

How Did You Feel During the Earthquake? The Earthquake Experiences of Nursing Students: A Phenomenological Study

Depremde Neler Hissettin? Hemşire Öğrencilerinin Deprem Deneyimleri: Fenomenolojik Araştırma

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ABSTRACT Objective: This study was conducted to investigate the experiences of nursing students who experienced the earthquake with its epicenter in Kahramanmaraş, Türkiye, and affecting 12 provinces. **Material and Methods:** In this study with a qualitative design, the phenomenological method was used, and the nursing students who experienced the Kahramanmaraş earthquake constituted the study's population. Data were collected using the "Descriptive Characteristics Questionnaire" and a "Semi-Structured Interview Form". The Consolidated Criteria for Reporting Qualitative Research checklist was utilized in the reporting of the research. **Results:** Within the scope of the research, in-depth interviews were conducted with a total of 15 nursing students. The interviews were categorized into 4 main themes and 19 sub-themes. The main themes identified were (1) Difficulty in Meeting Basic Needs, (2) Post-Traumatic Emotional Reactions, (3) Post-Traumatic Physiological Reactions, and (4) Gains from the Loss. Students experienced significant challenges in fulfilling their basic needs for clean water, food, shelter, and communication following the earthquake. Physiological responses included a reluctance to eat, sleep disturbances, and difficulty in communicating. Emotional reactions such as a fear of death, feelings of helplessness, anxiety, sadness, and pain were also observed. However, it was noted that students also experienced positive outcomes in several areas, including a stronger belief in disaster preparedness, a re-evaluation of the meaning of life, and a heightened desire to spend time with loved ones. **Conclusion:** Considering that the earthquake had a profound impact on the students and led to various negative consequences, it is recommended to provide psychological support to those who are affected by the earthquake. Additionally, it is suggested to make plans aimed at reducing vulnerability and losses during emergencies and disasters, as well as acquiring a disaster culture to minimize the consequences of disasters.

Keywords: Earthquakes; qualitative research; life change events; students; nursing

ÖZET Amaç: Bu araştırma, Türkiye'de merkez üssü Kahramanmaraş olan ve 12 ili etkileyen depremi deneyimleyen hemşire öğrencilerin deneyimlerini, derinlemesine incelemek amacıyla gerçekleştirilmiştir. **Gereç ve Yöntemler:** Nitel tasarımda fenomenolojik yöntem kullanılarak gerçekleştirilen çalışmada, Kahramanmaraş depremini deneyimleyen hemşirelik öğrencileri araştırmanın evrenini oluşturmuştur. Veriler "Tanımlayıcı Özellikler Soru Formu" ve "Yarı Yapılandırılmış Görüşme Formu" ile toplanmıştır. Araştırmanın raporlanmasında Kalitatif/Nitel Araştırma Raporlama Konsolide Kriterleri kontrol listesi dikkate alınmıştır. **Bulgular:** Araştırma kapsamında 7 kadın ve 8 erkek olmak üzere toplam 15 hemşire öğrenci ile derinlemesine görüşme yapılmıştır. Yapılan görüşmeler 4 tema ve 19 alt tema altında toplanmıştır. Ana temalar (1) Temel İhtiyaçları Karşılamada Zorluk, (2) Travma Sonrası Duygusal Tepkiler, (3) Travma Sonrası Fizyolojik Tepkiler ve (4) Kaybın Kazanımları olarak belirlenmiştir. Öğrencilerin depremden sonra temiz su, yiyecek, barınak ve iletişim gibi temel ihtiyaçlarını karşılamada önemli zorluklar yaşadılar. Fizyolojik tepkiler arasında yemek yeme isteksizliği, uyku bozuklukları ve iletişim kurma zorluğu yer aldı. Ölüm korkusu, çaresizlik hissi, kaygı, üzüntü ve acı gibi duygusal tepkiler de gözlemlendi. Ancak öğrencilerin afetlere hazırlık konusunda daha güçlü bir inanç, hayatın anlamını yeniden değerlendirme ve sevdikleriyle zaman geçirme isteğinin artması gibi çeşitli alanlarda olumlu sonuçlar da yaşadıkları kaydedildi. **Sonuç:** Yaşanan depremin öğrencileri derinden etkilediği ve pek çok olumsuz sonuca neden olduğu göz önüne alınarak psikolojik desteğin sağlanması önerilmektedir. Ayrıca acil durum ve afet anında kırılganlığı ve kayıpları azaltmak, afetin sonuçlarını en aza indirmek için afet kültürünün kazanılmasına yönelik planlamaların yapılması önerilmektedir.

Anahtar Kelimeler: Depremler; nitel araştırma; yaşam değiştiren olaylar; öğrenciler; hemşirelik

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An earthquake is a sudden event caused by fractures in the earth's crust, resulting in shaking of the environment and the earth's surface as waves spread uncontrollably.¹ Earthquakes are considered a serious public health issue on a global scale due to their unpredictability, high mortality and morbidity rates, disruption of societal life, multiple losses, and sudden changes in healthcare service delivery.² According to the World Health Organization, globally, between 1998 and 2017, earthquakes led to the loss of 750,000 lives and left more than 125 million people homeless.³ Furthermore, earthquakes, as traumatic events, leave profound marks in individuals' lives and can lead to psychological problems.⁴⁻⁶ Cénat and Derivois found that 25.98% of adults exhibited symptoms of depression following the Haiti earthquake, and Boztas et al. noted that 35.5% of earthquake victims in the aftermath of the Van earthquake suffered from post-traumatic stress disorder.^{4,7} The importance of preparedness for disasters and emergencies comes to the forefront in minimizing the effects experienced by individuals, families, and communities as a result of earthquakes.⁸ Nurses, who constitute a significant and integral part of healthcare service delivery, play an active role in the community's preparedness for disasters, the provision of healthcare services during emergencies, and the recovery period after disasters. Considering that today's nursing students will be the responsible nurses in future healthcare service delivery, it is believed that studying the experiences of nursing students who have experienced earthquakes holds significant importance.

Numerous studies have focused on various aspects of earthquake preparedness, knowledge, and attitudes.⁹⁻¹¹ However, there is a limited number of studies specifically examining the experiences of individuals who have lived through earthquakes.¹² Notably, 2 research studies have explored the earthquake experiences of nursing students following the Kahramanmaraş earthquake. The findings from these studies revealed that the nursing students' experiences encompassed areas such as search and rescue activities, lifestyle changes after the earthquake, normalization processes, fear, and sleep disturbances.¹³ In the 2nd study, the perceptions of nursing students regarding earthquake definitions, awareness, and cop-

ing mechanisms were assessed.¹⁴ This research aims to examine the earthquake experiences of nursing students, focusing on their difficulties in accessing basic needs, emotional and physiological reactions, and earthquake gains. It is anticipated that the results will contribute to the literature by addressing the gaps in understanding earthquake experiences and evaluating coping mechanisms. Additionally, the findings are expected to inform the planning of effective public health strategies to protect and promote public health during disaster situations, including earthquakes.

MATERIAL AND METHODS

THE PURPOSE AND TYPE OF RESEARCH

This research has been designed as a phenomenological study, which is one of the qualitative research designs, with the aim of conducting an in-depth examination of the experiences of nursing students who experienced the earthquake with its epicenter in Kahramanmaraş, Türkiye, and affecting 12 provinces. This research examined "earthquake experiences" as a phenomenon. The reporting of the research has taken into consideration the Consolidated Criteria for Reporting Qualitative Research checklist.¹⁵

SETTING, POPULATION, AND SAMPLE OF THE RESEARCH

The population of the research consisted of nursing students studying at a state university in Türkiye who had experienced the earthquake on February 6, 2023. The purposeful sampling method was employed in the selection of the sample. Purposeful sampling is chosen when in-depth investigation is sought, particularly in cases where participants are expected to possess deep and rich knowledge about the subject.¹⁵ It was believed that nursing students who experienced an earthquake might have numerous experiences related to this process, and this research approach was chosen to examine these experiences appropriately. The sample size for the research was determined based on data saturation, which is the point at which data repetition or redundancy is reached.¹⁵ In this context, in-depth interviews were conducted with 15 nursing students.

DATA COLLECTION TOOLS

The research data were collected using a Descriptive Characteristics Questionnaire and a Semi-Structured Interview Form, both prepared by the researchers after reviewing the literature.^{12,16-19}

DESCRIPTIVE CHARACTERISTICS QUESTIONNAIRE

The questionnaire consists of 8 questions that inquire about the following descriptive characteristics: age, gender, year of study, previous earthquake experience, possession of an earthquake emergency kit at home, experience of losing a family member in an earthquake, receiving education on earthquakes, and awareness of the earthquake risk of the place of residence.

SEMI-STRUCTURED INTERVIEW FORM

The form was created to assess the earthquake experiences of nursing students. The interview form was developed through a thorough review of existing literature. Subsequently, expert opinions were sought, and a pilot application was conducted. The experts involved include 2 researchers with doctoral degrees in public health and psychiatric nursing, both of whom have experience in disaster and qualitative research. Minimal corrections were made to the interview form based on the experts' suggestions. During the pre-application phase, a pilot test was conducted with a student who had experienced the Kahramanmaraş earthquake. Feedback was gathered regarding the clarity of the questions and the adequacy of the content. No further corrections were made to the interview form following this pre-application. Data from pilot applications were not included in the scope of the research. It contains 6 open-ended questions. The questions in the form are as follows:

1. How did you feel during the earthquake? Please describe.
2. What difficulties did you encounter after the earthquake? Please explain.
3. Did you participate in any relief efforts after the earthquake?
 - If yes, how did you feel? Please explain.
 - If no, how did you feel? Please explain.

4. Have your thoughts about earthquakes changed after the Kahramanmaraş earthquake? Reflect on your life at home, in your dormitory, or at your workplace, and explain.

5. What was the most significant lesson that the earthquake you experienced taught you? Please explain.

6. Is there anything else you would like to add?

DATA COLLECTION PROCESS

The research data were collected through face-to-face in-depth interviews conducted between March 20, 2023, and April 10, 2023. Prior to the research, nursing students who had experienced the major earthquake that hit Kahramanmaraş and 12 more cities were identified. Subsequently, the researchers provided these students with information about the research topic and content and invited them to participate in the study. Dates and times for interviews were scheduled with the students who were willing to participate. The interviews were conducted within a time frame that did not disrupt the students' educational routines, such as school, classes, or practical training, and took place in one of the researcher's office, lasting between 20 to 45 minutes. The interview room is located on the 1st floor, within the Faculty of Health Sciences at X University. Prior to the interviews, precautions were taken to ensure that the room had an appropriate temperature, adequate lighting, and that the interviews would not be interrupted. Before the interviews, the researcher (interviewer) informed the participants that their participation was entirely voluntary. During the interviews, the questions in the interview forms were posed to the students in a clear and understandable manner. When necessary, the researcher encouraged a more in-depth exploration of the research topic by asking additional questions, and the students' responses were recorded verbatim. Audio recordings were not made during the interviews. Before the questions in The Semi-Structured Interview Form were posed to the students, the questions in the Descriptive Characteristics Questionnaire were posed, and their responses were recorded. Following the completion of the interviews, the notes/transcripts obtained were given to the students for their review, and they were

asked if there were any corrections or additional statements they wanted to provide. After verifying the transcripts, the interviews were concluded. When the data collected from the students reached a point of saturation, indicating data redundancy, the in-depth interviews were terminated by mutual agreement among the researchers. There were no students who did not wish to continue the interviews or who wanted to terminate the interviews due to intense emotional reactions during the in-depth interviews. There were no repeated interviews conducted with the students as part of this research.

RESEARCH INCLUSION AND EXCLUSION CRITERIA

In the literature, it is suggested that in-depth interviews should not be conducted immediately after a traumatic event or situation, and while there is no specific timeframe, it is generally believed that more reliable data is obtained as the effects of trauma diminish.¹⁸ Therefore, it was thought that data collection would be more reliable after students had moved away from the disaster area, returned to university for formal education, and had their basic needs such as nutrition and shelter adequately met for at least 4 weeks. In this context, nursing students who had experienced the earthquake and who had been away from the disaster area for at least 4 weeks, had their basic needs met, and volunteered to participate in the research were included in the study. Students who neither experienced the Kahramanmaraş earthquake nor volunteered for the research were excluded from the study.

DATA ANALYSIS

In the analysis of the research data, an inductive approach was used, and content analysis was employed. The data were analyzed in four stages, which are as follows: 1) Transcription and data validation, 2) Coding of the data, 3) Identification of themes, and 4) Organizing and defining the data based on codes, themes, and sub-themes. The transcripts obtained from the interviews were transferred to a Word document after the interviews, resulting in a data set of approximately 78 pages. No software or program was used for the analysis of the research data. The data were evaluated by both researchers through repeated readings at different time intervals. The expressions

in the data set were examined under categorical frameworks considering the headings in the semi-structured interview form and the literature knowledge. Within these categorical frameworks, conceptualizations were made by repeatedly reading the transcripts, and themes and sub-themes were identified. During the analysis, attention was paid to ensure that the themes formed a meaningful whole within themselves, and after the analysis, the conceptual map obtained was evaluated by the researchers. Subsequently, it was reviewed by two researchers holding doctoral degrees in Mental Health and Diseases Nursing and Public Health Nursing, both of whom have experience in qualitative research. After receiving expert opinions and recommendations, the conceptual map was finalized.

VALIDITY AND RELIABILITY

Validity and reliability are crucial aspects to ensure in qualitative research. In qualitative research, validity is examined under the categories of internal validity and external validity. Based on this information, a wide range of data sources were used in the study. The obtained results were compared, and it was observed that the results were similar to the literature. Additionally, after the in-depth interviews were completed, participant checking was conducted.

In qualitative research, external validity is considered in terms of transferability. To establish external validity, 4 different methods are used, which include purposeful sampling, inclusion/exclusion criteria, a detailed description of the context, and a detailed introduction of the participants. In terms of transferability, it is important that the results obtained from the study can be applied to other similar studies.²⁰ In this regard, it can be said that a significant portion of the results obtained from this study shows a strong similarity to the results obtained in other studies found in the literature, indicating their transferability. Additionally, the use of purposeful sampling, the establishment of inclusion/exclusion criteria, and the detailed description of the context and participants in the research all contribute to enhancing external validity. Based on this information, it can be concluded that the validity of the research results has been ensured.

Reliability in qualitative research is concerned with whether the results will be similar when the study is replicated under similar conditions with similar participants.²⁰ In this research, one of the triangulation methods, researcher triangulation, was employed. The research results were presented to 2 nursing experts with doctoral degrees and experience in qualitative research, who were not part of the research team, for their input. Based on this information, it can be concluded that the reliability of the research results has been ensured.

ETHICAL CONSIDERATIONS

Before conducting the research, Artvin Çoruh University Ethics Committee (date: March 05, 2023; no: E-18457941-050.99-83813) and Artvin Çoruh University, Faculty of Health Sciences permission (date: March 17, 2023; no: E-82587833-605.01-85895) were obtained. This study was conducted in accordance with the principles of the Helsinki Declaration, 2013.

RESULTS

The study conducted in-depth interviews with a total of 15 nursing students (7 females and 8 males) who experienced the earthquake. Some descriptive characteristics of the students are presented in Table 1. It was determined that only one of the students had re-

ceived earthquake-related training, and only one had an earthquake kit at home (Table 1).

The findings from the interviews with the students revealed four main themes and 19 sub-themes. These themes are (1) Difficulty in meeting basic needs, (2) Post-traumatic emotional reactions, (3) Post-traumatic physiological reactions, and (4) Gains from the loss (Figure 1). Direct quotations from the participants' statements during the interviews were provided, and the participants were coded as P1, P2, etc.

DIFFICULTY IN MEETING BASIC NEEDS

The theme "Difficulty in Meeting Basic Needs" consists of sub-themes including "water needs", "food needs", "housing needs", "hygiene needs", and "communication needs".

Water Needs

"Especially water! We couldn't even find water to drink. The earthquake is over, but there is still no water." (P13)

"Water was a huge problem. We found water about 3 days after the earthquake." (P8)

Food Needs

"Food was a huge problem, such a big problem... We could only find something on Thursday, that

TABLE 1: Some sociodemographic and descriptive characteristics of the students

Participant	Age	Gender	Year of study	Having experienced a disaster before	Loss of a first-degree family member in the earthquake	Having received earthquake-related training	Presence of earthquake kits at home	Knowledge of earthquake risk for the current residence
1	23	Male	4	No	Yes	No	No	Yes
2	23	Female	4	Yes	No	No	No	No
3	20	Female	1	Yes	No	No	No	No
4	23	Male	4	Yes	No	No	No	Yes
5	19	Female	1	No	No	No	No	Yes
6	18	Female	1	Yes	No	No	No	No
7	21	Male	4	No	No	No	No	No
8	23	Male	4	Yes	No	Yes	No	No
9	23	Male	4	Yes	Yes	No	No	Yes
10	19	Female	1	Yes	No	No	No	No
11	22	Male	4	Yes	No	No	No	No
12	23	Male	4	Yes	No	No	No	No
13	24	Male	4	Yes	No	No	Yes	No
14	19	Female	1	Yes	No	No	No	No
15	24	Female	4	Yes	No	No	No	No

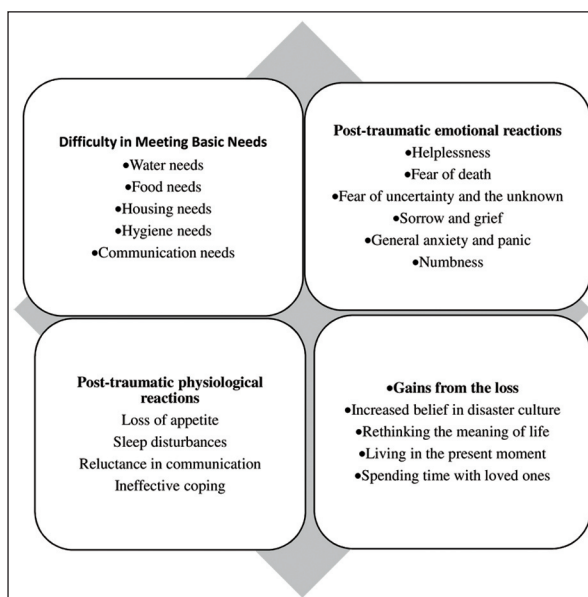


FIGURE 1: General overview of the themes and sub-themes

is, 4 days later. There was no bread or anything. People had money in their pockets but there was nowhere to buy food.” (P8)

Housing Needs (Safe Housing and Heating)

“Our greatest need was heating; we were sleeping outside; the tents arrived very late.”

Hygiene Needs (Shower and toilet needs, difficulty in accessing hygiene products)

“There was a great need for showers; some people didn’t take a shower for 20-25 days.” (P13)

Communication Needs

“Communication was definitely very hard. We could not get any news from anyone; the phones did not work; there was no electricity. If we were lucky, we were able to talk on the phone for a few seconds only to say “I’m fine”. When we could not reach our loved ones on the phone, we tried to go to their homes.” (P9)

Post-Traumatic Emotional Reactions

The theme of post-traumatic emotional reactions consists of the subthemes of “helplessness”, “fear of death”, “fear of uncertainty and the unknown”, “sorrow and grief”, “general anxiety and panic”, and “Numbness”.

Helplessness

“Helplessness really wore us out; not being able to help people really wore us out.” (P12)

Fear of Death

“I was asleep. I woke up and looked around. My sister came right on top of me. She started praying. The only thing I felt was the fear of death. I really thought we were going to die because the earthquake was very severe. I still feel the fear of death. It feels like it can come any time. When I think of an earthquake, death comes to my mind.” (P2)

Fear of Uncertainty and the Unknown

“There was uncertainty. What happened? What will happen? We were not in a good mood. We did not understand what happened; suddenly everything disappeared.” (P12)

Sorrow and Grief

“Should I talk about people hugging each other or little children? I especially felt sorry for the little children. Most of them died in stairwells.” (P1)

“We suffered a lot of losses; we had a lot of damage. What can I say? I’m very sorry. I’m still shocked.” (P13)

General Anxiety and Panic

“We’re always on the alert at home. For example, in addition to the earthquake kit, my mom put a rug, thermos flasks, clothes, dry food, and a flashlight next to the door in case we are able to get out of the house in the next earthquake. At the slightest tremor, we say, ‘Go down, go down, don’t wait, don’t say it’s a small or big earthquake, just go down immediately. We’ve established a protection system like that.” (P11)

Numbness

“I feel very numb. That’s why, I can’t think about some things very well. I don’t feel very good; I can’t think.” (P7)

Post-Traumatic Physiological Reactions

The theme of Post-Traumatic Physiological Reactions consists of the following sub-themes: “loss of appetite”, “sleep disturbances”, “reluctance to communicate”, and “ineffective coping.”

Loss of Appetite

"My appetite has worsened; I eat less than before; I don't feel like eating." (P11)

Sleep Disturbances

"I couldn't sleep at night. I think there will be an earthquake at 4 every day, so I go to sleep around 5 or 6." (P2)

Reluctance in Communication

"I feel like I've closed myself off, and I don't want to talk to anyone. I'm always watching something on my phone, not really talking to anyone. I guess it's related to this process, and I think it will be over. In the first few days, I hardly talked to anyone." (P2)

Ineffective Coping

"After the earthquake, I started smoking excessively. I wasn't a heavy smoker before, maybe one cigarette a day, but now I finish one or two packs (20-40 cigarettes) a day." (P9)

Gains from the Loss

The theme of "Gains from the Loss" consists of sub-themes including "increased belief in disaster culture", "rethinking the meaning of life", "living in the present moment", and "spending time with loved ones".

Increased Belief in Disaster Culture

"We learned to be prepared at all times; we should have earthquake kits, and we need to learn what to do when there is an earthquake." (P7)

Rethinking the Meaning of Life

"I realized that extravagance, buying new things, living in multi-million-dollar houses don't matter at all. Everything is temporary; I guess they call this world "mortal"." (P5)

Living in the Present Moment

"We shouldn't make too many plans for the future. We should live in the moment and appreciate the value of this moment." (P2)

Spending Time with Loved Ones

"We should hug our loved ones tightly; there's no guarantee for tomorrow. Today, we are face to face, but we might not be here tomorrow. We should never hold grudges with anyone." (P2)

DISCUSSION

The recent earthquake in Kahramanmaraş, which affected many people in Türkiye, has once again highlighted that disasters are a significant public health issue, and preparedness for disasters is crucial for society.²¹ This study was conducted to investigate the earthquake experiences of nursing students and contribute to the literature.

The study found that the students who experienced the earthquake faced difficulties in meeting various needs such as water, food, housing, hygiene, and communication. The literature on this topic indicates that after the Haiti earthquake, 1.5 million people were left homeless, and many experienced food and water shortages.²² Similarly, in Türkiye, after the Marmara Earthquake, numerous homes and businesses were damaged, and the city's infrastructure was significantly disrupted.²³ This situation can be considered as a likely and expected consequence of earthquakes and disasters, given their sudden onset and the disruption they cause to community life.²

The fact that only 1 student in the study had an earthquake kit at home and only one had received earthquake training suggests that disaster preparedness is inadequate. An emergency or disaster kit is a bag that includes water, food, clothing, hygiene items, and first aid supplies that may be needed in the first 72 hours after an earthquake, before professional rescue teams arrive, and it can increase the chances of survival.²⁴

The study revealed that the students experienced feelings such as helplessness, fear of death, fear of uncertainty and the unknown, sorrow and grief, anxiety and panic, numbness, and difficulty in concentration after the earthquake. Canel and Balci conducted a study on trauma narratives of individuals who experienced an earthquake, and their participants reported that they significantly experienced feelings of helplessness, fear, and sadness after the earthquake.⁵ In their study with adolescents 3 years after the China earthquake, Tian et al. reported that more than half of the participants experienced concentration problems.¹¹

The present study revealed that the students experienced problems with nutrition and sleep, as well

as a lack of interest in communication and substance use problems after the earthquake. Chen et al. found that sleep disorders were quite common among survivors even 10 years after the Wenchuan earthquake.²⁵ Rajabi et al. found that participants ate less after the earthquake, and loss of appetite due to fear was observed.²⁶ Lee et al. conducted a study with parents in South Korea following a disaster in 2014 and found that even individuals living in the same household communicated less with each other and were reluctant to communicate with each other.²⁷ Bianchini et al. reported that disasters were associated with an increase in tobacco, alcohol, and substance use. Furthermore, as stated in the literature, disasters can increase the risk of substance use disorders.²⁸⁻³⁰ It is also noted that individuals who use tobacco, alcohol, or substances after a disaster may experience more mental health problems compared to non-users.³¹

The study found that the nursing students had some gains after the earthquake. They had an increased belief in disaster culture, reevaluated the meaning of life, and understood the importance of living in the present moment and spending time with loved ones. Mao et al. found that healthcare professionals participating in disaster search and rescue operations gained positive aspects such as improving their relationships with others, seeing new possibilities in life, personal strength, spiritual growth, and appreciation for life.³² Turan and Oral reported that experiencing disasters was an important experience in recognizing the deficiencies in disaster policies, and it increased the belief in creating disaster preparedness programs through collaboration between local governments and the community.³³ This may be related to individuals who have experienced disasters directly, as they have experienced the shortcomings in disaster preparedness and response efforts firsthand.

This research suggests that nursing students who experienced the Kahramanmaraş earthquake may gain valuable professional insights from their encounters with this disaster. These students are likely to recognize that disasters, including earthquakes, represent significant public health challenges, leading to a greater awareness of the importance of dis-

aster preparedness. In addition, they may take more active roles in disaster preparedness initiatives throughout their careers. Furthermore, their experiences may enhance their understanding of the needs of affected individuals during future disasters, improve their empathy skills, and better equip them to support those coping with psychological and emotional responses following an earthquake.

LIMITATIONS

The research findings contribute to the existing literature but come with several limitations. Firstly, this study was conducted at only one state university. Additionally, the criteria did not account for the levels of loss students experienced (such as losing a first-degree or 2nd-degree family member or a friend) or the impact of events (such as home damage, relocation, or effects on income sources). These factors may have influenced the students' experiences of the earthquake.

Another limitation is that students might not accurately recall their experiences due to reasons such as shock, denial, or grief stemming from the traumatic event. Moreover, the earthquake experiences of nursing students who went through the earthquake but chose not to participate in the study could have been more traumatic and intense. Consequently, the research findings are limited to the data collected from the nursing students who were interviewed in depth.

CONCLUSION

In this study conducted to examine the earthquake experiences of students who experienced the Kahramanmaraş earthquake in Türkiye, the experiences of the students were categorized into 4 main themes: Difficulty in Meeting Basic Needs, Post-Traumatic Emotional Reactions, Post-Traumatic Physiological Reactions, and Gains from the Loss.

In line with the fundamental public health principle of "Prevention is better than cure", it is recommended to establish a culture of disaster preparedness, increase awareness about disaster culture, engage in multidisciplinary collaborations for planning, and formulate strategies to prevent de-

struction and reduce losses during emergencies and disasters. Considering the possibility of psychological responses such as sleep disorders, eating disorders, post-traumatic stress disorder, and substance use disorders occurring or worsening in the aftermath of earthquakes, disasters, and crisis situations, it is recommended to provide psychological first aid and support promptly and to offer age-appropriate interventions.

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: Deniz Sümeyye Yorulmaz Demir; **Design:** Deniz Sümeyye Yorulmaz Demir; **Control/Supervision:** Deniz Sümeyye Yorulmaz Demir; Nurhayat Kılıç Bayageldi; **Data Collection and/or Processing:** Nurhayat Kılıç Bayageldi; **Analysis and/or Interpretation:** Deniz Sümeyye Yorulmaz Demir; **Literature Review:** Deniz Sümeyye Yorulmaz Demir; Nurhayat Kılıç Bayageldi; **Writing the Article:** Deniz Sümeyye Yorulmaz Demir, Nurhayat Kılıç Bayageldi; **Critical Review:** Deniz Sümeyye Yorulmaz Demir, Nurhayat Kılıç Bayageldi; **References and Fundings:** Deniz Sümeyye Yorulmaz Demir.

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