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Article

Nurses consultation during COVID-19 via hotlines: a descriptive Phenomenological study abstract

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Abstract

Background: Consultation is one of the primary roles of nurses as a health professional discipline in the community. COVID-19 allowed the nurses to respond to public health needs, be accountable for their concerns, and advocate for vulnerable groups to alleviate COVID-19 challenges.
Objectives: The study was aimed to explore the nurses' experiences in the consultation role during the COVID-19 crisis.
Methods: This qualitative study was conducted with Colizzi's descriptive phenomenological approach. Data was collected through semi-structured interviews with fifty nurses in different positions. The participants were selected purposefully of the nurses with consultative performance through hotlines.
Results: Qualitative data were classified into 5 main themes: "nurse consultation as a missing link in the health system", "COVID-19 threat as an opportunity to demonstrate the nurse`s role in the community", "formation of consultation role identity", "nurse`s competency in the role performance", and "calming the people".
Conclusion: As a result of the COVID-19 pandemic, effective health communication strategies must be used to inform the public. Nursing consultation is essential to increase coping with unexpected events in the community. It reduces the pressure on the health system's capacity to be potentially in crisis and provides the opportunity to extend nurses' role in emergencies.

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Implications of this paper in nursing and midwifery preventive care:

- The study emphasizes the need for effective health communication, which is crucial for preventive care efforts. Nurses can utilize their consultation skills to educate the public about preventive measures.
- The research suggests that strong nursing consultation strengthens community preparedness for unforeseen events. This can translate to better preventive care practices during non-crisis times as well.
- The paper demonstrates nurses' effectiveness in addressing public health concerns, paving the way for them to play a more prominent role in preventive care initiatives.

Introduction

The COVID-19 pandemic highlighted the need for specialized health strategies and effective communication to manage crises and reduce the spread of the virus. Public health authorities faced challenges due to limited understanding and dissemination of unverified information, highlighting the need for better comprehension of people's information-seeking behavior during such crises. [1,2].

Educating the community on how to slow the spread of COVID-19 is crucial. To effectively disseminate health messages, it is crucial to engage trusted messengers such as nurses, community leaders, and local influencers. Nurses, in particular, have proven to be effective messengers in COVID-19 education by leveraging their credibility, debunking myths, addressing concerns, and promoting preventative measures [3,4]. According to Schuftan's study (2021) that focused on nurses' role in societal change, the findings demonstrated that nurses have been addressed as social promoters that facilitate the empowerment of the public in health

education. During the COVID-19 pandemic, there was an opportunity to demonstrate this competence in addressing community issues and promoting public health [5].

Nurses' consultations are crucial during outbreaks, providing communities with access to nurses' professional skills and knowledge, promoting immediate decision-making and teamwork to improve the quality of care [6,7]. The consultation position first emerged as a transformational strategy to organize different nurses' roles to bridge the communication gap between healthcare providers and the community in the clinical context, especially during crises [8,9]. Policymakers in the UK aimed to create consultation roles to support the growing need for cancer services in the community. This involved dedicating a portion of health resources to strengthen the role of consultative cancer nurses. The focus was on developing and implementing strategies to establish these roles within England's National Health Service [10]. Cashin et al' study (2015), which focused on nurses' consultation roles, reported three main themes, including crossing borders, reforming the system, and rescuing the system. The study suggests changing traditional health systems by developing new roles for nurses to ensure high-quality assurance. This is important because traditional healthcare systems struggle to respond to evolving public health challenges and rapid changes in health communication during crises. Adapting new roles for nursing expertise improves health communication strategies and ensures the public receives valid, reliable information during crisis events [6,11].

The importance of involving trusted messengers, such as healthcare professionals, in health communication campaigns is evident in various communities [12]. The Iranian nursing community provided informal consultation traditionally, but it wasn't formally defined. During the pandemic, nursing hotline consultation helped alleviate hospital overcrowding and provided support to the Iranian people. Nurses played a crucial role in spreading pandemic-related information and aiding the community. Their involvement highlighted the consultation role during the outbreak and contributed to successful crisis coping [13,14]. At Isfahan University of Medical Sciences, the 3113 hotline number provided a constant relationship between nurses and the public. The service supported different people's concerns and was supposed to be the guidance line to improve the community's health literacy about COVID-19. Seven hundred people, with an average turnover of fifty staff per day, provided more than one and a half million consultations during 2021 -2022, which led to significant results [15].

The hotline facilitated communication between nurses and the community, providing crucial support during the quarantine. Crouch et al.(2016) reported that the hotline facilitated communication between nurses and patients, highlighting the relevance of effective health communication in empowering patients in acute care situations [16]. Remember to address each subgroup's unique needs, preferences, and traits for effective communication in hotlines. Customize messages for different age ranges, cultural backgrounds, languages, economic statuses, and levels of health-related information comprehension. Noar et al.(2016) demonstrated that according to nurses' crucial role in tailoring health communication, Consider individual needs, priorities, and characteristics for better health decision-making and behavioral change. This helps nurses use suitable language and communication to provide accessible information to all subgroups [17-19].

A specialized study on nurses' experiences during COVID-19 could provide valuable insights into the role of nursing hotlines as a health communication tool during crises, helping to shape future healthcare communication strategies and improve the integration of nursing consultation roles in public health emergencies. This study aims to address the gap between theory and practice in the nursing discipline.

Methods

This qualitative study was designed according to a descriptive phenomenological approach based on exploring participants' experiences. The phenomenological approach was selected to deliver an in-depth exploration of participants' lived experiences, which clarified the actual understanding of nurses' involvement in COVID-19 hotlines and adjusted the researchers' aim to capture individuals' rich narratives and perspectives. This approach is well-suited for

studies like this, where the goal is to understand deeply personal and subjective experiences [20,21].

The participants were nurses from various academic and practical positions. They included twenty nursing faculty members, twenty practical nurses, and ten nursing managers purposively selected based on their participation at the Isfahan University of Medical Sciences COVID-19 hotline. A maximum sample size was considered for the phenomenology study because the study concept was novel and needed more extensive exploration. This aim was met by selecting hotline nurses in different positions, such as faculty, managers, and clinical nurses, to obtain comprehensive information (Table1). The first author was engaged in hotlines, providing an opportunity to explore more participants' experiences at different times. The inclusion criteria for participants were knowing about the hotline process and being willing to share their experiences. The participants worked for at least one year from the onset of the COVID-19 pandemic. The hotline services were provided through the established 3113 phone lines, officially confirmed by the health ministry as the designated channel for health-related communication between the public and healthcare professionals.

Furthermore, the responsibilities of the hotline nurses were providing consultations, addressing individuals' queries and concerns to decrease their anxiety, and offering guidance on essential topics such as quarantine, vaccination, hygiene protocols, and preventive standards.

Semi-structured interviews establish a framework to express the experiences freely. Direct interviews with participants were used to collect data. The interview questions generally started by requesting nurses to share their experiences participating in hotlines, including "Explain your experience about hotlines during the COVID-19 pandemic." “How do you conduct a telephone consultation? Moreover, "What is your suggestion to improve nurses’ participation in societal consultation?"

Data collection lasted five months, from June 2021 till data saturation. There was no new information to share. The length of the interviews was determined by the participant's willingness to ensure transparency regarding the data collection process. Each interview lasted a minimum of 25 minutes and an average of 40 minutes for all participants. All interviews were recorded by obtaining written consent from participants. At the end of the data collection period, the corresponding and first authors collected fifty interviews. All interviews were recorded on tape by obtaining written consent from participants. After the third interview, the analysis process was performed to capture varied experiences to ensure rich data achievement and all possible facets of the phenomenon, a critical benchmark in qualitative research. This approach enabled researchers to adapt the interview questions based on the insights from earlier interviews, improving the quality and depth of subsequent data collection. In the next step, the researchers (First and corresponding authors) analyzed the interviews word by word to reflect direct and informative participants' insights and report pure experiences about the hotline. This approach is aligned with qualitative research guidelines to ensure that participants' voices are imaged precisely. At first, similar concepts were labeled as the codes, and constant comparative analysis between codes led to subtheme extraction and themes emerging. Ambiguities also were discussed by the research team to gain consensus. The researchers were assisted by faculty qualitative experts as a peer review technique to enhance the rigor of findings [20,21].

Data analysis was performed according to the stages of Colizzi’s descriptive phenomenological method, including:1.Familiarization with data that the researcher red the data to understand it better. 2.Identifying essential concepts related to the phenomenon of study. 3.Formulating meanings that the researchers explored the similar meanings of concepts and integrates them as subthemes. 4.Themes emerging based on producing a comprehensive description of the extracted themes and subthemes. 5.Providing written deep descriptions of the themes and subthemes. 6.Confirming the themes by referring again to each of the participants, who were asked to confirm the information.

This comprehensive approach ensured the reliability and validity of the findings by deeply engaging with the data and verifying the results with the participants [20-22].

To enhance the rigor and trustworthiness of the study, Lincoln and Guba's criteria were considered to explore the nurses' experiences' inherent nature. The first and corresponding authors applied member checking to obtain participants' reflections and insights. This iterative feedback was the strategy to ensure accurate participants' lived experiences. A peer-review approach was conducted under the guidance of qualitative experts that provided an additional layer of validation and robustness of study analytical procedures. These measures assisted the researchers in gaining a comprehensive exploration of the phenomenon [22].

Table1: characteristics of study participants (N=50)

Qualitative variable		N	%
Age	<30	10	20
	31-45	20	40
	> 45	20	40
Education	BS	10	20
	MS	22	42
	PhD	18	38
Sex	Male	18	36
	Female	32	64
Marriage	Single\	10	20
	Married	40	80
Position	Nursing manager	10	20
	Practical nurse	20	40
	Faculty member	20	40
Quantitative variable		Mean	SD
Hotline experience		1.70	0.043

N: Number; SD: Standard deviation

Results

Based on the table 1 characteristics of study participants, fifty nurses were recruited for this study. The nurses came from various positions within the hospital, including twenty faculty members, twenty staff nurses, and ten nurse managers. All participants had at least one year of experience working on the COVID-19 hotline during the pandemic. Their ages ranged from 28 to 60, with education levels spanning from bachelor's to PhD degrees. The majority of study participants were female.

The study findings were based on condensing more than three thousand codes that led to eleven subthemes and five themes that are displayed, in Table 2 including: Nursing consultation as a missing link in the health system (lack of recognition of the nurse`s roles in the health system, low familiarization with the nurse`s role in the community), the COVID-19 threat as an opportunity to demonstrate the nurse`s role in the community (people's trust in the nurses, optimistic health managers` feedback), formation of consultation role identity (acceptance of the role, valuing the role, trying to promote the role), nurse`s competency in the role performance (scientific and practical competence, nursing art in role performance) and calming the people (stress relieving, spiritual and psychological supports).

1.Nurse consultation as a missing link in the health system

This theme refers to the inadequate recognition of nurses' roles. Nurses are often recognized in patient care, and their contributions to community crises are dismissed, hindering their potential in the health system that reveals systemic changes in both health system and societal perceptions. The external perspective on nursing in Iranian society highlights the insufficient public understanding of nurses' performance, leading to misconceptions about nurses' capabilities and responsibilities. Hence, the people are not persuaded to seek guidance or support from nurses. Health system

and community awareness are the elements to enhance nurses' role as trusted health communicators.

1.1. lack of recognition of the nurse`s roles in the health system

One of the challenges about the consultation role of nurses was the ambiguous position of the nurses in the health system:

"It has been a long time since I needed clarification of nurses' specific roles outside our country's hospitals. It is a neglected subject in healthcare policymaking in our country. The nurses' positions are restricted to caring for patients at the hospital only. The nurses perform different roles without determination of independent position in the health system." (Nurse. 1, community health department)

1.2. low familiarization with the nurse`s role in the community

The role of nurses in the community is also unrecognized. People are oblivious to the nurses' competency in different roles:

"People define the nurse as a health worker following the doctor's orders. They prefer to solve their health problems with a doctor's prescription instead of receiving a nurse's consultation." (Nurse. 8, Intensive care department).

These findings addressed the need for the healthcare system and public perception reform to highlight the potential of nurses in community health communication.

2. The COVID-19 threat as an opportunity to demonstrate the nurse`s role in the community

The COVID-19 crisis was an unpredicted event in which the communities faced uncertainty and anxiety, leading to people's trust in nurses as a crucial factor. The nurses' performance and expertise established the confidence in the community. This trust was not only the key to addressing effective nurse consultations but also highlighted the critical role of nurses in societal support by health communication enhancement during the crisis. Optimistic health managers' feedback emerged as another crucial subtheme that emphasized nurses' role during the pandemic and motivated nurses to continue their dynamic role in community health.

2.1. People's Trust in the Nurses in the period of COVID-19

Nurses' participation in various fields of health care led to the enhancement of public awareness about nurses' roles in promoting public health, which was manifested in the COVID-19 pandemic:

"COVID-19 was an important point for nurses to be recognized. The fact is, corona caused the nurses to be famous as health advocators in the community. People understood how nurses work hard to provide them calm and health." (Nurse. 3, community health department).

2.2. Optimistic health managers` feedback in the period of COVID-19

One of the factors that demonstrated the nurses' capacity to manage the complex, critical situation in the community was the healthcare managers' acknowledgment:

"The performance of the nurses in COVID-19 hotlines was so satisfying. Many unnecessary referrals to hospitals were controlled effectively. It was appreciated to handle patients at home and make them confident that there is a responsive line to advocate for them constantly." (Nurse. 4, Management department)

3. Formation of consultation role identity

The nurses' perceptions of their crucial position in crisis management evolved gradually during the COVID-19 pandemic. It demonstrated an inherent growth in the identity formation process that mentioned the transitional approach in accepting and valuing roles. Nurses' self-perception transformed, and they became more confident in fulfilling their consultative responsibilities. Hence, the nurses started serious activity in promoting and asserting their role.

3.1. Acceptance of the role

At the beginning of the COVID-19 pandemic, the nurses doubted their effectiveness in performing in unknown situations, but the concern was resolved very soon:

"I was invited to collaborate on the hotline. At first, I refused because the pandemic was an unfamiliar, unambiguous situation. I was anxious about my competency to participate in hotlines. After a while, I found my colleagues to help bravely in each position, hospital, and faculty. I decided to join. Now I feel pleasant with many experiences. All the fears were destroyed, and I am confident to continue." (Nurse. 6 Pediatric Department)

3.2. Valuing the role

The nurses gradually believed in their abilities to provide high-quality service to the community.

"I am more motivated than before. I would like to continue, and I think my other colleagues had the same opinion." (Nurse. 16 Psychiatric Department).

3.3. Trying to promote the role

The professional performance persuaded the nurses to be knowledgeable by studying the scientific current evidence-based information:

"Every day, I reviewed new articles. I followed the World Health Organization news, and I tried to get the latest information 1." (Nurse 2, Pediatric Department) .

4. Nurse`s competency in the role performance of counselling

The nurses obtained essential knowledge and skills to quickly perform their novel community guiding and support role. They were equipped with competence in role performance that directly affected the quality of their consultation services. In parallel, the holistic approach was added to deliver various aspects of professional role-playing in the community, which was significant to performing technically and artistry in health communication enhancement. Scientific and practical competence accompanied by artistry performance was essential to role performance in influential nurses' consultations in crisis.

4.1. Scientific and practical competence of counselling

A combination of scientific knowledge with practical skills was essential in role performance:

"I used to assess the patients based on the nursing process step by step with the details. This method led to patient motivation to relate to me as a professional expert, and we would gain the optimal result during this therapeutic communication." (Nurse 7, Community Health Department).

4.2. Nurse`s art in the role performance of counselling

It is the nurse's art to build trust with the patient quickly. It provides an intimate atmosphere to pursue patients to accompany with nurse consultation:

"Effective communication is the art You have to create reciprocal trust at first, and then the client finds you as a real assistant." (Nurse 6, Community Department).

5. Calming the people

The nurses' reaction to alleviate the community stress and anxiety emerged as the central concept during the pandemic. Calming and reassuring were fundamental elements to assist people in overcoming their fears. On the other hand, spiritual and psychological support highlighted the nurses' ability to address physical and emotional community needs to obtain a smooth situation in crisis.

5.1. Stress relieving

During the COVID-19 period, many people needed psychological support. The hotline was a satisfactory line for them to talk about their concerns and feelings:

"Most of the time, the people need to hear. Symptoms and questions were excuses to say their concerns." (Nurse 17, Pediatric Department).

5.2. Spiritual and psychological supports

One participant touched on the spiritual dimension:

"Even though we weren't physically there with the patients, providing spiritual support and helping them find meaning during such a stressful time was a very important part of our consultations." (Nurse 6, Community health Department).

Most people need psychological support through COVID-19:

"I had a strange case. An older man with no one to help him called and said he stayed home for five months. The neighbors performed his shopping needs, but there was not anyone to talk with him. He was alone and afraid. I realized it was important to calm him. It was the only thing he wanted. I felt happy to help him, to listen to him. I needed to be more effective than discussing specialized COVID-19 issues with my clients." (Nurse 9, Intensive care department).

Table 2: Subthemes and themes of the consultative role of Nurses in COVID-19

Main Themes	Subthemes	Initial subthemes
Nursing consultation, as a missing link in the health system	Lack of recognition of the nurses' roles in the health system	Negligence of the nurse's position in health
		Limiting the position of nurses to hospital
		The influence of physicians on the health system policy
	Low familiarization with the nurse`s role in the community	Inadequate demonstration of nursing abilities
		Limited knowledge about the scope of nurses' responsibilities
		Misconceptions about nurses' roles
		Preference to receive advice from physicians
The COVID-19 threat is an opportunity to demonstrate the nurse`s role in the community.	People's trust in the nurses	Strong connections between the community and nurses during the COVID-19 pandemic
		Receiving constant nursing consultation and support
		Receiving efficient communication from nurses
	Optimistic health managers` feedback	Managers' support
		Managers 'satisfaction
		Recognition of Nurse Contributions
Formation of consultation role identity	Acceptance of the role	Start to play a role
		Confidence creating
		Role performance satisfaction
		Motivation to be effective
	Valuing the role	Role sensitivity
		Opportunity to learn in role performance
		Reference to scientific evidence
		Knowledge of the role
		Evidence-based performance
		Problem-solving ability
	Trying to promote the role	Changing people's views about nurses
		Actively engage in community advocacy.
		Collaborative partnerships with other community organizations
Nurse`s competency in the role performance	Scientific and practical competence	Effective interaction with people
		Awareness of culture
		Teamwork
	Nursing art in role performance	Comprehending the people's concern
		Empathy and sympathy
		Effective communication
		Listener to community
Calming the people	Stress relieving	Application of stress management techniques by nurses
		Active listening to people's concerns.
		Educating self-care strategies by nurses
	Spiritual and psychological support	Attention to the spiritual and psychological needs of the community
		A listening ear to address concerns
		Nurses respect community beliefs.

Discussion

This study explored the nurses' experiences in consultation roles during the COVID-19 hotline. The findings demonstrated five themes including: "nurse consultation as a missing link in the health system", "COVID-19 threat as an opportunity to demonstrate the nurse`s role in the community", "formation of consultation role identity", "nurse`s competency in the role performance", and "calming the people".

These themes revealed that nurses had a high capacity to perform during the crisis. The implementation of a nursing hotline during the COVID-19 pandemic

reinforced both nurses' belief to be effective and community trust in nurses as a means of communication that facilitates information sharing, emotional support, guidance, and accountability to societal needs [23,24].

The findings demonstrated that nurse consultation is a missing link in the health system and that the potential of the nurses was diminished in both the health care system and the community. Despite the effective presence of nurses in various areas of health, their roles are usually restricted to hospital settings, and the physicians' decisions are a priority of health policies. Nurses have little influence in the healthcare system, despite their effective health performance that originated from physicians' unrecognition of nurses as independent professional disciplines in the health system. On the other hand, insufficient public awareness of nurses' expertise has led to neglecting nurses' capabilities in vital health conditions [25-27]. Barratt et al. (2019) demonstrated that public acceptance of nurses' roles originated from ineffective informational communication between the nurse and patient as authentic health consultation, leading to a general preference for physicians' health advice [28]. Klaasen et al. demonstrated that the effectiveness of policies in nursing care delivery produces an improper public perception regarding the insufficient potential of nurses to perform authentic community health consultations [29]. The Canadian Nurses Association also has focused on optimizing nurses' roles and enhancing the potential of nurses in community health consultation. The current environment change depends on the constant engagement of nurses in community health positions by delivering a professional performance that extends awareness in both the healthcare system and the public. It is inferred that adequate policy support of nurses' serious roles leads to a proper public perception that enhances the recognition of nurses as important societal health decision-makers [29-31].

The COVID-19 threat was an opportunity to demonstrate the nurse`s role in the community. Fear, anxiety, and stress were common feelings extended by unknown threatening diseases in unobvious situations. Nurses who were limited to clinical settings focused on various health communication methods to address societal informational and emotional needs. COVID-19 was a novel and complicated condition that provided a new perspective on nurses as professional health experts and reinforced nurses' links to the community. The people recognized nurses' competencies and trusted them as knowledgeable and skillful professionals. The nurses emphasized the importance of two-way communication and feedback in health communication. They believed communication should not be one-sided and encouraged the public to ask questions, seek clarifications, and provide feedback. To facilitate this purpose, hotlines were made available. By actively listening to and addressing the public's concerns, trust was built, and the effectiveness of health communication was enhanced. This optimistic view was gradually extended to the public and improved people's attitudes and beliefs about the nurse's influential role [28,32,33]. Creating an intimate relationship with the people was an opportunity to clarify the power of science and the skill capabilities of the nurses. Woo et al. (2017) demonstrated that the quality of care, clinical outcomes, and patient satisfaction are directly related to public trust in nurses' consultation competency [34-36]. Anders's study (2021) reported that COVID-19 was an opportunity to provide a platform for the public and nurses to relate constantly. It was an automatic strategy to introduce nurses to the community. It emphasized the public respect for nurses' skills, courage, and work and supported their influence on health policy development [37]. On the other hand, the findings revealed the managers' acknowledgment of the effectiveness of the nurses in the COVID-19 pandemic. The health managers accepted the critical nurses' role in the crisis and confirmed the continuation of the nurses' cooperation in community health development. It is inferred that managers' support of nurses during a pandemic is imperative to boosting nurses' morale and motivation to help cultivate a positive work atmosphere. The Gray et al. study (2023) demonstrated that the COVID-19 pandemic has enhanced the work burden on nurses, and organizational support is an alleviative way to motivate nurses to perform their roles effectively. It is inferred that organizational support can heal the nurses' pressure and stress during pandemic emergencies and boost the quality of care, improving positive health outcomes. Therefore, policymakers ' support enhances the steps to the crisis response by improving nurses' tendency to deliver high-quality care accompanied by positive health outcomes for the whole community [38-40].

The gradual acceptance and valuation of the new role were the novel concepts that have emerged through this study. New responsibilities strengthened nurses' self-confidence, which led to their serious activity in promoting role performance. The nurses faced uncertainty in professional role-playing in the primary period of the COVID-19 crisis. The pandemic progress provided a positive self-identity in nurses to adjust to their new responsibilities gradually. This shift was described as a transitional approach to accepting and developing their roles. Enhancement of nurses' self-confidence led to improvement in their effectiveness in crisis management. Monjazebi et al. study (2021) demonstrated nurses' journey in the context of the pandemic. They emphasized the emotional and

professional struggles of nurses during COVID-19. Adapting to an unknown caring environment was challenging at first. The inherent professional skills and knowledge to manage emergencies led to coping with the novel condition and creating valuable insights into role-playing during the pandemic. It is inferred that by gaining experience, the nurses could organize their capabilities as a necessary tool in optimizing their performance during crises like the COVID-19 pandemic [41,42].

The study demonstrated the nurses' Competency in role performance during the COVID-19 pandemic. Essential knowledge and skills linked to nurses' professional expertise assisted in delivering community guidance and support. In parallel, according to the holistic approach, nurses' technical, emotional, and artistic characteristics assist them in enhancing health communication. A sense of satisfaction and usefulness were the stimulators to deal with challenges and unpleasant experiences. Silva's study mentioned the leadership competency of nurses during the COVID-19 pandemic. The findings demonstrated that consultation was a key role accompanied by leadership skills that were the attributes of professional performance. Hong et al. study (2022) demonstrated that nurse's competencies, including knowledge, skills, and abilities, assisted them in performing effectively in new roles during the COVID-19 pandemic. They gained authority, decision-making, and motivation as factors that impact their rapid adaptation to new roles. These findings highlight the competency and adaptability of nurses in emergent crises that emphasize nurses' capability to start and develop communication therapies in the community through their professional power [43-47].

The nurses' response to soothe the community's stress during the pandemic was highlighted in this study. The rapid spread of COVID-19, the high level of infection, and the unknown nature of COVID-19 led to public fear and psychological disorders in the community. Calming people to overcome pandemic fears was the nurses' potential through communication hotlines, online forums, and virtual support groups. The consultation approach is the solution to alleviate the threatened community. The findings demonstrated that the nurses prioritized clear and easy-to-understand health messaging for the general population. They avoided using complicated jargon and technical terms, instead opting for plain language that is relatable and relaxing. Attention to people's concerns, understanding their stress behavior, recognizing their needs, creating effective relationships, and planning the proper intervention were the abilities that were addressed in nurses' communication health skills to heal threatened communities. Nurses utilized various communication channels to ensure the widespread dissemination of information. Maintaining constant messaging and coordination across platforms and stakeholders was essential to avoid conflicting information to establish trust, reduce misinformation, and ensure a unified response to the pandemic. Brooks et al. study (2020) demonstrated that nurses' role in providing community emotional support and counseling led to coping with the psychological effects of pandemic isolation and effectively enhanced mental well-being [48]. Roman et al. study (2020) also reported that nurses' competency to address individuals' spiritual needs by considering community religious attitudes significantly influenced the decreasing suffering and concerns during the crisis. They emphasized that establishing therapeutic communication based on the transcendent people's beliefs and emotions promotes calmness in society [49]. It is inferred that the community with access to spiritual and psychological support sources could overcome mental health challenges and cope with stress, grief, and other psychological burdens during the pandemic. These findings highlighted the importance of nurses' role in addressing different physical, psychological, and spiritual aspects of the human experience during the crisis. Nursing virtual support through online platforms was the opportunity to connect, share experiences, and deliver emotional support to relieve stress feelings [50,51].

This study's findings demonstrated that the nurses had the potential to accept and enhance their novel community-based role, which emphasizes the importance of clear and concise messaging to meet the public's informational needs and promote understanding of COVID-19's nature. These findings highlighted the need to tailor health nursing communication campaigns to support specific subgroups more vulnerable to COVID-19. On the other hand, it revealed that the nurses' consultative role effectively removes health challenges in crisis and ensures that all members of society have access to accurate and up-to-date information about the pandemics that threaten human life. Although the novel concept of the consultation role of nurses was the main achievement of this study, there were some limitations, too. The participants were nurses in different positions. Therefore, the study could not demonstrate patients' viewpoints. Exploring people's views about access to a consultation line is suggested.

Conclusion

The findings revealed the critical role of nurses in community health, particularly highlighted by five main themes. First, "nurse consultation as a missing link in the health system" underscored the need for integrating nursing roles to enhance patient care. The pandemic has served as an opportunity to showcase "COVID-19 threat as an opportunity to demonstrate the

nurse's role in the community," emphasizing their vital contributions during crises.
Additionally, the "formation of consultation role identity" among nurses is essential for clarifying their responsibilities and boosting confidence in their roles. The theme of "nurse's competency in role performance" highlighted the importance of proper training and support to maximize their impact. Lastly, "calming the people" showcased how nurses provide emotional support, fostering trust within communities.Overall, these themes advocate for empowering nurses as integral components of healthcare systems, enhancing service delivery, and improving community resilience for future health challenges

Ethical Consideration
The Ethics Committee of Isfahan University of Medical Sciences, Isfahan, Iran (IR.MUI.NUREMA.REC.1400.00) approved this article. The corresponding author provided the necessary explanations about the objectives of the study and written informed consent was obtained from participants, and they were assured about the confidentiality of their information and their freedom to withdraw from the study at any stage.

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Conflict of interest
The authors declare no conflict of interest.

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Authors' contributions
ASH and MN were involved in the conception, design, and draft of the manuscript for the study. ASH wrote the first draft of this study. NM reviewed the first draft of the manuscript. MSH, SF, ME, and MSH coordinated the study. ASH will be responsible for description and data analysis. MN will review and will be involved in data analysis. ASH will be responsible for delivering and intervention. ASH and MN provided the study design with the coordination of MSH, SF, ME, and MSH.

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