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Being a mother as a healthcare professional in the COVID-19 pandemic: A qualitative study

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ABSTRACT

Objective: The aim of this research was to determine the changes in relationships between healthcare professional mothers and their preschool-aged children during the coronavirus disease 2019 (COVID-19) pandemic. In addition, the second objective of this study was to propose a new phenomenon that explains "being a mother as a healthcare professional" during the COVID-19 pandemic.

Materials and Methods: The participants of the research were 16 healthcare professional mothers (8 doctors and 8 nurses) who had worked in intensive care units during the COVID-19 pandemic and had a preschool-aged child. The research was conducted in accordance with the phenomenological approach, one of the qualitative research designs. The research data were obtained through face-to-face interviews between the researchers and the participants using half-structured interview forms prepared by the researchers. Colaizzi's 7-step method was used for evaluation of the data.

Results: According to the research findings, the phenomenon of "being a mother as a healthcare professional" was gathered under four main themes: emotional reactions, new normal in life, difficulties that pandemic brought in life and coping strategies with these difficulties.

Conclusion: The findings showed that the COVID-19 pandemic caused many changes in the lives of healthcare professional mothers and their children; these mothers and children built some emotional reactions, and they developed various strategies to overcome these emotional reactions.

Keywords: Pandemic, Mother-child relation, Healthcare professional, Preschool-aged children

1. INTRODUCTION

Originating in the Chinese city of Wuhan in 2019, the coronavirus pandemic has affected the entire world by spreading rapidly. Pandemics are an important crisis period that not only affects the physical health of individuals but also has the potential to affect the psychological health and well-being of individuals. Regardless of age, race, gender and socioeconomic conditions, the COVID-19 pandemic period has also affected the lives of all people in various aspects.

The pandemic has brought about many changes in people's habits, behaviors, social relationships, daily routines and interfamily relations [1,2]. One of the factors that the pandemic has changed is business life. During this period, some people lost their jobs, some had to work flexible hours, and the workload of others increased greatly [3]. The most significant occupational group in which the pandemic has changed working conditions and increased workload is healthcare professionals. Studies have shown that healthcare professionals, especially those working on the front line with COVID-19 patients, have a greater risk of mental health problems such as anxiety, depression, and insomnia [3]. It is also thought that these risks are bound to bring about some changes in the other roles of healthcare professionals, such as husband, wife, mother and child. In fact, in his ecological systems theory, Bronfenbrenner (1992) emphasizes that changes in the business life of the parent may also have some effects on the development of the child (as cited) [4]. In an evaluation carried out by Zeynepoglu-Akbas and Dursun [5], it is emphasized that the responsibilities of working women in Turkey increased in that period, as they did not receive

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professional support or family support about some issues such as childcare, education and housework that they can perform at normal times. In a study carried out among 5566 families by Southampton University to examine the effects of the pandemic period on mother-child relations, most of the mothers spending this period together with their children at home were proven to develop positive relationships with their children [6]. In addition, in a study conducted by Evans et al., [7] among 2130 Australian families having children between 0-18 years old, it was suggested that the pandemic brought different changes in different family structures; that is, it affected some families negatively in mental aspects while it strengthened interfamily relations in the others. The variations in study results make one think that mother-child relations in the pandemic period may be affected differently depending on some factors, such as the mother's job, her working conditions after the pandemic and social gender roles. Healthcare professional mothers are the most affected group among working mother groups from this process. Our observations are that a new phenomenon called "being a mother as a healthcare professional" has emerged in this process. From this point of view, by examining the changes that being a healthcare professional mother can bring in mother-child relationships, the phenomenon of healthcare professional mothers has been explained.

2. MATERIALS and METHODS

Research Design

This research was carried out in accordance with Colaizzi's phenomenological approach, one of the qualitative study patterns. This method focuses on the experiences of participants and finds the shared patterns rather than individual tendencies in research subjects [2]. The pandemic process is also a period in which the normal flow of life changes and people's lives are heavily affected. In this study, the phenomenological approach was preferred since the changes in the lives of female healthcare professionals and their relationships with their children during the pandemic process were examined.

Participants

The participants of this research are 16 healthcare professional mothers—8 doctors and 8 nurses—who have worked in the COVID-19 intensive care unit at different hospitals in Konya province. These participants were chosen based on certain criteria and using a purposive sampling method, which is often preferred in qualitative studies [8]. The first of these criteria was working in the COVID-19 intensive care unit since the beginning of the pandemic period. In an effort to determine the exact effects of the pandemic, going on for the last 9 months in Turkey, on interfamily relations, mothers who have been working in intensive care units since the beginning of the pandemic were chosen. The second criterion was having a child between 3 and 6 years old. Preschool children were included in the research since they need more mother care than school children do [9]. Additionally, in this research, undergoing psychological treatment, exposure to a crisis, losing a relative, divorcing, and living away from husband were accepted as criteria for exclusion from the study, as these may affect the individual psychology of the healthcare professional and result in changes in mother-child relations other than the aim of this research. The study was applied with 16 participants, with equal numbers from doctors (n=8) and nurses (n=8), regarding the studies suggesting approximately 5-10 participants for the phenomenological approach [10]. Another criterion for choosing the participants was being a volunteer. The participants were named doctors D1, D2... and nurses N1, N2. Descriptive information about them is presented in Table I.

Table I. *Descriptive data of the participants*

	Age	Seniority	Is the spouse a healthcare professional	Child Gender	Child Age	Number of children	COVID transmission status
D1	42	18	Yes	Male	5.5	3	-
D2	30	6	Yes	Female	3.5	1	-
D3	38	13	Yes	Male	3.5	2	+
D4	36	12	Yes	Male	5.5	2	+
D5	35	10	Yes	Male	6	2	-
D6	38	13	Yes	Female	4.5	2	-
D7	36	10	Yes	Female	4	2	-
D8	42	15	No	Female	6	2	-
N1	42	20	No	Female	4.5	3	-
N2	33	7	No	Female	6	2	+
N3	36	12	No	Female	6	3	+
N4	40	17	Yes	Male	5	2	+
N5	35	12	No	Female	5.5	2	-
N6	32	10	No	Male	4	1	+
N7	38	17	No	Female	4.5	2	+
N8	33	11	No	Female	5.5	1	-

D: Doctor, N: Nurse

The participants' average age was 36.62±3.66 years (mean±standard deviation). Their average length of service was 12.68±3.89 years (mean±standard deviation). The children's average age was 4.96±0.9 years (mean±standard deviation). Seven participants had COVID-19 infection before. Eight participants had healthcare professional husbands as well. Six of the children were boys.

Interview Form

Interview forms prepared by the researchers were used to collect data for the study. Only those healthcare professionals who had the necessary participation requirements and those who had no exclusion criteria took part in these interviews. This form contains some questions to obtain personal information about the mother and child, and it also questions the changes in the behaviors of both of them in this period and their coping strategies. During the interviews, the following questions were asked of the participant:

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1. What kind of changes did the pandemic period bring to your and your child's routines?
2. How did the pandemic period affect your child in terms of psychological and behavioral aspects?
3. How did the pandemic period change your mother-child relationship?
4. Which strategies did you use to cope with it when you had hard times during the pandemic period?

When necessary, inquiry questions were also put into practice to deepen the answers and obtain more detailed information.

Data Collection

Qualitative research seeks to understand why people think and feel the way they do. It is the researcher's responsibility to seek to understand the feelings and thoughts of study participants through qualitative research. In this case, it is challenging since it involves asking individuals to discuss personal information. As a researcher, one of the most important responsibilities is to protect the participants and their personal information [11]. Mechanisms to protect participants during the research (e.g., by keeping their identities confidential) were carefully explained to the participants. The interviews with the participants during the data collection process were conducted face-to-face in an environment outside the hospital. Considering the pandemic conditions, interviews with officials were planned as one-on-one and single recordings. Each interview lasted between 20-30 minutes on average (mean=26.54; Sd=3.42). These interviews were recorded with a voice recorder.

Ethical Process

The ethics committee affirmation for the research was taken with Ordu University's decision number 2020-101. In addition, the participants declared their voluntary participation verbally prior to the interviews. They were also informed that they had the right not to answer the questions they thought to be ethically unsuitable or withdraw from the interview at any phase.

Data Analysis

Phenomenology is a research method intended to explore the experiences of people as they live in different phases of their life and their meanings. When evaluating the research data, Colaizzi's seven-step interpretation method was benefited from [12]. First, each voice record was listened to and recorded in written form (each interview generated ten to twelve pages of written documentation). The transcription of each interview took approximately four hours on average. Then, this written record was read carefully, and the meaningful points were underlined with colored pens with the aim of understanding them conceptionally. As the next step, the significant expressions were determined regarding deeper meanings. These expressions were made meaningful and formulized by the researchers. In the meantime, an experienced researcher in the field of qualitative studies, other than the researchers of this study, was asked to state her thoughts so that the validity of these meanings could be strengthened [13]. Soon after that, similar expressions were put together under certain themes. Finally, considering theme-content convenience, these themes and the categories under them were examined in detail by both the researchers of this study and the experienced researcher supporting it from outside to increase the validity. In qualitative studies, validity is fulfilled through the researcher's monitoring of the subject matter as objectively as possible [14,15]. One of the main principles of increasing validity is transmissibility [16]. Transmissibility in this research was attempted to be fulfilled by quoting samples of various views from the participants. The flow chart of the research is presented in Figure 1.

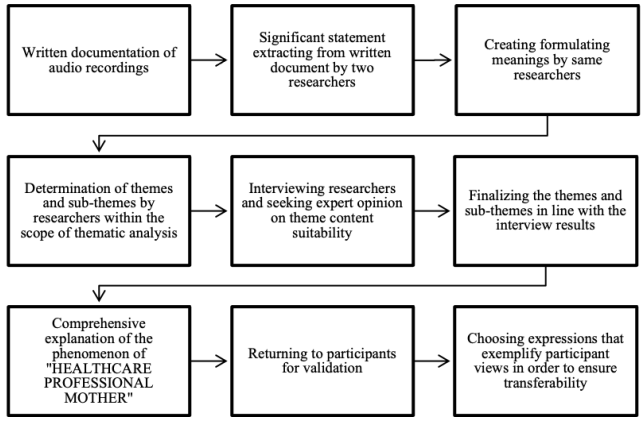

Figure 1. *The processes of qualitative analysis*

3. RESULTS

In this study, the qualitative results of children and mothers who work with COVID-19 patients in intensive care units and have children between the ages of 3-6 and how they are affected are revealed, and the phenomenon of being a healthcare professional mother is explained. As a result of the analyses, four main themes related to the phenomenon of being a healthcare professional mother were obtained. Themes, subthemes and quotations are presented in Table II.

Theme 1. Emotional Reactions

Emotional reactions theme consists of the subthemes of fear and anxiety, desperation and exhaustion, anger and emotional relationship between healthcare professional mother and child. Sample expressions for each subtheme are shown in Table II.

Subtheme 1. Fear and anxiety: All mothers working in intensive care units or joining the work during the COVID-19 pandemic period had emotions of fear and anxiety (n=16). In particular, fear of infection (n=10), fear of getting the disease (n=6) and fear of death (n=5) were seen intensely. Furthermore, getting quarantined (n=3), infecting the elderly in family (n=6) and anxiety about dissolution of family due to deaths (n=7) were experienced with high percentages. Children's fear of losing parents (n=4) and fear of getting the disease (n=5) came to exist.

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Table II. *Main Themes, Subthemes, and Quotations Regarding Views and Perceptions of Mothers and Children*

Theme	Subtheme	Quotations
Theme 1: Emotional Reactions	Fear, anxiety (both mother and child)	M-I had fears that I would get covid and die. (D4)
		M-Both being a healthcare professional and a mother is very hard in this period. There is a fear of getting the disease and infecting family members. I would have never had a child if I had known this would happen. It is terrible to worry about them all the time. (D7)
		C-As the death numbers were announced, I began to fear that anyone could die as well (N4)
		M-I had a fear of carrying the disease. More than getting the disease myself, I was concerned about infecting others. (N8)
		C – Children developed a fear of what would happen if they died. It became tedious to stay at home all the time. They are so worried. (N7)
	Desperation Exhaustion (just mother)	"We cannot find solutions as the treatment gets longer, and this resulted in desperation" (D5)
		"I can hardly stand it since the death rate is so high. I feel burnout. All my roles are half, mother, wife, doctor. I can reach none of them." (D1)
		"Seeing ex all the time affects me deeply. I am exhausted because of COVID-19." (D6)
		"Physically and psychologically, I have become fatigued." (N2)
		"The patients say they will die, and soon they are dying, which shocks me. I feel burnout. I did everything, but it was not enough. I was a healthcare professional before COVID. However, I had never felt such exhaustion." (N1)
	Anger (both mother and child)	C – The children have a great deal of anger, but they do not know exactly for whom they are angry. We are working intensively, which has caused them to become angry. (D1)
		C – It is very frustrating for my child not to be able to go outside. She is always asking when it will be over, and she will go to the park. (N2)
		M-I feel that I cannot catch up. When other children go out, I get angry at their indifference. (N7)
		M-I am so patient with children at normal times, but I am furious now. (N1)
	Mother-child relationship	"They have become more dependent on mothers. This dependence is like an obsession. They have a fear of losing. Mine even does not go out her room without me. She is always trying to hug me." (D6)
		"I stayed away children. I did not hug; I did not let them kiss me. I made them stay away." (N1)
		"I come home exhausted. It upsets them when I ask them to leave me alone after I have met their physical needs, so sometimes they cry and get angry with me. We are suffering from conflicts." (N7)
		"I used to play with them, but now I cannot as I come from work so tired. I have pricks of conscience." (N4)
Theme 2: New Normals in Life	Protective Measures	"I changed the room. I wear a mask at home. At home, I separated my personal belongings from other family members. ." (D3)
		"All the things that came from outside were cleaned. I have developed an obsession with washing hands." (D1)
		"We did not go out so often. We wandered in empty places. I did not visit my mom or anyone else. I became integrated with masks." (N4)
		"I take a shower whenever I come home. Frequently, I use a hand disinfectant to prevent. I put my clothes directly into the machine. We are careful about eating and using vitamins." (N6)
	Relational Changes	"We did not meet with anyone. We were isolated. Neither of us met the elderly in person. (D5)
		"As my husband is also a healthcare professional, one of us is always on the shift. Therefore, only one parent stays home, and we can hardly catch up with daily chores. We cannot spend enough time with our children." (D1)
		"As a healthcare professional, I feel discriminated against. Our neighbors have expressed unease toward us.." (N7)
		"We were treated by our relatives and neighbors as if we were plague." (N8)
	Changes in Child's Life	"Due to the increasing amount of time spent at home, he became accustomed to using a tablet computer. He even used it up to 7 hours a day." (D1)
		"He has been deeply affected by the absence of friends. Despite his desire to go, he knows he cannot do so. As a result, he has adopted the rules and has learned to play following the distance rules." (D4)
		"My child developed problems of pissing her pants." (N3)
		"She is bored with playing alone. She misses school and friends." (N5)
		"The pandemic changed our working conditions. My child was going to school. We have got stuck as the schools stay closed. Taking care of the child is problematic in this period. Even where she sleeps is uncertain; one day in her grandmother's house, the other at home. My child is protesting whether there is no one other than me." (N8)

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Theme 3: Difficulties that the Pandemic Brought in Life	Business Life	"Due to the increase in workload caused by colleagues' occasional exposure to COVID, I am mentally fatigued." (D4)
		"Working conditions were overwhelming. Working in overalls was hard and negative. I am so tired." (N3)
		"While the other sectors are working flexible hours, healthcare professionals are extremely working; no one is considering our motherhood, and all our efforts are almost in vain financially and spiritually, which has affected us negatively." (N8)
		"Our colleagues are dying, and we can do nothing about it. We cannot even take our annual leaves. We are suffocated." (N7)
		"Occupational injustice is making me sad. No one realizes what we are doing, which makes me sad. I love my job. Nevertheless, I would not like to be a healthcare professional during this period. I think that healthcare professional mothers are so exhausted during this period." (N6)
	Interfamily Relationships (Between partners, child)	P-A crisis breaks out even when one has a running nose a home. (D5)
		C-Either father or mother is not around. The whole family routine has been corrupted. (D1)
		P-We had some tense moments at home. The children had a temper tantrum. They questioned why they could not while their friends saw each other. (N5)
		P-I had arguments with my husband. It has become a habit for him to warn me not to enter the room without an overall. As a result, he is burdened with a great deal of conscience. (N5)
		P-She is having conflicts with her elder sister, and she has become aggressive. She was aggressive beforehand, but not as much as she is now. (N7)
	Witnessing the Patients	"Increase in death rates and intubating especially young patients, after they said that they could not breathe and begged to be saved, was too heavy. Some died after saying they did not want to die, which made me terribly sad." (D4)
		"That the patients stayed alone for a long time without being visited by anyone affected me deeply." (D2)
		"Giving bad news continuously and seeing patients unable to breathe affected me so much." (D7)
		"Giving the news is too bad. They cannot say goodbye to anyone, and they are dying alone. I am deeply impressed." (N2)
Theme 4: Coping Strategies	Social Support	"My husband cannot take a break just like me. Grandmother is tired of caring for children. My family lives far away, and thus I do not have enough support."(D7)
		"I am talking with friends on the phone." (N1)
		"I am getting relieved while talking with my elder sister, even on the phone." (N2)
		"Sharing with colleagues, who do the same job, and similar stories are causing to normalize the situation. It is working." (N3)
		"My mother is already ill, so I could not share with her as she is frightened. My husband and my friends supported me more. I also talk to my elder sister." (N4)
	Tendency Toward Religion	"I am praying as much as I can. I am trying to think positively." (N6)
		"I am more inclined to spirituality.Salaat and praying are working well." (H4)
		"Reciting Qur'an is relieving me." (N7)
		"I am trying to preach myself. Praying is doing well, too." (N6)
	Negative Coping Behaviors	"I had shifts very often and got so tired. I went into the room and cried sobbingly." (D4)
		"I constantly gave table pc to children in order to keep them busy." (D5)
		"To deal with children, I always turn on the television. It is a mistake, but I have no other option since I am so tired. (N1)
		"I have excluded many things from my life. I got isolated at home not to infect anyone. I am no longer the person I used to be." (D1)
		"I feel trapped. I cannot relieve without crying." (N8)
	Activity-based Coping Strategies	"I took up a new hobby. I started making decorative objects." (N2)
		"We planned two-day holidays. We changed our environment." (D8)
		"I am attending online personal development training." (D2)
		"Reading book usually relaxes me." (N3)
		"I go for a walk in the outdoors." (N4)

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Subtheme 2. Desperation and Exhaustion: Another subtheme is the experience of desperation (n=8) and exhaustion (n=11) emotions. In particular, the emotion of desperation was determined to result from the high percentage of deaths from the disease, patients' respiration problems, and their inability to respond to treatments. Exhaustion, on the other hand, was connected with both physical and psychological causes.

Subtheme 3. Anger: Mothers (n=6) and children (n=11) also developed the reaction of anger. It was pointed out that anger in children aroused owing to the restrictions and mothers' intense working hours. Mothers stated that they developed the emotion of anger when children carried on demanding even after their physical needs were met and when they were not able to meet these needs. The outer causes of mothers' anger were determined as the community's not obeying the protective measures and their indifference to the disease.

Subtheme 4. Mother-Child Relationship: The pandemic period brought about some changes (n=12) in mother-child relationships. The most frequent changes were an increase in their dependence on each other and a reduction in shared time and physical contact, especially after working overtime.

Theme 2. New Normals in Life

The COVID-19 pandemic brought many changes with it, and as it lasted long, it was seen as suitable to name them new normals. Under this theme, there are three subthemes: protective measures, other relational changes and changes in children's lives.

Subtheme 1. Protective Measures: Protective measures (n=14) were stated as mask, distance, obeying isolation rules, increase in hygienic behaviors and food supplements (vitamin support).

Subtheme 2. Relational Changes: Relational changes (n=14) included behaviors such as deterioration of family relations and social life, social isolation, exclusion, and discrimination.

Subtheme 3. Changes in Child's Life: The changes in child's life (n=13) were education, nutrition, sleeping, caring and particularly playing behaviors. It was found that problems such as an increase in digital technology use and child-care problems were seen to a large extent. All these new normals in life were supposed to have caused some emotional changes.

Theme 3. Difficulties that the pandemic brought to life

Healthcare professional mothers' business lives (n=9), interfamily relationships (n=8) and difficulties resulting from witnessing the patients are subthemes of Theme 3.

Subtheme 1. Business Life: Business life, working conditions (protective clothes, working duration and frequency, inability to get day off, etc.), extra overtime due to colleagues being quarantined, affliction from healthcare professional deaths, insufficient occupational satisfaction, and lack of interest and support were all included.

Subtheme 2. Interfamily Relationships: It was also stressed that these changes in life routines created some changes in some interfamily relations, and they caused interfamily conflicts, emotional outbursts and insufficient communication.

Subtheme 3. Witnessing the Patients: The healthcare professionals, witnessing what COVID-19-diagnosed patients went through in intensive care periods, experienced various emotions at the same time. In particular, factors such as patients' inability to breath, increase in death rates, young patients, frequency of giving bad news, lack of hospital attendant, loneliness, inability to farewell and empathy with the dead patients were efficient in experiencing these emotional reactions.

Theme 4. Coping Strategies

The coping strategies theme consists of subthemes of social support (n=16), tendency toward religion (n=6), negative coping behaviors (n=6) and activity-based coping behaviors (n=7). Participants were seen to have defined the perception of social support either as sufficient (n=9) or insufficient (n=7).

Subtheme 1. Social Support: They stated that they had peer and partner support, and they were relieved when they shared common experiences with their healthcare professional friends. In addition, it was clearly understood that they could not obtain enough support from family because of social restrictions and that they could not share their feelings with family members (mother, father, sibling, etc.) so as not to increase their anxiety.

Subtheme 2. Tendency Toward Religion: The participants were relieved with religious tendencies such as reciting the Qur'an and praying.

Subtheme 3. Negative Coping Behaviors: They often exhibited some negative coping behaviors, such as ignorance, continuous crying, negative attitudes toward children, withdrawal and social isolation.

Subtheme 4. Activity-based Coping Strategies: Among the activity-based coping strategies were taking up a hobby (handcraft, making decorative objects, etc.), education, changing environment, walking, breathing exercises and reading.

4. DISCUSSION

In this research, the views taken from doctors and nurses about the changes that the COVID-19 pandemic brought in the relations of healthcare professional mothers with their children were evaluated, and the themes of emotional reactions, new normals in life, the changes it brought in life and coping strategies were obtained. It was determined that healthcare professional mothers developed a number of emotional reactions, such as fear, anxiety, exhaustion, desperation and anger, during the pandemic period. Similar to this study, among the psychological effects that pandemics create, the emotions of fear and anxiety stand out in the literature [2,17-19]. Getting the disease and infecting beloved ones are pointed to be experienced more intensively. Compared to the others, healthcare professionals have a greater risk for infection, as they are in contact with the patients in person [20]. In the studies carried out by Chowell et al., during the epidemics of SARS and MERS, it was indicated that one-fourth of the cases were healthcare professionals [21]. Being aware of the risk of infection, their colleagues getting infected and close contact with the patients were thought to

be efficient in healthcare professionals' fear and anxiety. Cai et al., also expressed that healthcare professionals have anxiety about infecting their loved ones during pandemics [22]. One of these emotional changes experienced during the pandemic was detected as desperation. It was thought that since the study group was chosen among those working in intensive care units during the pandemic and the cases in intensive care units were far worse than the others, these healthcare professionals experienced desperation for feeling an inability to do anything. This kind of desperation was estimated to have a role in developing the emotion of exhaustion over time, which was another finding. This finding is compatible with that Liu et al., obtained from their study that healthcare professionals experience exhaustion intensively during the pandemic period [3]. This feeling of exhaustion was thought to result from the intensity of work conditions during the pandemic period and a lack of physical and mental conditions. The healthcare professionals also stated that they went through anger as the emotional change. Bidzan et al., pointed out anger among the emotions healthcare professionals experienced during the pandemic, which is parallel to the results of our study [23]. It was interpreted that the individuals in society did not exhibit necessary sensibility and behaved indifferently during this period, which made the healthcare professionals angry, affecting them negatively in emotional ways.

The emotional reactions developed by children between 3-6 years old whose mothers were healthcare professionals were identified as fear, anxiety and anger. Children suffer from feelings such as fear and anxiety resulting from traumatic events that limit and aggravate life, such as natural disasters and pandemics, more intensively than adults do [24]. In our study, the factors that caused them to have fear and anxiety were revealed as the risk of getting the disease, fear of death and uncertainty of their cases in the event of losing their parents. In the meantime, mother's working so hard and getting tired, inability to go outside home and play with anyone came to the front as the main sources of anger. Very active in the preschool period and keen on exploring things freely [25], children were exposed to many restrictions owing to the pandemic. These restrictions violated or limited their right to play, which has a vital role in their development and education [26]. This situation was emphasized as a risk factor for creating negative effects on developmental and educational dimensions in the long run.

Problems, such as constant dependence on mother, mothers' staying away from children to protect them and inability to meet their needs due to heavy workload, broke out within healthcare professional mothers' relations with their children. Similarly, in a study conducted by Imran, Zeshan and Pervaiz, it was found that preschool children showed reactions in the pandemic period that they did not want to leave their mothers [27]. Children were also seen to react to these relational loses (S/he is protesting like 'Isn't there anyone else other than you?'). The early childhood period is a time when their relationships with their family are at the center of children's lives [25]. In particular, affiliation with the mother in this period is of great significance in a child's identity development [28]. Either secure or insecure affiliation behaviors hold valuable tips about children's emotional status as well as their mental health and human relations [29-31]. We must be aware of the risks that children carry.

Regarding the new normals that emerged during the pandemic period, it was concluded that healthcare professional mothers took necessary protective measures, went through relational changes and caused ups and downs in children's lives. Epidemics are events that have the potential to influence society in both physical and psychological ways [1]. Furthermore, they bring along some changes (hygiene, nutrition, social distance, etc.) in people's lives [2]. As determined in the study, the feeling of being discriminated against was one of the relational changes experienced by healthcare professionals. The Canada Center for Occupational Health and Safety declared that patients, their relatives, pandemic regions and healthcare professionals may have been exposed to blacklisting or discrimination [31]. Ertem stated that this blacklisting and discrimination in the pandemic period could cause the person to feel anger and threaten his/her psychological health [32]. Regarding these risks, it was supposed that by eliminating this feeling of being discriminated against, healthcare professionals must be ensured that they are not alone through integrative studies within societies.

The research results reached the conclusion that the pandemic led to a few negative changes in some children's lives, such as an increase in digital technology use, troubles sleeping (waking up in the middle of the night, nightmares, unwillingness to sleep) and bedwetting, while others exhibited adaptable behaviors for the period, such as playing alone and obeying the distance rules. The results in the literature that indicated that children experienced troubles sleeping in pandemic periods [33] and that the use of digital technology increased [34] are compatible with this research. These findings inferred that negative changes could come out at times when traumatic effects of the pandemic period on children were not taken under control. In addition, the healthcare professionals expressed that they had difficulty taking care of their children, could not catch a stability for this caring and things got worse during the school closure time. The findings made us suppose that the pandemic was challenging not only for the healthcare professionals themselves but also for their children, and it brought about traumatic effects.

It was concluded that the pandemic brought a number of difficulties for healthcare professional mothers about business life and interfamily relations, and witnessing the patient was another challenge for them. Negative aspects of business life, such as heavy working conditions, insufficient appreciation, losing colleagues and not having flexible working hours, similar to other occupations, were emphasized. The occupational group working the most intensively and in person with the patient are healthcare professionals. The increase in intensity at hospitals and inadequate numbers of healthcare professionals for working in turn are the main causes of occupational difficulties in this period [3]. Moreover, failure in family routines, tension between partners and corruption in relationships with siblings occurred. The results also showed that the pandemic resulted in distress in the interfamily relations of healthcare professionals.

Based on the study results, we developed a number of recommendations. First, support services must be provided for the healthcare professionals themselves, their partners and children during and after the pandemic period. We must find solutions to eliminate their problems with childcare. In addition, the number of healthcare professionals should be increased, and possibilities such as flexible hours and proper relaxing conditions should be supplied. Families must make necessary adaptations and create new opportunities for physical activity and games for children, whose area of freedom and right to play were restricted during the pandemic period. Moreover, precautions must be taken regarding children's increasing use of digital technology. We must make efforts to protect children's life routines as much as possible in crises such as the pandemic. To provide occupational cooperation with the aim of creating chances of sharing ideas and experiences, platforms in which healthcare professionals come together must be built.

Limitations

Since the sampling group of this study is those who spend more time with the patient, it is limited to doctors and nurses. Nevertheless, there are also other professionals in the health system. Another restriction of the study is that personal interviews are restricted to the data obtained from face-to-face interviews due to the risk of contamination and intense working conditions. However, the study could have been richer by performing focus group interviews.

Conclusion

According to the final results of the research, the pandemic period has revealed the "healthcare professional mother" phenomenon, which includes the changes that we consider in the form of emotional reactions, coping strategies, difficulties in life, and new normals in life. It came into light that, in terms of coping strategies, they benefited from a number of positive ones such as use of social support, tendency toward religion and activity-based ones along with negative ones used by some healthcare professionals. Their partners and colleagues stood out as the main sources of social support. Similarly, in a study performed by Sun et al., it was pointed out that nurses supported one another at most, stuck to team spirit and built joint power in the pandemic period [2].

Compliance with Ethical Standards

Ethical Approval: This research was approved by the Ordu University, Social and Human Sciences Research Ethics Committee (Approval number: 2020-101-143-05 and date: 23 December, 2020).

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Authors' contributions: NGM: Created the work design, wrote the original draft, collected data, and wrote, edited, and revised the final draft, SS: Collected data, performed the formal analysis, selected the sample, and conducted the interviews, NDS: Collected data, interpreted the data, and edited the final manuscript. All authors approved the final manuscript.

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