Psychosocial Problems and Coping Methods Experienced by the Nurses Working in Pandemic Clinics

Esin GÖRGÜN DOLAP [1], Aysel KARACA [2]

[1] Ankara Ayaş Şehit Mehmet Çifci State Hospital
[2] Düzce University, Faculty of Health Sciences, Department of Nursing

ABSTRACT

Objective: This study was designed as a descriptive study using the "in-depth interview technique" to determine psychosocial problems and coping methods experienced by nurses working in Covid 19 pandemic clinics. **Materials and Methods**: The universe of the study consisted of 871 nurses working in pandemic clinics of a city hospital in the western part of Turkey between September 2021 and October 2021; and the sample consisted of 21 nurses working in pandemic clinics. "Personal Information Form" and "Psychosocial Health Evaluation Form in Nurses" were used as data collection tools in the study. Data were analyzed by using content analysis. **Results:** Mean age of the nurses participated in the study was 31.85 years old; and 76.20% were women. A total of five main themes and subthemes for each theme were identified at the end of data analysis. Five main themes identified were "Emotional Problems", "Behavioral Problems", "Coping Strategies", "Occupational Changes" and "An Isolated Life". **Conclusion:** Nurses experienced various psychosocial problems in their working environment during the pandemic. It is suggested to plan preventive psychosocial interventions in order to decrease and prevent psychosocial problems experienced by the nurses under challenging conditions.
Keywords: Covid 19, Nurse, Pandemic, Coping Skills.

Pandemi Kliniklerinde Çalışan Hemşirelerin Yaşadıkları Psikososyal Sorunlar ve Başa Çıkma Yöntemleri

ÖZ

Amaç: Bu çalışma, Covid-19 pandemi kliniklerinde çalışan hemşirelerin yaşadıkları psikososyal sorunların ve baş etme yöntemlerinin belirlenmesi amacıyla "derinlemesine görüşme tekniği" nin kullanıldığı tanımlayıcı bir çalışma olarak tasarlanmıştır. **Gereç ve Yöntem:** Araştırmanın evrenini Türkiye'nin batısında bir şehir hastanesi'nde Eylül 2021- Ekim 2021 tarihleri arasında pandemi kliniklerinde çalışan 871 hemşire, örneklemi ise pandemi kliniklerinde çalışan 21 hemşire oluşturmuştur. Çalışmada veri toplama aracı olarak "Kişisel Bilgi Formu" ve "Hemşirelerde Psikososyal Sağlığı Değerlendirme Formu" kullanılmıştır. Veriler, içerik analizi kullanılarak analiz edilmiştir. **Bulgular:** Araştırmaya katılan hemşirelerin yaş ortalaması 31,85 ve %76,20'si kadındır. Verilerin analizi sonucunda toplam beş ana tema ve her bir tema için alt temalar belirlenmiştir. Belirlenen beş ana tema; "duygusal sorunlar", "davranış sorunları", "başa çıkma stratejileri", "mesleki değişiklikler" ve "izole bir yaşam"dır. **Sonuç:** Pandemi döneminde hemşireler çalışma ortamlarında çeşitli psikososyal sorunlar yaşamışlardır. Hemşirelerin zorlu şartlarda psikososyal sorunlarını azaltmak ve önlemek için koruyucu psikososyal müdahalelerin planlanması önerilmektedir.
Anahtar Kelimeler: Covid 19, Hemşire, Pandemi, Başa Çıkma Yöntemleri.

Sorumlu Yazar / Corresponding Author: Aysel KARACA, Düzce University, Faculty of Health Sciences, Department of Psychiatric Nursing, Balikesir, Turkey.
E-mail: ayselkaraca@duzce.edu.tr

INTRODUCTION

Covid 19 pandemic has resulted in a big crisis worldwide and caused major psychosocial effects on all people in the world like other pandemics (Otu, Charles & Yaya, 2020). Healthcare professionals play a very impotant role in controlling the pandemics.

While its high mortality and morbidity affect individuals' reactions towards the disease, it puts a great burden especially on healthcare professionals taking on the "savior" role (Haresh & Brown, 2020). Nurses, who are responsible for the treatment and care of the patient, are both exposed to the risk and stress of epidemics at the highest level and try to cope with its psychological consequences for a long time. It has been observed that healthcare workers' anxiety about getting infected and transmitting the infection to their families is more intense than other individuals in the society; and therefore, they avoid contact with their families (Tuncay, Koyuncu, & Ozel, 2020). In addition, nurses have been seen as virus carriers by the society during pandemics from past to present, causing them to feel stigmatized (Bai et al., 2004).

Problems such as increased workload on other nurses when their colleagues contract Covid 19, being assigned to units in which they do not have skills during the pandemic period, diagnosis of their colleagues with Covid 19 and losing their friends, concern that they will have difficulty in accessing personal protective equipment to protect themselves, problems experienced during wearing and using personal protective equipment, facial deformities as a result of wearing masks-glasses-visors, family losses, bed occupancy rates and facing a shortage of medical devices have caused an increase in the stress levels of nurses. These stress factors negatively affect the psychosocial health of nurses (Hicdurmaz, & Uzar-Ozcetin, 2020). WHO pointed out that healthcare workers faced multiple psychosocial hazards during the Covid 19 pandemic such as long working hours and high workload, which can lead to fatigue, sleep disturbance, occupational burnout, increased psychological distress and/or decreased mental health (WHO, 2021).

It has been emphasized that nurses working in Covid 19 clinics experience more anxiety, and the risk of depression is higher especially among intensive care nurses (Wang et al., 2020).

Fernandez et al. (2020) have stated that understanding the psychosocial experiences of front-line nurses and adequately supporting them in this sense are essential to ensure the maintenance of the workforce and high-quality care delivery in a period of increased healthcare need (Fernandez et al., 2020). Additionally, the World Health Organization (WHO) emphasized that protecting mental health of the nurses during the Covid 19 epidemic was a necessity to ensure the long-term capacity of the health workforce (WHO, 2021). Although there are studies on nurses from this perspective, it can be said that they are relatively limited (Hicdurmaz et al., 2020;

Ozaydın & Guduk, 2021). Increasing research on the psychosocial effects of the Covid 19 pandemic on nurses will contribute to strengthening the database and planning the necessary interventions for nurses in case of extraordinary situations that will develop from now on.

This study was planned to determine psychosocial problems and coping methods experienced by nurses working in Covid 19 pandemic clinics. In addition, it is thought that conducting the research with in-depth interview method, which is one of the qualitative methods, is valuable in terms of giving nurses the opportunity to share their experiences directly.

MATERIALS AND METHODS

Study type

The aim of the study is to determine psychosocial problems and coping methods experienced by nurses working in Covid 19 pandemic clinics.

This is a descriptive study using "in-depth interview technique", that is one of the qualitative methods. Qualitative methods offer the opportunity to reveal the participants' perspective and subjective experience in an attempt to understand the underlying events and experiences (Sandelowski, 2010).

Study group

The universe of the study consisted of 871 nurses working in pandemic clinics of a city hospital in the western part of Turkey between September 2021 and October 2021. In qualitative research, sample size is determined by the saturation point, which is determined by continuing to collect data until the point where concepts begin to repeat themselves (Boddy, 2016). In this study, the maximum variation sampling method, one of the purposeful sampling methods, was used and the sample size was determined by individual in-depth interviews with nurses until the data started to repeat itself. The study was terminated when data saturation was attained. The research sample included nurses working in pandemic clinics and who were seen to participate in the research. Thus, the sample of the study consisted of 21 nurses working in the hospital during the Covid 19 pandemic.

Procedures

The data of the study were collected using the in-depth interview technique between September 2021 and October 2021. Firstly, participants were informed about the research and they were expected to read and sign the information form. The data of the research were collected by face-to-face interviews with nurses. During face-to-face meetings, care was taken to avoid close contact (i.e., within approximately six feet or two meters) and to use necessary personal protective equipment. The researcher asked the nurses to read the items in the data collection instruments one by one except for demographic data and to answer them. Data collection was carried out for approximately 45 minutes for each nurse. A voice recorder was used to record the interviews. During the interview, the nurses'

facial expressions, body postures and the changes in their emotional and behavioral states were recorded into the interview observation notes.

Data collection instruments
In this current study, *"Personal Information Form"* comprising sociodemographic characteristics and "Psychosocial Health Evaluation Form in Nurses*"* were used as data collection instruments.

Personal information form
The information form which was developed based on the literature consists of 9 questions including the interviewee's age, gender, education level, marital status, economic status, place of residency, family type, disability status, and chronic disease history.

Psychosocial health evaluation form in nurses: In the study, a semi-structured form (Guide Interview Form) prepared by the researchers was used to lead and guide the interview (Elo & Kyngäs, 2008, Wang et al., 2020, Hicdurmaz, & Uzar-Ozcetin, 2020).

The form contains open-ended questions to determine the participants' feelings, thoughts, perceptions and attitudes regarding the research topic.

Some questions in the form are: What are the stressful situations during the pandemic period? How has the pandemic affected your family life? Have you ever been away from your family due to social distance and isolation requirements? What changed in your working conditions during the pandemic period? What are the feelings and thoughts you experience while caring for a patient diagnosed with Covid-19?What are the coping methods you use during the pandemic? For the content validity of the form, opinions were obtained from five experts in the field of psychiatric nursing. The form was finalized in the light of experts' suggestions.

Statistical analysis
The written and verbal data collected for each question asked in the semi-structured questionnaire were transferred to the computer without changing the observation notes kept during the interview. It was checked whether the opinions and notes were suitable for the purpose of the research and it was determined that no opinions were expressed outside the purpose of the research. The data obtained from the in-depth interviews were analyzed by the researcher using content analysis. The following steps were followed in the analysis. First of all, the nurses' statements were transcribed on the computer without changing them with fidelity. In the second step, these statements were read again and again, and those falling into the meaningful category were labeled with a name and (code). Next, the codes obtained from all interviews were cross-examined (with two different researchers) to identify similarities and differences. The codes were grouped based on their content integrity; and themes and subthemes that could represent these codes were created (Elo & Kyngäs, 2008).

Ethical considerations
Before starting the research, written permissions were obtained from the Ministry of Health and the City Hospital. Written approval was obtained from the author's Balikesir University Ethics Committee (Date: 26.05.2021Approval no: 2021/127).

RESULTS
Sociodemographic characteristics of the nurses
23.80% of the nurses participating in the study were male (n = 5), 76.20% were female (n = 16) and their mean age was 31.85 years old (min 23 - max 43). 57.14% (n=12) of the nurses were single, 42.85% (n=9) were married and all of them were university graduates. It was determined that the nurses' working years were mostly between 0-5 years (n=8). Moreover, it was stated that 57.14% of the nurses worked in Covid 19 intensive care units and 42.86% worked in Covid 19 clinics. It was also determined that 33.3% of the nurses lived alone and 66.66% lived with their spouses, children or other family members.

Themes and subthemes
In the analysis of the data obtained from in-depth interviews with nurses, a total of five main themes and their subthemes were identified (Table 1). These themes are included in this section.

Theme 1. emotional problems
This theme included emotional problems experienced by the participating nurses during the pandemic.

Subtheme 1. Anxious suspense
Almost all of the nurses (n=20) expressed their concerns and fears about the future. It has been determined that these anxieties and fears mostly arise from other anxious thoughts about the future such as fear of getting infected by the disease or transmitting it, fear of death, fear of losing loved ones and the uncertainty of the process and uncertainties in the treatment.

"Suddenly finding myself in the Covid 19 intensive care unit caused even more fear for me. My biggest fear was whether I would infect my father. Maybe I'll die too, I don't know. How long will this last, we seem to be in a tunnel with no end" (Participant 1)

Subtheme 2. Living with stress, ıntense sadness and feeling of burnout
The majority of nurses (n: 19) stated that while they felt sad at first, they felt exhausted lately, and approximately half of the nurses (n: 8) stated that they experienced frequent crying spells. It has been determined that situations such as living apart from their families, intense working conditions, having very few resting breaks, encountering death very often, and witnessing their colleagues suffering from Covid 19 disease cause them to experience these feelings.

Some statements belonging to this subtheme are given below.

"The pandemic period took us a long time, we are in a period of almost two years, and

"it gave me a feeling of boredom, fatigue and being stuck in a corner" (Participant 20)

"As I was left alone at home more, I started to cry frequently and experience depression" (Participant 1)

Subtheme 3. Stigmatization

The majority of nurses (n:14) stated that they hid the fact that they were nurses from the social environment. Additionally, some nurses (n:9) stated that people changed their ways when they saw them and felt uneasy while passing in front of their house. Some nurses (n:5) stated that they could not find anyone to care for their child during this period and that they did not want caregivers to enter their homes. It was observed that nurses experienced emotional moments while using these expressions about stigmatization, and some nurses had sad facial expressions while describing those moments.

A statement from this subtheme is as follows:

"People were passing by my house from as far away as they could". I was seeing them from the balcony, they were literally running away from me" (Participant 3)

Many times I witnessed my neighbors talking about me. They forbade their own children to play with my children. My children cried a lot" (Participant 5)

Theme 2. Behavioral problems

In this theme, some behavioral reactions experienced by the interviewed nurses during the pandemic are included. Behavioral reactions of nurses in this process were physical symptoms such as changes in hygiene habits due to fear of transmission of the virus, outward anger, tension, fatigue, some physical pain and sleep problems. In this theme, subthemes such as "change in hygiene habits", "expression of emotions" and "physical symptoms" were generated.

Subtheme 1. Change in hygiene habits

Almost all nurses stated that hygiene practices have increased exaggeratedly although they have decreased recently. In the statements of the nurses, it is seen that their cleaning habits have changed both at work and at home during this difficult period. Some of these habits were wearing layers of masks, staying away from contact as much as possible, desire to have shower constantly, washing food more, washing with vinegar water and gargling.

A statement about the changing hygiene habits of nurses is as follows:

"I cannot leave the hospital without taking a shower twice. In order to go home clean, I come to the hospital with a suitcase, wash myself, put on clean clothes, then go home, wash again and change clothes. I know it is not normal at all, but this is the situation" (Participant 21)

Subtheme 2. Expression of emotions

In this subtheme, the ways in which nurses direct their emotions towards themselves and outside such as anger, rage, tension, helplessness and impatience, were discussed. More than half of the nurses (n:19) stated that they expressed anger reactively as a result of decreased tolerance limits with the prolongation of the pandemic process, and therefore, they entered into some conflicts with themselves, their families and the workplace.

Some of these statements are as follows:

"You become more intolerant. For example, when I go home with that mentality while working at the hospital, I can be more aggressive towards my family and more stressed" (Participant 14)

"Patients generally wanted soup. There were soups they wanted from home and they were intubated and extinguished before they could drink them. That's why I couldn't cook soup at home for a long time" (Participant 12)

Subtheme 3. Physical symptoms

One of the subthemes that emerged at the end of the interviews was the physical symptoms that nurses mostly complained about during the pandemic period. Some of these physical symptoms expressed by the nurses were sleep problems due to the inability to meet basic needs especially at difficult working conditions, physical fatigue, drowsiness due to lack of oxygen under PPE, kidney pain due to drinking less water, back pain due to wearing overalls, recurrent headaches, facial scars due to mask use and etc.

"Our chronic pain also started. Kidney pain, back pain and a constant headache caused by stress. Because there is constant pressure on your nose, pulling it downwards, huge and permanent wounds..." (Participant 1)

Theme 3. An isolated life

All of the nurses (n:21) talked about the reasons and difficulties of their social lives, which were further limited by the nature of their profession. It is seen that situations such as living alone, having to stay in an isolated room at home, losing physical contact with their families, constantly wearing a mask and having to do social activities such as eating alone caused nurses to feel socially isolated.

"For example, I stayed away from my children. They stayed with their grandmother. I didn't see them for 3-4 months, because we were working so hard and because we were afraid. "The first four months were spent alone, we were completely separated and it was very difficult to stay there" (Participant 19)

"I lived alone for months, life was just like a zombie" (Participant 16)

Theme 4. Occupational changes

During the interview, it was observed that all of the nurses (n:21) emphasized the changes in their professional lives. Nurses especially talked about the changes in their working conditions and their feelings about the nursing profession during the pandemic process. It was also observed that they gave different emotional reactions (sometimes sad, sometimes angry tone of voice and facial expression, etc.), especially when describing their feelings about the profession.

"We tried to catch dozens of patients with less number of people. In this intense circulation, procedures also changed. We no longer know what we know. "We worked like wildfire in the first months" (Participant 6)

"So, I question the profession like this: While you support the patient, you suddenly face your own fears. "You can't be good enough, knowing that patients are constantly dying makes you tired" (Participant 1)

Subtheme 1. Changes/challenges in working environment

During the pandemic period, almost all nurses (n:21) stated that the biggest changes occurred in their working environment. Among the changes expressed, there were situations such as having to work without experience in the field (Covid clinics and intensive care units), frequent unit changes, uncertainty of working hours, difficulties working with PPE, short breaks, increase in workload and difficulty in getting used to new procedures.

Some statements are as follows:

"... you come into contact with it every day, you are exposed to difficulties every day, you struggle with everything alone" (Participant 20)

"I had more shifts, I worked a lot more. As I said, I'm very tired. Our working hours have increased a lot. Since we worked in the Covid intensive care unit, of course we had special clothes. It was very difficult to work in overalls. The processes were very long. "Our working hours were very long" (Participant 13)

Subtheme 2: I am alienated with my profession (working like "superman", being invisible like "casper")

Nurses stated that they experienced changes in their feelings about their profession due to the reasons such as changing challenging conditions in their working environments and the prolongation of the pandemic process. Some nurses (n: 2) stated that they wanted to move on to academia, some (n: 3) stated that they hated the profession, some (n: 3) stated that they did not want to see the hospital and patients, and some (n: 7) stated that their profession was worthless.

While only one nurse expressed positive feelings about the profession such as "*feeling heroic*", some nurses stated that they were expected to work like "Superman" and to be invisible like "Casper".

"I didn't want to come here. I don't want to see the hospital, and I still don't. If I had a chance to love my profession, Covid killed my willing to love my profession. I think I hate it. Still, I try to do my job as best I can. I try as hard as I can" (Participant 10)

"This pandemic made me question why I chose nursing in my 21st year. As a person who graduated from university with third place, got a master's degree and is devoted to nursing, I have serious doubts after 21 years. I ask why I am here" (Participant 21)

Theme 5. Coping strategies

In this theme, the coping strategies used by nurses during the pandemic are discussed. As seen in the subthemes, the coping strategies used by nurses vary.

Subtheme 1. Changing focus of attention

It seems that one of the methods used by the nurses in the study to cope with the difficult emotions and thoughts they experienced during the pandemic was to divert their attention. Approximately half of the nurses (n:12) stated to try coping with this process by talking on the phone for long hours, using social media or seeking social relationships during this period; and some nurses (n:12) stated to take up hobbies (gardening, growing flowers and vegetables, yoga/pilates, listening to music, reading books, etc.). Some statements of the nurses are as follows:

"I exercised during my free time and stayed at home. I often escaped into the nature during the most active and frantic periods of the pandemic. The best thing that I could do at this stage was to step my feet on the ground, release myself into nature and walk" (Participant 21)

Subtheme 2. Spiritual practices

Some nurses (n: 7) stated that they coped with prayer, a fatalistic approach, accepting what comes from God and turning to religious practices during this process. Some of the relevant statements were:

"...even while praying, I mention Covid from time to time. Normally that is not a word in my vocabulary but I say no one should get Covid, not even my family" (Participant 17)

".... It's more of a belief; in other words, I said it's something that comes from God as per my belief. That's why I motivated myself that way" (Participant 11)

Subtheme 3. Trying to affirm negative thoughts

Approximately one third of the interviewed nurses (n:6) stated that they felt better when they affirmed negative thoughts and judgments about the pandemic. It is noteworthy that they tried to activate positive thoughts by trying to stay away from social media and news about the pandemic, focusing on realistic thoughts about the virus, thinking that the pandemic would end, thinking that the vaccine would be effective, and etc.

Subtheme 4. Receiving professional support for mental health

Only one (n:1) of the nurses included in the interview stated that she received professional support.

"Honestly, I couldn't do much until I got psychological help. I tried to focus on myself a little, but it wasn't enough. I ate my heart out. Then, after getting help, I focused on myself a little bit. Now I've got my life organized" (Participant 10)

Subtheme 5. Re-meaning life

This subtheme is about how nurses' view of life has been affected by this difficult pandemic experience. Approximately half of the nurses (n:14) mentioned that their awareness such as appreciating what they had, being at peace with the current situation, the meaninglessness of getting upset about simple events occurred and that they were able to look at life from a different perspective.

Below are two statements:
"Before the pandemic, I was a little bit more angry, in fact, I was more angry and aggressive. When I saw the desperation of such people with the pandemic, I felt that I could lose my relatives very easily. I can say that I have calmed down a little and changed" (Participant 13)

"So the feeling of enjoying the moment started to become more dominant. Actually, I started to live life more consciously and gratefully" (Participant 2)

Table 1. Themes, subthemes and codes (n=21).

Themes	Subthemes	Codes
Theme 1. Emotional Problems	**Subtheme1.** Anxious suspense	Concerns regarding future Fear of death High death rates Losing acquaintances, fear of transmitting the disease Diagnosis of a colleague with COVID Worrying that the process will never end Uncertainties Thinking that it will be her/his turn one day
	Subtheme Living with stress, ıntense sadness and feeling of burnout	Frequent crying spells Sadness due to living far away from the family, craving Getting worried while thinking about patients continuously Frequently seen deaths in the working department Thinking that they can not heal the patients Inability to give psychological support to the patients Busy work schedule
	Subtheme 3. Stigmatization	Hiding that she/he is a nurse from social environment People changing their ways and moving away Feeling anxiety while passing in front of the house Inability to find someone to look after the children Mobbing from the environment- creating counter isolation
Theme 2. Behavioral Problems	**Subtheme 1.** Change in hygiene habits	A continuous desire to take shower Washing foods more often Wiping door arms and sockets on the walls Frequent use of bleach Using disinfectant Washing with vinegar water Wearing masks in layers
	Subtheme 2. Expression of emotions	Decrease in tolerance against the environment Decrease in patience Questioning why pandemics happened to her/him Feeling angry with herself/himself Outward anger Restlessness Crying spells
	Subtheme 3. Physical symptoms	Sleep problems Physical fatigue Experiencing a drowsiness due to lack of oxygen taken with PPE Feeling herself sick – COVID Kidney pain due to lack of drinking water Back pain due to sweating under PPE overalls Recurrent headaches Chest pain Scars and wounds due to mask use Deformation on facial region

Table 1 (Continue). Themes, subthemes and codes (n=21).

Themes	Subthemes	Codes
Theme 3. An Isolated Life		Living alone Lack of a social environment during the first year of professional life Craving Separate isolation measures at home Interruption of physical contact with the family Moving away from social environment
Theme 4. Occupational Changes	**Subtheme 1.** Changes/challenges in working environment	Extended time spent in COVID field Lack of experience (due to being new to the profession) Starting to turn monthly duty lists into weekly and daily lists Work uncertainties for tomorrow Difficulties in wearing PPE Adapting to new procedures (medications, tests) Increase in the number of patients per person Increase in workload
	Subtheme 2. I I am alienated with my occupation	Desire to transfer to academia Hating the occupation Not wanting to see the hospital and patients Thinking that the profession is worthless Feeling heroic
Theme 5. Coping Strategies	**Subtheme 1.** Changing focus of attention	Spending time on social media Taking up new hobbies Reading books Listening to music, playing a musical instrument Growing plants Exercising, performing pilates Walking in open air
	Subtheme 2. Spiritual practices	Praying Using religious rituals to relax Continuing previous spiritual practices Accepting what comes from God
	Subtheme 3. Trying to affirm negative thoughts	Desire to reawaken previous problems Writing and discarding stressors on paper Dreaming that there is no pandemic Decision not to watch news about the pandemic Moving away from social media
	Subtheme 4. Reveiving professional support for mental health	Receiving professional psychological support
	Subtheme 5. Re-meaning life	Appreciating what you have While you used to worry about simple things previously, you recognize that this is unnecessary currently Finding activities to do at home

DISCUSSION

The data obtained in this study, which was conducted to determine the psychosocial problems and coping methods experienced by nurses working in pandemic clinics, were discussed in line with the literature.

According to the data obtained as a result of the current study, it is seen that one of the most striking themes of nurses working in pandemic clinics is the theme of "emotional problems". It has been determined that almost all of the nurses have concerns and fears about the future such as the fear of contracting the disease and contagion, fear of death, fear of losing loved ones, and the uncertainty of the process and uncertainties in the treatment. In a study conducted by Yigit and Acikgoz (2021) in our country, 617 nurses were attained; and it was found that nurses had high levels of anxiety and fear of

death, and most of them (96.1%) were scared of infecting their families, and the majority (78.4%) were afraid of having themselves infected (Yigit & Acikgoz, 2021). In the same study, it was stated that nurses needed psychological support and nurses with children were affected by the pandemic process. When national and international studies in the literature were examined, it was seen that nurses' anxiety levels were at medium or high levels during the pandemic process (Lai et al., 2020; Bayulgen, Bayulgen, Yesil, & Akcan Turkseven, 2021; Saricam, 2020). In another study conducted in Italy, the risk perception and anxiety rate of healthcare professionals were found to be higher than the general population (Simone & Gnagnarella, 2020). The high contagiousness of the Covid 19 virus and its high mortality rate have caused healthcare professionals to experience more stress and anxiety (Sertoz et al., 2021). In the current study, almost all of the nurses stated that they experienced intense sadness at the beginning of the pandemic process, and approximately half of them experienced crying spells. However, it was observed that this sadness was replaced by a feeling of burnout as the process progressed. When studies in the literature were examined, it was concluded that burnout levels of healthcare workers were high before the Covid 19 period (Willard-Grace et al., 2019; Atkin at al., 2017). With the pandemic, burnout levels in healthcare workers have been evaluated in international studies and the level of burnout has been found to be increased (Denning et al., 2020; Wang et al., 2020). On the other hand, in some studies conducted in our country, the burnout level of healthcare professionals was found to be low (Gunduz Hosgor, Catak Tanyel, Cin, & Bozkurt, 2021). The fact that the pandemic increased along with the progress of our study suggests that the data might be related to the time of obtaining data from nurses and that it might have been coincided with different periods of the pandemic. There is a need to maintain well-being of healthcare professionals in order to effectively manage such pandemic processes and provide care for patients (Sertoz et al., 2021). New studies on nurses across Turkey are needed to reach more definitive results on this subject.

In this study, the majority of nurses stated that they hid the fact that they were nurses from the social environment. In addition, some nurses stated that people changed their ways when they saw them and felt uneasy while passing in front of their house. Moreover, some nurses stated that they could not find someone to care for their child during this period. Studies have shown that nurses are seen as potential virus carriers and are exposed to social exclusion by the society, causing nurses to be stigmatized, marginalized and to experience loneliness (Bana, 2020; Sertoz et al., 2021; Lai et al., 2020; Simone & Gnagnarella, 2020). Preventing nurses from using public transportation, removing them from their

apartments and forcing them out of their homes, acts of violence, naming the street where the Covid case was found as "Corona road" are among the stigmatizations, and in many countries including India, the USA and Australia, healthcare workers are beaten, threatened and they have been reported to have been kicked out of their homes (Sakhadeo, 2021; Bagcchi, 2020). It can be thought that this situation was caused by infodemic news in the media about healthcare workers spreading the virus (Bana, 2020). As the number of cases and death rates increased during the epidemic, frontline healthcare workers became more prone to social isolation, stigma and discrimination and were at higher risk of psychological problems. Even worse, it was reported that some healthcare workers working in non-Covid units discriminated their colleagues such as refusing to talk and refusing to eat in the same place (Xiong & Peng, 2020).

In the study, nurses reported to experience sleep problems and backache due to long working hours, drowsiness due to lack of oxygen with long-term use of PPE, kidney pain due to drinking less water, recurrent headaches, fatigue and scarring on the face due to mask use. When the previous studies were examined, it was found that nurses experienced physical symptoms such as muscle pain, sleep problems, tension, aggression and loss of appetite during the pandemic (Haresh & Brown, 2020; Kang, 2020). It is known that the sleep quality of healthcare workers has deteriorated with Covid 19 pandemic due to reasons such as increased workload of healthcare workers, work stress, frequent shifts and fear of infecting their families (Xiong & Peng, 2020). The most common sleep problems experienced are difficulty in falling asleep, decreased sleep duration, disruption in sleep patterns and nightmares (Haresh & Brown, 2020). It is also possible for nurses, who are in constant contact during the pandemic, to experience symptoms such as tension-type headaches, tachycardia, dyspnea, being on guard at all times and feeling like something is going to happen at any moment (Haresh & Brown, 2020). From this perspective, the physical symptoms expressed by the nurses in our study are similar to the literature.

In our study, it was concluded that all nurses were affected by social restrictions, they already lived an isolated life due to their profession and isolated themselves in a separate room due to the fear of infecting their families at home during Covid 19 pandemic. In a qualitative study conducted on healthcare workers including nurses, it was concluded that they isolated themselves even at home due to the fear of infecting their families with the virus, and to prevent this, they did not live in the same environment with their families but stayed in accommodation centers such as guesthouses and hotels during the pandemic (Firat et al., 2021). In addition, in the study by Cini et al. (2021), it was seen

that the society's idea that healthcare workers "spread infection" caused healthcare workers to be separated from society, stigmatized and experienced loneliness (Cini, Erdirenceleni, & Erturk, 2021).

According to the information obtained through the interviews with the nurses in the study, it was concluded that the working environments of the nurses changed during the pandemic period, and there were uncertainties regarding working hours and working frequency. It was stated by the nurses that they mostly had negative emotions and felt worthless during this uncertain working period, some did not want to see patients, some hated the profession and decided to transfer to the academia. At the same time, nurses' stress level increases when they work in environments where isolation measures must be kept at a high level and when they are assigned to areas that require field-specific knowledge and skills such as pandemic clinics and intensive care where they have not worked before or are not accustomed to (Lai et al., 2021). In a study conducted by De los Santos and Labrague (2021), the fear created by Covid 19 pandemic on nurses causes them to perceive job stress more in their working environments, to have a decreased job satisfaction, to experience mental problems, and to have an intense desire to quit job (De los Santos & Labrague, 2021). Psychological problems increase nurses' work stress and negatively affect nurses in the already busy and stressful hospital environment.

Based on the information obtained from the interviews with nurses in the study, it was concluded that nurses used different coping mechanisms when they were asked about their coping strategies during the pandemic process. The Covid 19 pandemic has caused nurses to worry more about their friends and family members, making them more stressed, anxious, and more prone to adopt negative coping strategies (Cui et al., 2019). It has been emphasized that family support is highly valued by nurses during these stressful times of Covid 19 (Cai et al, 2020). During this period, nurses suggested that talking to their loved ones via video chat, receiving social support or receiving individual therapy at least once during their shift might be effective in reducing their stress reactions. Another study reported that nurses used faith-based practices to cope with stress. According to this belief, they believe that the virus is created by a divine power and that it will not harm if God does not want it to be (Munawar &Choudhry, 2021). In our study, it was observed that some nurses used religious rituals such as praying to relax and tried to give a meaning to life again. In another study, it was found that nurses used psychological support as a strategy to cope with stress during the pandemic period (Bana, 2020). In our study, it was observed that only one of the nurses received professional support. Although our study gives similar results to the studies in the literature, psychological support studies in coping strategies appear to be insufficient.

In addition, The International Council of Nurses (ICN) has set the theme for 2020-2022 as "Nurses: A Leading Voice for Future Health Care"(ICN. 2020). In this context, it is very important for nurses to show the necessary sensitivity to improve the working conditions, physical and mental health of nurses.

Limitations and Strengths
The results of the study are limited only to the nurses included in the sample. In addition, the facts that nurses working in the institution worked in 24-hour shifts during the research, data could not be collected during working hours so as not to disrupt patient care and nurses did not want to spend longer periods of time in the hospital outside working hours, could be considered as a limitation of the research.

CONCLUSION
As a result of the assessment of data, a total of five main themes and subthemes for each theme were determined. It was observed that nurses had emotional and behavioral reactions during the pandemic process and they experienced physical health problems, difficulties at professional work and changes in their perception of the profession. In addition, they often applied to spiritual practices and practices aiding to give a meaning to life again to cope with these difficulties. It is recommended to create intervention programs to reduce nurses' psychosocial problems that may arise in difficult situations and to increase their psychological resilience.

Conflict of Interest
There is no conflict of interest between the authors.

Author Contributions
Plan, design: EGD; **Material, methods and data collection:** EGD, KS; **Data analysis and comments:** AK; **Writing and corrections:** EGD, AK.

Ethical Approval
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