

# Psychosocial Responses and Difficulties of Covid-19 Patients Undergoing Inpatient Treatment in Turkey: A Qualitative Study

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## ABSTRACT

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**Keywords:**  
Covid-19,  
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**Purpose:** This study aims to determine the difficulties experienced by individuals diagnosed with COVID-19 who are undergoing inpatient treatment in Turkey.  
**Method:** The research was conducted in a phenomenological research design, one of the qualitative research methods, in order to determine the difficulties and psychosocial reactions of patients diagnosed with COVID-19. This qualitative study was conducted with 32 patients. The interviews were conducted face to face.  
**Results:** Three main themes and 12 sub-themes emerged from the analysis of interview data with 32 patients. The sub-themes of the main theme of "reaction to the disease" were determined as "shock", "worry, fear" and "nothing will happen to me". The sub-themes of the main theme of "negative experiences with the process" were "social isolation and loneliness", stigma "economic concerns", understanding the value of health and loved ones". And sub-themes of the main theme of "gains" were determined as "understanding the value of your health and loved ones", "learning to be patient", "gaining self-awareness", "sparing time for oneself" and "empathy ability".  
**Conclusion and Suggestions:** The most intense emotion experienced by the patients was loneliness. They missed their healthy days and their loved ones. On the other hand, many patients saw this process as an opportunity to relax and believed that this period offered a positive opportunity for them. Considering the individual characteristics of hospitalized patients, their psychological health should also be evaluated, keeping in mind that they have feelings, anxiety and fears as well as their physical health.

## Türkiye’ de Yatarak Tedavi Gören Covid-19 Hastalarının Psikososyal Tepkileri ve Yaşadıkları Güçlükler: Niteliksel Bir Çalışma

### ÖZ

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**Anahtar Kelimeler:**  
Covid-19,  
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Nitel Bir Çalışma.

**Amaç:** Çalışmanın amacı, Türkiye’de yatarak tedavi gören COVID-19 tanılı bireylerin yaşadıkları zorlukları belirlemektir.  
**Yöntem:** Araştırma, COVID-19 tanısı alan hastaların yaşadıkları güçlükleri ve psikososyal tepkilerini belirlemek amacıyla nitel araştırma yöntemlerinden fenomenolojik araştırma deseninde yürütülmüştür. Bu nitel araştırma 32 hasta ile yürütülmüştür. Görüşmeler yüz yüze gerçekleştirilmiştir.  
**Bulgular:** 32 hasta ile yapılan görüşme verilerinin analizi sonucunda 3 ana tema ve 12 alt tema ortaya çıkmıştır. Tema ve alt temalar şu şekilde belirlenmiştir; "hastalığa tepki" ana teması altında "şok", "korku", "bana bir şey olmaz" alt temaları; "Süreç içinde yaşanan olumsuz deneyimler" ana teması altında "sosyal izolasyon ve yalnızlık", "damgalanma", "ekonomik kaygılar", "sağlığın ve sevdiklerinin değerini anlama" alt temaları; Kazanımlar ana teması altında "sağlığın ve sevdiklerinin değerini anlama", "sabırlı olmayı öğrenme", "kendini tanıma", "kendine zaman ayırma" ve "empati becerisi" yer almaktadır.  
**Sonuç ve Öneriler:** Hastaların yaşadıkları en yoğun duygu yalnızlıktı. Sağlıklı günlerini ve sevdiklerini özlediler. Öte yandan birçok hasta bu süreci bir rahatlama fırsatı olarak görmüş ve bu dönemin kendileri için olumlu kazanımlar sağladığına inanmıştır. Yatan hastaların bireysel özellikleri de göz önünde bulundurulduğunda, fiziksel sağlıklarının yanı sıra duygulara, kaygılara ve korkulara sahip oldukları unutulmadan psikolojik sağlıklarının da değerlendirilmesi gerekmektedir.

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## INTRODUCTION

Coronavirus (COVID-19) caused by Severe Acute respiratory syndrome coronavirus 2 (SARS-CoV-2), continues to seriously threaten public health and the health system (Li et al., 2020). The COVID-19 pandemic known to have a mortality rate of approximately 2% and this rate may vary depending on the differences in the virus genetic structure. (Sağlık Bakanlığı, [SB], 2020). As of 28 August 2022, over 598 million confirmed cases and over 6.4 million deaths have been reported globally WHO 2022). In Turkey, around 17 million confirmed cases and approximately 100 thousand approved death due to COVID-19 pandemic were reported (SB, 2022).

During the pandemic that affect a large segment of society, the psychological responses of healthy individuals and infected individuals can be critical in the fight against the disease and the emergence of psychosocial problems during and after the pandemic are prevalent (Cullen et al., 2020). Throughout the history, many pandemic diseases such as typhoid, cholera, plague, swine flu, avian flu have been encountered and the fight for life is a normal response. Emerging infectious diseases including Severe Acute Respiratory Syndrome (SARS) (Hong et al., 2009; Lee et al., 2007; Mak et al., 2009) Ebola, (James et al., 2019; Kamara et al., 2017; Shultz et al., 2016), influenza A (H1N1) (Luyt et al., 2012), and Middle East Respiratory Syndrome (MERS) (Kim et al., 2018) caused severe psychological effects on patients (Sun et al., 2021).

The COVID-19 pandemic has caused significant change in lives of individuals in all countries in the world (Demirbaş & Koçak, 2020). Social lives of individuals have been limited with the lockdown. With the school life's moving home, the student-teacher-parent trio's efforts to get used to this new order, the fact that working parents have to stay at home for a long time, and the spread of online working life from home are some of the changes that have entered the lives of individuals compulsorily. Therefore, this process has caused many changes in the lives of individuals in terms of physical, psychological, social, and economic aspects (Güzel et al., 2020).

It is known that such pandemics which significantly affect all segments of the society and cause changes in all aspects of their lives can increase anxiety and fear in the vast majority of society and lead to disruptions in the behavior of individuals (Balaratnasingam & Janca, 2006; Lee, 2020). Within this process, mental health problems increase in healthy people and related symptoms will be observed (Wang et al., 2020a). Because of the COVID-19 outbreak, it is typical for individuals to experience anxiety, panic, and fear for themselves and their families, friends, and relatives to a certain extent (Jiao et al., 2020). Such psychological problems are monitored in healthy individuals too. It is believed that the psychological problems experienced by COVID-19 individuals who are treated in hospitals are more intense than healthy people. When the literature is reviewed, it is seen that the mental health of individuals diagnosed with COVID-19 is negatively affected. It has been revealed that the restrictions applied within the scope of quarantine measures cause social isolation in individuals and they experience fear and anxiety due to the uncertainties (Khan et al., 2020). It has also been revealed that as a result of anxiety caused by the pandemic, negative reactions such as a decrease in perceived social support, separation from loved ones, loss of freedom and uncertainty are observed (Lee & You, 2020). Jeong et al., (2016) reported that individuals faced consequences such as disappointment, loneliness, not participating in social activities, and hindering daily activities as a result of the interruption of social life due to quarantine. It was also reported that these results will reveal negative reactions such as anger, hopelessness and suicide attempt (Pompili et al., 2020). Similar research findings show that COVID-19 pandemic has negatively affected the mental health of patients (Satici et al., 2021).

Psychosocial support provided to patients by medical personnel may be inadequate or incomplete due to quarantine practices and pandemic control measures (Xiang et al., 2020). Although many studies conducted with healthcare workers who served inpatient care or individuals in the general population, the number of studies conducted with individuals diagnosed with COVID-19 was quite limited. So, this study aims to determine the problems of individuals who have received COVID-19 diagnosis and under treatment at hospitals.

### **Problem Statement**

What are the psychosocial reactions and difficulties of covid-19 patients who are hospitalized in Turkey?

### **Sub-Problems**

1. What was the first reaction of patients who learned that they tested positive for COVID 19?
2. What did the patients experience during hospitalization?
3. What were the positive and negative aspects of this process according to the patients?
4. How did their COVID 19 experience affect their personal and professional lives?

### **METHOD**

#### **Research Design**

The research was conducted using a phenomenological research approach. This design was chosen because it offers a high degree of freedom in defining a new phenomenon (event or experience) from the perspective of the participants, providing rich data and detailing their experiences (Yıldırım & Şimşek, 2016). A descriptive phenomenological approach was followed to understand the experiences and difficulties experienced by patients who were infected with the COVID 19 virus for the first time, in this study, which was carried out especially in the first months when the disease was appeared in our country.

In phenomonal research, data will be obtained from individuals or groups who have experienced the phenomenon and can reflect it to others. In this research, the objective is to uncover the facts or meanings underlying events and gain in-depth information about a subject (Sönmez & Alacapınar, 2014). Each step of the research was written using the consolidated criteria for reporting qualitative research (COREQ) guidelines developed for use in reporting qualitative research (Tong et al., 2007)

#### **Validity, Credibility and Consistency**

Validity in qualitative research means that the researcher observes the researched phenomenon as it is and as impartially as possible (Yıldırım & Şimşek, 2016). In this qualitative study, one of the authors works in the relevant clinic and has personally witnessed the environment and problems experienced by patients diagnosed with Covid. The author conducted the interviews with the participants himself/herself and recorded the interviews on a voice recorder. As a result of the analysis made by both authors by listening to voice recorders, the participants' own verbal expressions were included in the findings section. When evaluated from this point of view; It can be said that the study has high validity.

Lincoln and Guba defined some strategies for the credibility of qualitative study (Yıldırım & Şimşek, 2016). One of these strategies is for researchers to interact with data sources for a long time. As mentioned above, the active duty of one of the authors in the clinic enabled an interaction with the patients for a long time and the problem statement and sub-problems of the study became clear in this process. In the findings of the study, different study results, both positive and negative experiences, were obtained. These results are clearly included in the findings section, which is particularly important in terms of diversity. Participant confirmation, which is another strategy in credibility, was provided at the end of the interviews to ensure that the interview content was understood correctly by giving feedback to the participants. At the end of the application, support was received from a different expert experienced in qualitative research, in order to evaluate the stages and findings of the study. The study was finalized in line with his suggestions. When the findings of the study are evaluated; it can be stated that similar results may be encountered in patients followed up in similar environments with a similar diagnosis although the results cannot be generalized to the population as in quantitative studies.

The data of the study were collected by a single author, and interviews with all participants were conducted in the same environment and under the same conditions with the same research questions. This shows that the consistency of this study.

### **Participants**

In an educational and research hospital, a total of 32 patients agreed to participate in this study. Their test became positive for COVID-19 in 1-30 June 2020 and received inpatient treatment due to mandatory quarantine voluntarily. In this qualitative study in which the phenomenological approach was used, the sample size was not calculated, and the patients who volunteered to participate in the study and who met the inclusion criteria were included in the study. The criteria for inclusion in the study are to be receiving inpatient treatment with the diagnosis of Covid-19 in the hospital where the study was conducted and to volunteer to participate in the study. Patients who do not meet these criteria and Covid 19 patients followed up in the intensive care unit were not included in the study. Sample size was determined according to data saturation (Yıldırım & Şimşek, 2016), The research was terminated when the same information started to be repeated by the participants.

### **Research Instruments and Processes**

The data were collected in 1-30 June 2020. The purpose and process of the study were explained to each participant. Semi-structured interviews were conducted face-to-face after necessary protective measures in patient's room. Since the interviews with the patient are carried out face-to-face, the duration of the interviews is limited to 10-15 minutes due to employee safety measures., and no material other than a voice recorder was used in the patient's room. For using a voice recorder, verbal permission was obtained from the participants at the beginning of the interview.

Information was obtained about the age, gender, history of chronic disease, alcohol-smoking status, and education of the participants at the beginning of the interview. Then, the main questions related to the purpose of the research were asked, such as *"From whom and how did you learn the result of the coronavirus test?, What did you experience during the hospitalization phase?"*, *"What were your first thoughts when you learned that your coronavirus test was positive?"*, *"What do you think about your days in quarantine, did it add anything to you, positively or negatively?"*, *"How did this experience of illness affect your personal and professional life?"*, *"What are your most prominent needs or expectations at the moment?"*. The data collection process was terminated when sufficient data were obtained.

### **Data Analysis**

In the analysis of the qualitative data obtained as a result of the interviews, the seven-staged analysis method developed by Colaizzi (1978) for phenomenological studies was used (Morrow et al., 2015). In this direction, the interview texts were first read independently by two researchers. Thus, the data was familiarized and it was tried to understand the meaning of what was conveyed. Important statements related to the research problem in the texts were selected. Then, the hidden data in the statements were identified and analyzed. Repeated readings were made and interviews continued until the researchers have reached a consensus. Then, the themes were determined in clusters and categories. The themes and sub-themes of the research were developed with clear expressions. The accuracy of the themes and content was strengthened by presenting the findings of the study to the participants. In addition, reference is made to the comments of the participants so that the reader can validate the interpretation and analysis of the data. Also, SPSS for Windows Version 22.00 (SPSS Inc. Chicago, IL, USA) was used for analysis of socio-demographic data. Descriptive statistics are shown as numbers and percentages.

### Ethic

In order to carry out the research, approval was obtained from the Covid-19 Scientific Research Board of the Ministry of Health (2020-05-14T23\_59\_16). After the approval of the Ministry of Health, ethical approval was obtained from the Ethics Committee of non-interventional clinical research of the University of Health Sciences (Project/Decision no: 2020/237). After the approval of the ethics committee, the necessary institutional permission was obtained for the study to be carried out in the hospital and the study was started. Participants signed an informed consent form stating that they are volunteer to participate in the study. Also, their written consent was obtained, as well as oral consent for audio recordings.

### RESULTS

In this study, a total of 32 COVID-19 patients between the ages of 19-42, 6 females and 26 males, were interviewed. The average age of participants was 25.21 years (19-42). Socio-demographic characteristics of participants are shown in Table 1.

**Table 1.** Socio-demographic Characteristics of Participants

Descriptive Characteristics	Number (n)	Percent (%)
Gender		
Woman	6	18.75
Man	26	<b>81.25</b>
Education Status		
Primary	4	12.5
Secondary	13	40.62
University	15	<b>46.88</b>
Marital Status		
Married	4	12.5
Single	28	<b>87.5</b>
Working Condition		
Working	22	<b>68.75</b>
Not working	7	21.87
Student	3	9.38
Income Status		
Low	11	34.37
Income Equal to Expense	16	<b>50</b>
Income More than Expense	5	15.63
History of Chronic Disease		
Yes	0	0
No	32	<b>100</b>
History of Smoking		
Yes	10	31.25
No	22	<b>68.75</b>

After the analysis of the interviews, three Main themes and twelve sub-themes were identified (Table 2).



**Table 2.** Themes and Related Subthemes Emerged From Analysis of Data

Theme	Sub-Theme
1. Response to Disease	I. Shock II. Anxiety/Fear
2. Negative Experiences within the Process	III. Nothing Happens to me I. Social isolation and loneliness II. Restriction of freedom III. Stigmatization IV. Economic Concerns
3. Acquirements	I. Understanding the value of their health and their loved ones II. Learning to be patient III. Gaining self-awareness IV. Time allocation for themselves V. Empathy skill

**Theme 1. Response to disease**

**I. Shock:** Most of the participants stated that when they found out that the COVID-19 test results were positive, they first could not believe it and experienced a big shock, and their psychology was negatively affected.

*"I was the first case in the institution where I worked; I had a psychological breakdown. It was a challenging process for me" P25*

*"I didn't know how to explain it to my family, this process was very distressing for me, I had a psychological breakdown, I perished" P27*

*"When I found out that my result was positive, I couldn't react, and I was petrified." P29*

**II. Fear/Anxiety:** The vast majority of participants expressed an intense sense of fear and anxiety due to the uncertainty of the process. The disease prognosis is different in each person, and there are many unknowns that caused confusion and fear among patients. Additionally, the fear of infecting relatives was among the most intensely felt sources of fear in this process.

*"It was a terrible feeling. Moreover, the scariest thing was not knowing whether I would survive or not, and that made me very worried." P1*

*"I was so scared that I didn't know what kind of process was going to be in front of me." P24*

*"When I first learned it, I couldn't associate myself with this disease. I was so afraid that I may have infected my family." P8*

**III. Nothing happens to me:** Some of the participants think that they were comfortable with the disease process because they were young and do not have a chronic disease, and they expressed that they were comfortable for this reason.

*"I knew that I wouldn't have a problem because I didn't have a chronic disease; that feeling relieved me." P6.*

*"I think it will pass because I am young and I don't have a chronic disease; it relaxes me to think that the treatment will give a positive result." P18*

**Theme 2. Disadvantages of the process**

**I. Social isolation and loneliness:** All participants stated that the most negative situation in this process was to be alone in a room.

*"The hardest part of the process was being separated from my children. Being away from them, and of course, loneliness is tough and boring" P1*

*"Being the only one in these four walls really pushed my psychology very hard. It was tough for me to just have contact with the voice of my loved ones, not being able to see them and not being able to touch them. This process was a terrible experience for me, and I certainly wouldn't want to go through it again." P22*

**II. Restriction of freedom:** The desire to be free and to be able to roam freely has been expressed by many participants. They have stated that they are looking forward to the days when they can roam freely.

*"Because my freedom was restricted, my psychology was negatively affected. All I need right now is to breathe some fresh air, get out." P14*

*"In the process, I realized how important it is to be able to roam freely outside." P17*

**III. Stigmatization:** Some of the participants expressed their discomfort with the stigmatizing behavior of other individuals, besides fighting against infectious disease.

*"I was so tired of people running away from me during the process" P4*

*"It was so boring to see people pretend as if I were a leper; I was tired of judgmental looks " P15*

**Economic concerns:** Due to the quarantine process, enterprises closed due to bans; some of the participants stated that they had economic concerns and they also concerned about the future.

*"I think this quarantine process is a serious waste of time. My only concern about the process is not being able to work, I'm a barber, and I'm worried that I'll be in trouble financially." P20*

*"Because my parents were old, I couldn't go to work with the fear that I could carry the disease to them, and my financial situation was very deteriorating; this was the most negative effect of this process on me." P25*

### **Theme 3. Acquisitions**

**I. Understanding the value of their health and their loved ones:** Patients have expressed the negativity they experience, as well as their most significant acquisition in this process. The most valuable acquisition was to realize the value of their health and understanding how much they love their families.

*"I was very impressed by this process; being alone did not do me good. From now on, I will pay much more attention to my health." P3*

*"I miss home so much. The most important thing this process taught me was the value of my health. From now on, I'll pay more attention to my health." P4*

*"I appreciate my family very well. All I want right now is to be healthy and go home safely." P17*

*"I understood the value and importance of my health. The most important thing I personally acquired during this process was to understand the value of my health better, and all I want now is to recover as soon as possible and return home near my family." P21*

**II. Learning to be patient:** Most patients have learned to be patient because they have to lie alone in a room during the quarantine process, they were away from their loved ones, and there was nothing they can do but just wait during this process.

*"During the process, I learned to be patient." P14*

*"I've learned to be patient in the process, and I think it allows me to have willpower." P18*

*"The most important thing that this process taught me was patience." P23*

**III. Gaining self-awareness:** Patients who were alone with themselves and had the opportunity to rest expressed better awareness of their coping mechanisms, strengths, and weaknesses in this process.

*"I became familiar with myself in the process. It was an opportunity for me to get to know myself, how I reacted to, what I was coping with, frankly...I realized that I was a fragile person, and I learned that I needed to be stronger." P6*

*"I felt that I was closer to death, and feeling death so close to me taught me to be thankful. I've learned not to be stuck on anything, not to worry about small things." P10*

*"I think I will be more cautious in the future; this process has taught me to be cautious." P11*

**IV. Time allocation for themselves:** Some of the patients who were forced to leave their heavy workflow and work environment due to quarantine and hospitalization stated that this process was good for them due to they can rest.

*"It was good for me to be alone in this process, I rested and studied. I am a student, I had many lessons to study, it was an opportunity for me."* P2

*"In this process, I had the opportunity to rest, I rested and relaxed"* P1

*"Lately, all I needed was a little silence, and I found it because of this disease."* P9

**V. Empathy skills:** Two participants who had to be in close contact with patients due to their work environment stated that they understood very well what the patients were going through in this process and that they would be more understanding to the patients they cared for in the future.

*"I'm studying nursing, I already understand very well what patients can experience, my ability to empathize has already increased. I think that's the biggest contribution of this process to me."* P2

*"From now on, I think I will better understand my patients, especially those I follow in the rehabilitation center; I will be more attentive."* P15

## DISCUSSION

In this study, we focused on the experiences of patients who were diagnosed with coronavirus after the breakthrough of the COVID-19 pandemic in our country. Our study revealed that during the disease and treatment and the quarantine processes, which continue for at least two weeks, the most intense feeling that patients experience was loneliness, yearning for their relatives and healthy days as well as the desire to regain their freedom. On the other hand, many patients see this process as an opportunity to relax and they believe that this period provided positive acquisition for them.

When we compared results of a qualitative study conducted with patients diagnosed with COVID-19 and our study the similar psychological problems notified by the patients such as shock, denial, fear, anxiety (Jesmi et al., 2020), stress due to quarantine, a better understanding towards the awareness about the value of life and family, (Sun et al., 2021) fear of having infected family members, economic concerns, a sense of social isolation (Aliakbari Dehkordi et al., 2020), and the difficulty of staying in a room alone and stigmatization (Moradi et al., 2020). Jesmi et al., have emphasized that the results of their qualitative study with Palestinian patients are similar to the loss/mourning reactions described by Elisabeth Kübler-Ross (Jesmi et al., 2020). When evaluated from this point of view, similar mourning reactions of patients in this study draw attention. Kübler Ross suggested that individuals first experience shock and then learn to cope with denial, anger, bargaining, depression, and finally acceptance, respectively when they experience a life-threatening event (Tempski et al., 2020). Patients who experienced shock and denial in the first place were able to realize the gains brought by the disease along with acceptance and stated that they became stronger in this way. Sun et al., stated in their study with Covid 19 patients that patients experience feelings such as fear, denial, and stigma in the early stages of the disease, and that they experience acceptance and confrontation in the middle and late stages. In the study, which also revealed that the patients experienced concerns about the health of their family members, attention was also drawn to psychological growth. These results are considered to be similar to our study.

In our study, in parallel with the literature, the origin of the psychological problems experienced by patients was anxiety caused by the inability to predict how they would overcome the disease, fears such as having to be separated from their loved ones, being alone in a room, infecting family members with the disease (Sun et al., 2021, Aliakbari Dehkordi et al., 2020). Studies have shown that patients diagnosed with COVID-19 have a low capacity for psychological tolerance and that psychological problems may be more common in these people due to the state of the disease in the world (Moradi et al., 2020; Yao et al., 2020; Zandifar & Badrfam, 2020). Some of the factors that cause the psychological problems were an irrepressible increase in the spread of the virus,



negative conditions of patients with acute respiratory problems, the fact that effective treatment for the disease has not yet been found, and deaths due to the disease (Bo et al., 2020; Xiang et al., 2020). In addition, some of the participants stated that they experienced economic difficulties. They stated that they were in economic distress because they could not work because of the workplaces closed during the illness or because of the fear of contagion. In the study of Jesmi et al., in parallel with our study, the economic concerns of the patients were mentioned (Jesmi et al., 2020).

The unknown and unforeseen issues about the pandemic process, the increasing workload, and the rapidly increasing number of cases significantly increased the psychological burden of health workers (Lai et al., 2020). We believe that the patients participating in the study were unable to cope with the intense stress of loneliness and inability to communicate with society because health workers were insufficient to provide psychosocial support to patients due to their difficulty managing their stress during this process. In order to solve these deficiencies, the psychosocial support line, which was implemented by the Mental Health Department of the Ministry of Health to ensure that individuals access psychosocial support services in the process of combating the COVID 19 pandemic in Turkey, started to serve in 81 provinces since March (Turkey, 2020). However, it is believed that most patients cannot effectively use the service provided for various reasons. Therefore, corresponding psychological intervention strategies should be formulated at different disease stages to promote physical and mental health. During diagnosis, treatment, and nursing, treatments should be consistent, complaints should be listened to and acted upon, and staff should communicate in a timely manner to maintain transparency and minimize uncertainty and fear of the disease (Xiang et al., 2020) Accurate health information may reduce stress, anxiety, depression, and the psychological impact of the illness (Wang et al., 2020b).

In our research, unlike many studies, a striking sub-theme was the approach of the participants that nothing would happen to themselves. The reason is that most of the patients in the study were young; none of them had a history of chronic diseases, as well as the predominance of culturally fatalistic beliefs. Fatalism is a fundamental phenomenon that we encounter almost everywhere in social life, which can form the life significantly. In almost all areas, it is seen that the trend of fatalism can affect society in explaining events. Fatalism can be decisive in reacting, taking action, and making decisions in the face of events, not just understanding and explaining events. Fatalism can be clearly observed in individuals who have grown up with Turkish culture in Turkey (Orhan, 2017). The fatalistic perspective, which exists depending on the culture, also shows parallelism with the findings of a different study than ours (Ercan et al., 2020).

### **CONCLUSION AND SUGGESTIONS**

In conclusion, The pandemic period has affected patients with positive and negative aspects. In our study, which we conducted in a period when the pandemic first broke out and there were many unknowns, the first reactions of the patients to the unknown were being shocked, feeling fear and anxiety, and it was seen that some patients did not care about this situation. While the majority of the patients complained of isolation and loneliness as the negativities brought by the process, the restriction of their freedom, stigma and economic concerns were also found to be other negative experiences. It has been observed that patients with better coping power come out of this process with gains. Understanding the value of their health and loved ones, learning to be patient, gaining self-awareness, taking time for oneself and developing empathy are the positive awareness that this process brings to patients.

In the light of these data, it is thought that it is extremely important to evaluate patients holistically during the pandemic process. Considering that each individual's perspective and coping power are different, it is necessary to evaluate the psychological health of the patients by taking into account the individual characteristics of the patients and keeping in mind that they have emotions, anxieties and fears as well as their physical health. Timely psychological interventions can protect physical and mental health and support the development of positive attitudes and emotions. For this reason, the healthcare team, who evaluates the patient holistically, should request support from the psychosocial support unit established in hospitals or consultation liaison psychiatry, when they found that the patient has a psychological problem.

It is thought that with the help of psychological support and therapeutic interventions to be provided to the patients, negative psychological problems that may arise from the disease can be prevented and significantly reduced, and the awareness to be created can contribute to increasing the quality of life.

It is seen that most of the studies conducted in this process focus on the psychosocial problems experienced by patients, their relatives or healthcare professionals. It is thought that the intervention studies in this area are insufficient and more intervention studies are needed in the future.

### **LIMITATIONS**

The strengths of the study are that the study data was collected from the patients in the clinic by the same nurse, working in the same environment during the period of their treatment, and the use of face-to-face interview technique at this stage.

The sample size of this research is limited due to the characteristics of qualitative research. The duration of the interviews had to be limited to 10-15 minutes as a result of the COVID-19 measures. Since the interviews were conducted with ill individuals, patients who did not have energy and did not feel physically well did not accept to participate in the study, which constitutes the limitations of the study.

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### **Conflicts of interest**

The authors declared they do not have anything to disclose regarding conflict of interest with respect to this manuscript.

### **Author Contributions**

Design: A.A., M.A., Data collection or processing: M.A., Analysis or interpretation: A.A., M.A., Literature search: A.A., M.A., Writing: A.A., M.A.

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