perceptions and Attitudes towards COVID-19 Pandemic Questionnaire sub-scale				
Disease perception	24.00±3.17	15-31	23.76±3.12	10-33
Causes perception	49.60±8.88	26-76	48.76±9.77	23-82
Control perception	35.10±5.34	18-48	35.97±5.88	19-53
NPCS and sub-scale				
Willingness to make an effort	33.01±8.86	13-52	34.94±8.16	13-52
Maintaining professional membership	21.19±6.28	8-32	22.25±5.50	8-32
Belief in goals and values	14.36±3.20	5-20	15.17±2.65	5-20
NPCS total	68.56±16.27	33-98	72.37±13.87	31-104

NPCS: Nursing Professional Commitment Scale; SS: Standard deviation.

TABLE 3: Correlations between NPCS and perception and attitudes towards the COVID-19 Pandemic Questionnaire Scale.

NPCS and sub-scale		Have had COVID-19			Have not COVID-19		
		Perceptions and Attitudes towards COVID-19 Pandemic Questionnaire					
		Disease perception	Causes perception	Control perception	Disease perception	Causes perception	Control perception
Willingness to make an effort	r value	0.112	-0.086	0.110	0.096	-0.111*	0.103
	p value	0.145	0.260	0.151	0.087	0.048	0.068
Maintaining professional membership	r value	0.042	-0.098	0.042	0.051	-0.182**	0.016
	p value	0.580	0.201	0.582	0.361	0.001	0.773
Belief in goals and values	r value	0.035	-0.073	0.028	0.124*	0.011	0.039
	p value	0.649	0.338	0.714	0.027	0.850	0.490
NPCS total	r value	0.084	-0.023	0.082	0.101	-0.136*	0.074
	p value	0.273	0.765	0.286	0.073	0.016	0.187

r=Pearson correlation; **p<0.01; *p<0.05; NPCS: Nursing Professional Commitment Scale.

and Attitudes towards COVID-19 Pandemic Questionnaire scores and the NPCS total scores ($r=-0.136$) and willingness to make an effort ($r=-0.111$) and maintaining professional membership ($r=-0.182$) sub-scales ($p<0.05$, Table 3).

DISCUSSION

This study revealed that nurses who were infected with COVID-19 and those who were not infected with COVID-19 received close scale scores about the pandemic, and there were no significant differences between their sub-scale scores. A study conducted in the Philippines indicated that the majority (95.8%) of the nurses ($n=250$) were aware of the current workplace protocols, but less than 50% ($n=106$) reported that they participated in trainings about COVID-19.¹⁹ A study conducted by Bahçecioğlu Turan et al. during the COVID-19 pandemic analyzed anxiety levels and attitudes towards the nursing profession and found that nursing students living in places with high pandemic levels demonstrated more positive attitudes towards the pandemic.¹⁵ A study conducted in Lebanon at the beginning of the pandemic showed that nurses had sufficient knowledge about the pandemic, and none of the nurses had been infected with the virus yet.¹⁶ This study, which was conducted one year after the pandemic, found that 35.2% of the nurses had been infected with COVID-19. While fighting the pandemic, many nurses both in Türkiye and in the world began to experience social and psychiatric problems, and many nurses even lost their lives.²⁰ The process became more frightening and wearing in time, and in this study, both the nurses who were infected with COVID-19 and those who were not infected with COVID-19 were found to have adequate scores in the causes perception and control perception sub-scales, indicating their adequate knowledge of the pandemic. In this process, nurses might have demonstrated more efforts both to protect their friends and family and to access sufficient information about COVID-19 and increase control mechanisms to decrease contagion.

In this study, the total mean score of professional commitment of nurses infected with COVID-19 was found to be lower than that of uninfected nurses. Commitment to the profession was found to be high

in both groups. Another study conducted in Türkiye during the COVID-19 pandemic using the same scale reported nurses' score as 71.33 ± 15.05 .²¹ These findings seem to be in line with the findings of the present study. Chang et al. also reported that professional training, job satisfaction, and high-quality interpersonal relationships could increase professional commitment.²² Participating nurses in this study had high scores in both commitment to the profession scale and the majority of them had an undergraduate degree, which might have decreased their intention to leave the profession.

Both the nurses who were infected with COVID-19 disease and those who were not infected with COVID-19 in this study were found to receive high scores in making an effort and maintaining professional membership sub-scales of the commitment to the profession, but their belief in goals and values sub-scale score was found to be low. Two different studies conducted in Türkiye reported similar findings with the present study.^{21,23} Nurses might have lost their belief in the probability of realizing the goals and values of the profession due to low salaries and intensive working hours.

This study found no significant differences between the Perceptions and Attitudes towards COVID-19 Pandemic Questionnaire scores and the NPCS scores of the nurses who were infected with COVID-19 and those who were not infected with COVID-19. A study conducted by Özkan Şat et al. about the intention to leave the profession showed that 52.1% of the nurses intended to leave the profession, with the primary cause being intensive working conditions.²¹ Another study conducted at the beginning of the pandemic reported that 64.3% of the nurses did not intend to leave the profession.¹⁶ An analysis of the studies indicates that the intention to leave the job was not affected by the factors such as being at the beginning of the pandemic, progression of the pandemic process, or having been infected with COVID-19. These findings could be associated with the fact that the image of the nursing profession changed and nursing became more visible in the first months of the pandemic. The nursing profession has been a hot topic in media and social media and was attributed to characteristics such as courage, sacrifice, and hu-

manistic values. In addition, at the beginning of the pandemic process, there was a big applause campaign performed to appreciate and motivate health professionals, which increased interest in the profession. Nurses might have no intentions to leave their profession due to the responsibility they feel for society.

This study found a positive, weak, and significant relationship between the disease perception sub-scale of the Perceptions and Attitudes towards COVID-19 Pandemic Questionnaire Scale scores and belief in goals and values sub-scale of NPCS ($r=0.124$) among nurses who were not infected with COVID-19. In other words, nurses who developed positive attitudes towards the COVID-19 pandemic increased their attitudes towards the goals and values of the profession. Another study reported one factor that affected the NPCS score as job satisfaction.²⁴ Job satisfaction can be defined as the opportunities provided by the individual to achieve professional values or by the profession to facilitate this. While previous studies have reported a negative relationship between turnover and job satisfaction, they have reported a positive relationship between job satisfaction and professional commitment. In other words, as nurses' job satisfaction decreases, their intention to leave the job increases and their professional commitment decreases.²⁵⁻²⁷ Being aware of the disease perception and being able to comfort patients with COVID-19 could have increased nurses' job satisfaction and had positive effects on goals and beliefs aspects of the profession. Believing that they can fight the COVID-19 disease might have affected views of frontline nurses who have active roles in fighting the pandemic about the profession and professional satisfaction.

There was a negative, weak and significant relationship between the causes perception sub-scale of the Perceptions and Attitudes towards COVID-19 Pandemic Questionnaire and the willingness for making an effort and maintaining professional membership sub-scales of the NPCS total score. While the causes perception score increased, namely when there was an increase in misunderstanding the causes of diseases, there was a decrease in nurses' making an effort and maintaining the profession scores. This result is encountered as the opposite of disease percep-

tion. Since the nurses were not diagnosed with COVID-19 and did not experience the process, they might not believe in the disease and focus more on causes than the disease itself. Nurses who focus on the causes of the COVID-19 disease and have different approaches about it might have decreased their efforts for fighting the disease and maintaining professional membership. Another study on COVID-19 reported that people who had conspiracy beliefs about COVID-19 decreased preventive measures.²⁸ Another study also reported that 24.2% of the nurses believed that the COVID-19 pandemic was a conspiracy theory and emerged on purpose. Therefore, the study reported low job satisfaction of nurses.²⁹ Nurses' desire for taking preventive measures for the disease, intervening with the disease and managing this process might have decreased when they connected the COVID-19 disease with conspiracy, environment, and beliefs. This condition might also have negatively affected their desire for maintaining the profession.

RESEARCH LIMITATIONS

The results of this study are limited to nurses working as nurses in Türkiye in 2020 and 2021 and who agreed to participate in the research. The research was conducted based on individuals' self-reports via a digital platform. This research sample may be small in comparison to other works carried out. However, this study has focused on a specific research population of nurses who have been working in healthcare system hospitals of the provinces included in the study during the COVID-19 outbreak.

CONCLUSION

This study conducted to investigate the relationship between attitudes towards the pandemic and commitment to the profession in the pandemic process among frontline nurses. The study results indicated that nurses had adequate disease perception knowledge and control perception knowledge while they did not have adequate causes perception. Neither group was found to decrease their commitment to the profession due to the COVID-19 pandemic. This study also found that nurses who had high general perception scores about the disease also had increased

attitudes towards the goals and values of the profession. In addition, while there was an increase in the perception of the causes of the Perceptions and Attitudes towards the COVID-19 Pandemic Questionnaire, there was a decrease in making an effort and maintaining professional membership sub-scale scores.

Within the scope of this research, it is important to educate nurses about epidemics and to raise awareness that nursing is a key force in epidemic situations. Increasing scientific knowledge about the epidemic and supporting nurses psychosocially to manage the process will help nurses manage the process.

The COVID-19 pandemic caught the world and people unprepared, spread quickly and made the management of the process difficult, which might have caused nurses to have different views about the COVID-19 pandemic. It is recommended that nurses should rapidly be informed by administrators and explained that it could be possible to overcome this pandemic process with accurate information and care, which is considered to increase nurses' motivation

and contribute to the process of fight against the pandemic.

Source of Finance

During this study, no financial or spiritual support was received neither from any pharmaceutical company that has a direct connection with the research subject, nor from a company that provides or produces medical instruments and materials which may negatively affect the evaluation process of this study.

Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

Idea/Concept: Hatice Tambağ, Hacer Kabakoğlu; **Design:** Hacer Kabakoğlu, Hatice Tambağ; **Control/Supervision:** Hatice Tambağ, Hacer Kabakoğlu; **Data Collection and/or Processing:** Hacer Kabakoğlu, Hatice Tambağ; **Analysis and/or Interpretation:** Hacer Kabakoğlu, Hatice Tambağ; **Literature Review:** Hacer Kabakoğlu, Hatice Tambağ; **Writing the Article:** Hacer Kabakoğlu, Hatice Tambağ; **Critical Review:** Hatice Tambağ.

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