

ORIGINAL RESEARCH

CORONA EXPERIENCE

Extraordinary days, unusual circumstances: psychosocial effects of working with COVID-19 patients on healthcare professionals

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Abstract

Objectives: We asked healthcare professionals (HCPs) to describe the psychosocial effects the COVID-19 pandemic has had on them. We also aimed to raise awareness about the possible problems may have been encountered by the HCPs during the pandemic.

Methodology: This qualitative study was conducted through semi-structured interviews with open-ended questions. A phenomenological approach used to collect data. Purposive and snowball sampling methods were used to recruit participants. We interviewed twelve HCPs. Topics included their first experience with a COVID-19 case, changes in the work environment, working with personal protective equipment (PPE), changes in private life, and the challenges encountered. Data gathering and data analysis were carried out concurrently. We used the classical content analysis method for data analysis.

Results: Four main categories emerged from the content analysis. The first was "Responsibility". Healthcare professionals felt responsible towards both the patients and healthy people and some experiences made them feel helpless. They expressed a wide range of feelings about their professions. The second category was "Fatigue". Participants explained that they experienced intense fear initially and were very overwhelmed. All participants thought that people were insensitive to follow measurements. The third category was "Relief". Before the outbreak reached Turkey, medical staff could not predict what was coming. Over time they got used to this new situation, and normalize their lives. The fourth category was "Experience". Participants told about what they learned during the pandemic and made some suggestions.

Conclusion: Throughout the COVID-19 pandemic, some experiences can be demotivating and disappointing for healthcare professionals. Managers and supervisors should listen to their requests, and hearing positive feedback from authorities may increase their motivation. All kinds of psychosocial support should be provided for healthcare workers, and their mental well-being should be cared as well as their physical health.

Key words: COVID-19; Healthcare professionals; Psychosocial effects; Qualitative study

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-Healthcare professionals have brilliant ideas about new ways to tackle with the pandemic
- Healthcare professionals have problems with authorities that may easily solved with communication.
-New working conditions are not as bad as it was once thought.

1. Introduction

Coronavirus disease 2019 (COVID-19) was first recognized in Turkey on 10 March 2020, just one day before the World Health Organization (WHO) declared the outbreak a pandemic.¹ Shortly after the first cases in Turkey were detected, all HCPs began working with COVID-19 patients, regardless of their specialties and areas of expertise. As of 27 February 2021, there were 112,649,371 confirmed cases of COVID-19, including 2,501,229 deaths,² reported by the WHO, of which 2,683,971 cases and 28,432 deaths were identified in Turkey.¹

1.2. Background

Previous experiences have taught us that disease outbreaks have many psychosocial effects. The SARS outbreak caused feelings of fear, loneliness, boredom, and anger, as well as concerns about quarantine and contamination of loved ones.³ Studies conducted after SARS and Ebola outbreaks showed that healthcare professionals experienced post-traumatic stress disorder, anxiety, depression, and burnout.⁴ During the H1N1 pandemic, HCP working in a high-risk environment were at increased risk of anxiety and exhaustion.⁵ In a recent study conducted during the COVID-19 pandemic in Turkey, state anxiety and hopelessness levels were found to be higher in HCPs than in broader society.⁶

In this study, we asked HCPs who have begun to work in an unfamiliar area to describe the psychosocial effects the COVID-19 pandemic has had on them, so that current experiences of HCPs can be a guide for future epidemics. We also aimed to raise awareness about the possible problems may have been encountered by the healthcare workers.

2. Methodology

2.1. Study Design and Participants

This qualitative study was conducted through semi-structured interviews. A phenomenological approach was used to collect data on the experiences of the

participants as every participant might be experiencing this new reality in a different way.

The study was conducted at our hospital, which has 1500 inpatient and 160 intensive care unit beds, making it the largest hospital in the region. Van is a city of 1,146,230 people located in eastern Turkey. As Van has a border with Iran, the course of COVID-19 in Iran caused panic in the city. Although customs gates were closed in the early days of the outbreak, Van was thought to be at high risk for the virus's arrival.

Five clinicians conducted the study: two Psychiatry specialists, two Psychiatry residents, and one Infectious Diseases specialist. Purposive and snowball sampling methods were used to recruit participants. The Infectious Diseases specialist made the first connection between the researchers and the first two participants, and the rest of the participants were then recruited by the snowball sampling method. Participants were selected from among the hospital staff who have been working with COVID-19 patients. To ensure the participants' confidentiality, they were coded as Participant 1–12 (P1–12) instead of using their names, and we did not share features that could reveal their identities within the study.

Ethical approval for the study was granted by the institutional ethics board of the hospital (Date: 04/06/2020 Decision Number: 2020/10). The Ministry of Health of Turkey has also approved the study. Consolidated Criteria for Reporting the Qualitative Research (COREQ) checklist was followed throughout the entire study.⁷

2.2. Procedures

Psychiatrists and psychiatry residents interviewed participants. Four interviews were conducted in person, and due to travel restrictions, eight interviews were conducted by telephone between 9 July and 2 August 2020. Participants were reminded of the voluntary basis of the study before the interviews, and informed consent was obtained verbally. All interviews were recorded. The questions asked in the semi-structured interview were open-ended. Topics

included their first experience with a COVID-19 case, changes in the work environment, working with personal protective equipment (PPE), changes in private life, and the challenges encountered. Participants were allowed to introduce new topics, and further elaboration was requested as needed. Each interview lasted approximately 30–50 min.

2.3. Data analysis

Data gathering and data analysis were carried out concurrently. Transcriptions were made verbatim by the interviewer and checked by a second researcher. Interviews and transcriptions were completed in Turkish, and translations were done by the writers.

We used the thematic analysis method for data analysis. Every researcher read all transcriptions. Data were coded by themes and sub-themes. Similarities and differences between the themes were discussed within the research group, and the meanings of the themes were described clearly, providing constant comparative analysis. Overall, including the study design and data analysis, the study lasted for 4 months between May-August 2020.

Credibility was achieved by triangulation and peer debriefing strategies. Data triangulation was accomplished by interviewing many HCPs working in different positions, while investigator triangulation was achieved by coding these interviews with all researchers individually. Each interview and transcription was controlled using the member check technique. To ensure transferability, the participants' and researchers' characteristics were taken into consideration, and each participant was quoted in the paper. Confirmability was established by following the audit trail.⁸

3. Results

Our sample consisted of seven nurses, two doctors, two allied health assistants, and one laboratory technician (Table 1). Two nurses and one allied health assistant refused to participate in the study due to their busy schedules. Eleven participants had been working in the specialized hospital for COVID-19 patients since April 2020, and one participant had been working in the hospital's surveillance team since March 2020.

Four categories (Responsibility, Fatigue, Relief, Experience) and twelve themes emerged from the thematic analysis (Table 2).

3.1. Responsibility

HCPs working with COVID-19 patients have been going through a once-in-a-lifetime experience. P7, the physician, described this as an “experience that could not be learned at school” (Box 1)

3.1.1. Responsibility towards patients

P4, the surveillance team participant, said, “Words are not enough to describe what has happened. This disease could be fatal. No one knew anything.

Box 1: Categories and Themes	
1. RESPONSIBILITY	<ul style="list-style-type: none"> Responsibility towards patients Feeling helpless Responsibility toward healthy people Being HCP
2. FATIGUE	<ul style="list-style-type: none"> Change in Feelings Loss of Motivation Insensitivity of the Society to the Pandemic
3. RELIEF	<ul style="list-style-type: none"> Dissolving uncertainty Normalizing life Changes in work order
4. EXPERIENCE	<ul style="list-style-type: none"> Wisdom comes with the virus Suggestions

Nevertheless, every healthcare worker stepped up and put their life at stake.” Many of them were willing to help patients, even if it was beyond their professional responsibilities.

P3 said, "In order to be more helpful, even if there is, a situation that I would need to prepare for, I would like to receive training and help people.”

Health services have continued to be provided with PPE that is very difficult to wear.

P9 described working with PPE: "You start to sweat the moment you put on the overalls. Apart from that, you wear a mask, N95, you put a surgical mask over it again. Glasses, face shield, etc. As they completely fog

Table 1: Characteristics of participants

No.	Age	Sex	Occupation	Previous Department	Current Department	Work Experience (y)
# 1	33	E	Nurse	A/E	Covid-19 Ward	8
# 2	28	E	Nurse	A/E	Covid-19 Ward	3
# 3	31	K	Allied Health Assistant	Physiotherapy Ward	Covid-19 Ward	10
# 4	43	E	Allied Health Assistant	Public Health	Filliation Team	20
# 5	49	K	Laboratory Technician	Laboratory	Laboratory of Pandemic Hospital	24
# 6	22	K	Nurse	A/E	Covid-19 polyclinic	1
# 7	26	K	Doctor (Physician)	A/E	Covid-19 Ward	1
# 8	30	K	Doctor (Infectious Disease Speacialist)	A/E	Covid-19 Ward	6
# 9	27	K	Nurse	Peadiatrics Ward	Peadiatrics Covid-19 Ward	3
# 10	25	K	Nurse	A/E	Covid-19 Ward	4
# 11	33	K	Nurse	A/E	Covid-19 Ward	7
# 12	28	K	Nurse	A/E	Covid-19 Ward	5

over, you cannot see. So placing a venous catheter, draining blood, etc. Everything becomes so hard.”

P4 said of his experience: “If you have to wear them [PPE] for 30 min, not 20 min, you might faint.”

P7 said, “Once, I was taking a sample from my twenty-fifth patient, and I felt as if I was going to faint and I asked for help from the patient, and told him to call the nurses if I pass out.”

3.1.2. Feeling helpless

During the COVID-19 pandemic, patients were treated alone in the hospital room without seeing loved ones face-to-face. The nurses emphasized the patients’ need to have a conversation. **P11** described this situation as “the responsibility of being the only face the patient sees” and added, “Dealing with patients, not knowing what will happen. The patients are more stressed, more a room for days and they do not even have a TV. A difficult situation.”

P6, who had COVID-19, explained the helplessness she experienced during her illness with the following words: “My loved ones could not do anything for me.

anxious. You locked them in a room alone. I mean, they expect a lot, want to get information, you cannot say enough. You enter the patient’s room, and the patient sees only you. They want to speak. They want to ask questions (...). Even though we had three or five sentences to comfort them in their rooms, they wanted more, and we could not stay. Because the overalls made us sweat a lot, and there are many patients.”

P8 described seeing her first COVID-19 patient as follows: “The first patient had a severe cough until the morning and the thing was, although I was at the end of the corridor, I could feel the patient’s suffering, and it never stopped.”

P7 shared of her experiences, “I take swabs from patients. Some patients start crying. I am trying to comfort them. I understand them because they stay in

You know, my parents could not help me. I mean, nobody could do anything. I felt helpless.”

3.1.3. Responsibility toward healthy people

Participants emphasized that they saw themselves as a possible origin of infection.

P10 said of her anxiety: "I work here [in a pandemic hospital]. I worry if I infect someone outside, if someone dies because of me, especially the old people, it was my only worry."

Many HCPs have started to live away from their families. **P9**, who has been living away from her husband, said, "COVID-19 is like the death of loved ones for me" and added, "For instance, I am terrified of meeting my husband. His parents are old. (...) Because if something happens to his mother and father, I will feel guilty. I also have not seen my parents for 2.5 months. It is tough for me."

P2, whose wife is pregnant, said, "My wife moved away four months ago; we separated in this process. She is pregnant. Medication is troublesome, and tomography is problematic. So I keep her away from myself."

Some participants mentioned stigmatization.

P11 spoke about her neighbors: "Some [of the neighbors] say, 'they are working in COVID-19 wards, do not get close.' So communication with neighbors is all broken."

P9 stated that her family also hesitated to meet with her: "My mom and dad both have high blood pressure and take medication. My siblings are very careful about this issue. For example, once I joked about visiting them, and nobody said anything."

P3 spoke about her husband's anxiety: "I realized that my husband was too scared. Well, I could leave my child and stay somewhere else, but my child needs my care, so I could not neglect it. I talked to him. As I am working in the hospital, I told him that I might get any other infection and bring it home. That way, I relieved him psychologically."

Participants who have children also emphasized that they were afraid of infecting their children.

P8, who had respiratory distress one night, explained that night as follows: "Pain in the sternum, I could not breathe. Then the only thing I felt was remorse. It was like, 'Didn't I pay enough attention, I have a son. Could I have infected him?'"

P12 shared her experience of staying away from her child: "I stayed away [from my family] for two weeks. However, my son is too small, he could not bear it, and we did not know when it [pandemic] would end. So how long can you stay away?"

P3 said that her child was aware that it is "an extraordinary disease" and said: "When she sees people, she says, 'No contact!'" and said that she

would never forget a picture her daughter drew, "She told me, 'Mother,' she said, 'Look, this is the coronavirus, this is her offspring.' My daughter, who drew a coronavirus. I did not know whether to take this and cry or laugh."

3.1.4. Being an HCP

Various activities were held to motivate healthcare workers, like applauding from balconies and public service announcements about the value of their services.

P7 said that there was a "rise in respect" and shared one of her experiences: "Like the other day, I left the hospital with my uniform on, I was walking and waiting to cross the street. It was the green light for the cars, but suddenly every single car stopped and waited for me to cross."

P8 said, "My neighbors brought trays of food to my door."

However, some of the participants stated that they felt "worthless" during this period as well. For example, **P2** said, "I started this job fondly. I started this job voluntarily, but now I am disgusted. Because HCPs have no value, especially nurses."

In addition, **P12** said, "I like being a nurse. My job satisfies me. (...) However, during this period, they applauded and other things, I saw that HCPs are not valued. They did a survey, the most prestigious professions list. Nursing did not even make it into the top 20. So even in this period, we could not be one of the most prestigious professions."

3.2. Fatigue

3.2.1. Change in feelings:

Participants explained that they experienced intense fear initially and were very overwhelmed, but over time they got used to this new situation.

P4 remarked on the media's role in this fear during the early days: "We were particularly worried when it first came out. The reason was that some things that were shown in China in the press, especially in the national press, were like scenes in a science fiction movie."

P5 described the working environment in the first days of the pandemic as "First of all, there was panic around. I do not know, I mean everybody had stress, anxiety, what will happen in this process..."

P8 summarized her feelings about her first patient, saying, "I felt like I saw an alien."

However, they all said that the process normalized for them over time. For example, P3 said, "After getting into the process, after getting a little more involved with positive patients, I realized that it is no more than a common disease. COVID-19 patients are patients like the normal patients we always look after."

P9 spoke about her somatic complaints: "When I lay down on the bed, my hands were numb, trembling, and dizzy. Well ... I felt that I could not breathe. I could not sleep. I was sleeping for 2 to 3 hours a day. The day before I went to the COVID service, the night before my shift, I did not sleep at all."

P10 described the situation as "Fear! The probability of contagion is high. There was a fear, and as if it would not end; that it would become a part of our lives".

The "*biological weapon*" conspiracies presented in the media were also mentioned by HCPs .

P4 stated that the different effects of the virus on different patient groups might be due to its being an artificial virus. He said, "We saw other viruses like SARS or MERS, but I think this one is a more advanced artificial virus because it chooses certain people, certain age groups, or certain chronic diseases."

P8 said, "America and China were the countries where a biological weapon, a biological war would be carried out, there were different studies. It was already being discussed that some countries would emerge with a microorganism, and would drag the world into a chaotic environment. When I heard about COVID-19, I thought it was happening."

3.2.2. Loss of motivation

Participants mentioned some issues that discouraged them during the pandemic. Assistant health personnel and nurses complained that they were not treated fairly by the Ministry of Health and hospital administration during the pandemic, and that they were ignored.

P1, a nurse, stated that "people's labor" was ignored; "Certainly, in the nurse group, in the other groups, radiology, laboratory, anesthesia technicians...I mean, none of them are in a position to provide such rights. In other words, it is not pleasant to be so indifferent to this risk and the efforts given."

P3 said, "I wish there would be no discrimination in health because we all serve equally. Security guard,

secretary, assistant worker...Everyone contributes. Health is a chain."

P8 mentioned that she was not pleased with the attitude of local managers: "It was very sad for us that when we did many good things, we were never appreciated. But with the smallest problem, the slightest deficiency, everyone was ready to criticize."

Similarly, P9 of shared her experience of sharing work-related problems with her supervisors: "We talked to the unit officer and what we said was not heard, but there was an answer to everything. Although I already knew that this would not work, I went as they called for a meeting."

P1 added: "I think it is both unethical and incredibly demotivating to treat a person who gives his all with the mentality of 'you are just a nurse.' (...) People think that they are being treated very unfairly, [that] they have been put at too much risk. (...) Nobody has the 'It is a war, let's fight' motivation anymore, as they had in the early days."

P12 said, "We will tell that, an epidemic occurred and still they did not value our profession."

3.2.3. insensitivity of the society to the pandemic

P8 said, "I work in the quarantine hospital [which is in the city center]. My home is located at the outside of the city. While commuting, I see a lot of people shopping, walking on the main street. Most of them do not have masks! When I see them, I feel much unvalued. Because they don't care. We are under such stress, we work for them, but they don't care."

P10 said, "People behave as if the virus is over," P4 drew attention to the fact that sick people do not follow the rules: "We tell people to stay in quarantine for fourteen days, but they do not! We send people with negative results, and in just three days, they came back as positive. We have become an insensitive society."

3.3. Relief

3.3.1. Dissolving uncertainty

With the COVID-19 pandemic, healthcare systems are overwhelmed in many countries of the world. Before the outbreak reached Turkey, medical staff could not predict what was coming. However, even in the pandemic's peak days in Turkey, the health system did not face an overload.

P3 explained her worries as follows: “Would Turkey be broken like other countries? Would we also have bad times like the rest of the world? What kind of a process would we go through as the hospital staff? Thank God it is not as bad as I expected. We did not give many losses.” She also stated that this good prognosis may be related to “the late arrival of the disease to our country.”

P9 said that she thought, "We have learned lessons from other countries," and that "Our health system is better than [that of] European countries."

3.3.2. Normalizing life

During the interviews, it was observed that many HCPs experienced stress at the beginning of the period, and that even though it was tiring for them, over time, their anxiety about the disease was minimized; thus, this theme emerged. **P9** evaluated this process as “a difficult but temporary period,” while **P11** said, “There were pandemics every century, and that coincides with us.” **P3** emphasized the personal power over the disease: "Even though there is no medicine for it, still people have control over the prevention."

P7 commented on patient clinics: “I was expecting the patients in a worse picture. Frankly, I was surprised when the patient came in such a comfortable way and calmed down.”

P8 talked about the harmony between microorganisms and humans: “In general, bacteria or viruses must adapt to humans. In other words, I think they are trying to comply with us since they will not be a living thing when they kill us.”

3.3.3. Changes in the work order

With the declaration of a pandemic, all public institutions, including hospitals, passed to "flexible working hours." Thus, in order to protect healthcare workers, the number of days that they came to the hospital was reduced. With this practice, the working life of many HCPs has changed. HCPs appreciated these changes in working conditions.

P5 stated that she saw this as a positive side of the pandemic. “The only positive side [of pandemic] is that I spend more time at home with my children. I spend more time with my family.”

P7, who worked in the emergency room before the pandemic and now works in the COVID-19 service,

said; “The ER was very exhausting, I did not even feel that I was alive. (...) Working conditions have been more comfortable in the pandemic. I was afraid of COVID for a few weeks, but now I am not afraid of COVID-19. Our working conditions are more convenient than before.”

P12 said, “I think our shifts have relieved; our working hours decreased.”

With flexible working hours, HCPs had more personal time, and they could spend more time with their families.

P9 said, “As I was working in busy wards before, I think we get comfortable in isolation wards.”

P12 said, “My child is extremely happy. Until [she was] 24 months old, she couldn’t speak properly, only a few words. But after spending 3 months with us, she speaks so well, she can express herself, she is happy.”

3.4. Experience

During the analysis process, another theme about what HCPs learned from this process emerged and was called “wisdom comes with the virus.” Some of the things that participants learned are as follows:

P3: “While everything was normal, we didn't really appreciate most things. When I say normal, I mean we didn't even know the value of being able to go out.”

P11: “I think this was also an experience to come across such an epidemic. At least we were able to learn something extra from this. I mean, hygiene, social distance...I think we learned all of this extra.”

P11: “Previously, when people met, they were always spending time with their phone, either playing games, chatting with someone or something else. I think, now they understand each other's worth, the worth of sitting down and chatting.”

P8: “Unnecessary shopping, expenses, etc. I moved to a more organized life, and I was aware of how much waste and unnecessary expenses I was making.”

P7: “I even think that I need to go through this process to mature.”

P10: “In my opinion, the only good thing that virus has brought is sensitivity in relationships. We have realized how important and precious is even drinking tea together.”

P6, who was treated for COVID-19, said, “I used to postpone things. After having COVID-19, I realized

that many worries are insignificant, and I do not want to delay my life anymore.”

Another theme is the “suggestions” made by HCPs to manage this process better.

For example, **P2** said that a system to protect chronic lung patients, maybe a separate hospital, should be opened: “Fever, cough, shortness of breath...Patients with these symptoms are accepted to COVID-19 polyclinics. But people with chronic obstructive pulmonary disease or asthma may present with these symptoms within their disease course, and they are also accepted in COVID-19 polyclinics. This virus is fatal for people with chronic diseases. After all, the patient comes with shortness of breath caused by asthma, and they are examined in the same place with positive patients. If they get infected, they may die.”

P1 suggested establishing a single building as a pandemic hospital: “All three hospitals did not need to be contaminated. The main building was closed, flexible working was introduced. (..) Polyclinic services could be sustained in additional buildings.”

P5 emphasized that the pandemic hospital should not be in the city center: “A field hospital should be settled somewhere far away from city center. They brought the pandemic to the hospital in the heart of the city. This seemed ridiculous to me. As I said, establishing a field hospital would be better for HCPs and also for society.”

4. Discussion

It is not possible to predict what a global crisis of this size will lead to. However, we are of the opinion that by measuring, observing, listening to, and bringing to light the uncertainty brought by pandemics, we can be better prepared for the psychosocial problems that will be caused by future outbreaks.

As with other outbreaks, it is thought that one of the biggest concerns of HCPs working in the front lines of the COVID-19 pandemic is catching the virus and transmitting it to loved ones.⁶ Educating HCPs about what to do at home to protect family members can help reduce this anxiety. Informing medical staff about things to do upon coming home from work, suggesting changes to the home layout, and teaching about surface disinfection can be beneficial.⁹

HCPs who are parents may find it challenging to explain this process to their children. Providing trainings on how to explain the disease to children and maybe printing booklets can help in this respect.¹⁰

The entire world has witnessed that HCPs courageously serve at the forefront during the pandemic. In our interviews, HCPs stated even though they did not disrupt their services, they did not have the motivation of the first days of the pandemic. One of the reasons for this loss of motivation was stated to be their inability to communicate with their superiors and to express their needs. Meetings with local managers and supervisors and feedback from both sides would act as a catalyst for HCPs and positively affect the quality of the service provided to patients.¹¹

The importance of providing psychological support during outbreaks is another issue learned from previous pandemics.¹² Approximately one month after the appearance of the disease in Turkey, on 6 April 2020, the Psychiatric Association of Turkey introduced a 24/7 active psychosocial support line for healthcare workers.¹³ In addition to this initiative, psychologists working in the hospital where the study was conducted established a separate psychosocial support line for hospital staff. They also made phone calls with the inpatients of the COVID-19 ward and requested psychiatric consultation as needed. In this way, both patients and HCPs were supported. However, some hospitals may not have enough mental health professionals, and psychosocial support for both patients and staff may not be satisfactory. Providing easily accessible information about coping skills and stress management may be necessary, labor-saving, and helpful.¹⁰

Another issue that emerged in the interviews was the possibility that the virus was human-made. Conspiracy theories find an environment in which to spread in the uncertainty of epidemics.¹⁴ Even if it was scientifically shown that this virus occurred naturally by mutations, conspiracy theories could find more space in media channels than scientific facts, especially in the early days of the epidemic. These theories caused fear among society and changing these false beliefs has become more complicated over time. (Author, year) In order to reform these bogus ideas, correct information should be transferred repeatedly by the health authorities through different communication channels.

The reckless attitude of the society during the outbreak is another issue that increases the pressure on HCPs. It is essential that health authorities provide accurate information through many different channels, clearly and in a way that everyone can understand.

5. Limitations

Our study has some limitations. First, the study was conducted in a single center; different themes would arise with HCPs working in other regions. Second, only 12 participants were included in our study, and the experiences of those who did not want to participate in the study may be different from those who participated in the study. Finally, there is no homogeneity among the occupational groups participating in the study; however, this design was chosen in order to have interviews with different groups and no comparison was made between groups.

6. Relevance to clinical practice

It is not surprising that people whose psychosocial problems occupy a large part of their minds experience complications in their professional lives and relationships between individuals. During the pandemic, while HCPs are treated as warriors and superheroes, it is crucial to remember that they are human beings who may experience difficulties in their daily lives. Listening to their problems and producing solutions will contribute to the quality of clinical practice by increasing HCPs' quality of life. If we want to increase the service quality provided to the patients, we must increase physical and mental support to HCPs.

7. Conclusions

Throughout the COVID-19 pandemic, healthcare professionals have shown outstanding dedication. Many bravely serve in an area they have never worked before. Some experiences can be demotivating and disappointing for the healthcare professionals. Therefore, local managers and supervisors should listen to their requests; as paying focused attention towards positive feedback by the authorities may increase their motivation. All kinds of psychosocial support should be provided for the healthcare workers,

and their mental well-being should be cared as well as their physical health.

8. Conflict of interest

None declared by the authors

9. Authors' contribution

KF: research design, conduct of study, literature search, data analysis, manuscript writing and editing,

EG: research design, conduct of study, literature search, manuscript editing

NY, OA, ETA: conduct of study, literature search, data analysis, manuscript editing

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A healthcare worker is one who delivers care and services to the sick and ailing either directly as doctors and nurses or indirectly as aides, helpers, laboratory technicians, or even medical waste handlers. There are approximately 59 million healthcare workers worldwide.
