



A Qualitative Research on the Challenges Faced by Healthcare Professionals During the Covid-19 Pandemic

COVID-19 Pandemisinde Sağlık Çalışanlarının Karşılaştıkları Güçlükler Üzerine Nitel Bir Araştırma

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Abstract: The COVID-19 pandemic is a deadly, never-before-seen epidemic that is spreading rapidly around the world. This epidemic affected the whole society, especially health workers, both physiologically and psychologically. In this context, our study aimed to examine the difficulties faced by our healthcare professionals working under difficult conditions during the Covid-19 pandemic. For this purpose, a semi-structured questionnaire was created and qualitative interviews were conducted with 8 health personnel. As a result of the study, it was determined that the factor that the participants experienced the most difficulty during the Covid-19 period was related to the changes in working conditions. It was revealed that these factors were followed by the psychological problems experienced by the participants in this period and the excessive workload.

Keywords: Workload, Burnout, Health-Care System.

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Öz: COVID-19 pandemisi, dünya çapında hızla yayılan, daha önce hiç görülmemeyen ölümcül bir salgındır. Bu salgın başta sağlık çalışanları olmak üzere tüm toplumu fizyolojik olarak etkilediği gibi psikolojik olarak da yakından etkilemiştir. Bu kapsamda çalışmamızda, Covid-19 pandemisi sürecinde zor şartlar altında çalışan sağlık çalışanlarımızın karşılaştıkları güçlükleri incelemek amaçlanmıştır. Bu amaçla yarı yapılandırılmış soru formu oluşturulmuş ve 8 sağlık personeli ile nitel görüşme gerçekleştirilmiştir. Çalışma sonucunda, Covid-19 döneminde katılımcıların en fazla zorluk yaşadıkları faktörün çalışma şartlarında yaşanan değişikliklerle ilgili olduğu tespit edilmiştir. Bu faktörleri bu dönemde katılımcıların yaşadıkları psikolojik problemlerin ve aşırı iş yoğunluğunun takip ettiği ortaya çıkmıştır.

Anahtar Kelimeler: İş Yükü, Tükenmişlik, Sağlık Sistemi.

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1. Introduction

The COVID-19 pandemic first appeared in December 2019 in Wuhan, China. Since that date, the epidemic has spread to more than 60 countries, causing 3.820.026 deaths. Despite the measures taken worldwide, the increase in the number of positive cases has accelerated the collapse of the health systems of European countries such as Italy and Spain (WHO, 2021).

The COVID-19 pandemic, which affects all countries of the world, has also affected Turkey's health system closely. When the data in Turkey were examined, it was determined that the first case was announced by the Ministry of Health on March 10, 2020, and the number of positive cases from this date until June 16, 2021 was 5,341,028 and the number of deaths was 48,879 (WHO, 2021).

From the day the first case was seen in Turkey until today, the pandemic process has been tried to be managed with restrictions such as quarantine, travel bans, closure of schools and universities and cancellation of public events (TÜSPE, 2020). Restrictions both in the world and in Turkey have affected individuals psychologically as well as physiologically (Twenge and Joiner, 2020).

The measures taken since the outbreak of the pandemic affect the daily lives of individuals and cause the individual to live with the fear of being exposed to a new epidemic that was previously unknown and of being infected at any time. This situation paved the way for the psychological effects on the individual (Daly, Sutin & Robinson, 2020; Holmes et al., 2020). One of these psychological effects is burnout.

Studies are known that occupational groups serving people face burnout more frequently (Kumar, 2007; Ndeti et al., 2008). One of these groups is healthcare professionals (Embriaco, Papazian, Kentish-Barnes, Pochard & Azoulay, 2007; Goldberg et al., 1996). It is necessary to examine the effect of burnout on healthcare workers at three levels: patient care, healthcare worker health and health system (West, Dyrbye & Shanafelt, 2018). In terms of patient care, it leads to problems such as poor quality of care, increased probability of medical errors, increased recovery time due to decreased employee satisfaction, and decreased patient satisfaction (West, Tan, Habermann, Sloan, & Shanafelt, 2009; Williams, Manwell, Konrad & Linzer, 2007). Considering the effect of burnout on health workers; West, Drybye, and Shanafelt summarized studies in the literature showing that burnout in physicians is associated with depression, substance use, and suicide. Studies on the impact of burnout on healthcare system have shown that burnout is an important risk factor for turnover (Shanafelt, Goh & Sinsky, 2017; Shanafelt, Sloan, Satele & Balch, 2011) and is associated with organizational sustainability, and low productivity (Shanafelt, Goh & Sinsky, 2017).

Burnout is the psychological distancing of a person from his / her job due to reasons such as the individual's inability to fulfill the requirements of his / her professional life, lack of motivation and excessive stress (Maslach and Goldberg, 1998). The most widely accepted definition of burnout is that it is a psychological condition that develops due to chronic stress in the workplace (Maslach et al., 2001). Maslach and Jackson (1981) stated that burnout has three dimensions: emotional exhaustion, depersonalization, and sense of accomplishment.

Emotional exhaustion from these dimensions refers to the inability of the individual's resources (psychological, physical) to meet the needs of the job, while depersonalization refers to the individual's service and emotional detachment from the people he / she provides. Finally, the sense of accomplishment refers to the feeling of satisfaction experienced by the individual with his or her work.

During the Covid-19 pandemic process, healthcare professionals have faced such an epidemic for the first time and have not received any previous training for this epidemic, causing uncertainty about how to approach the patient and how to protect themselves from this epidemic. This situation forces healthcare professionals to work under intense stress and causes healthcare professionals to experience emotional and physical burnout (Chen et al., 2020; Shih et al., 2007). Also, health of employees having to work in personal protective equipment to face an excessive

workload as well as problems with administrative and supervisory experience may lead to burnout (Zhao, 2020).

In general, low social support and workload have been found to be common risk factors for burnout in many studies (De Jonge, Janssen & Van Breukelen, 1996; Escriba-Agüir, Martín-Baena & Pérez-Hoyos, 2006; Williams et al., 1997). It is a known fact that the workload of a significant portion of healthcare workers has increased during the COVID-19 epidemic. In addition, some healthcare workers did not stay at home in order not to infect their families, and those who stayed in their homes created an isolated environment for themselves. This situation has caused the social support of healthcare workers to decrease or disappear altogether.

The COVID-19 pandemic period has significantly increased the workload and work stress of healthcare workers. For this reason, studies focusing on burnout are of great importance in order to accurately perceive the psychological state of healthcare professionals and to take necessary measures.

There are findings showing that having a child and being a nurse (compared to doctors) are associated with burnout (Çelmece & Menekay, 2020), emotional exhaustion and depersonalization are high in single nurses (Sayılan, Kulakaç & Uzun, 2020) in studies conducted in Turkey during the COVID period. On the other hand, the number of studies examining the period-specific factors that cause pressure on physicians and nurses during the COVID period is limited. One aim of the study is to contribute to the literature in this direction.

In this study, we aimed to obtain healthcare professionals' perceptions about difficulties, challenges and workload that may related to burnout.

2. Method

In our research, it was aimed to address the problems faced by healthcare professionals during the Covid-19 period and to examine the factors that may cause burnout. Since the focus of the study is the perceptions of health professionals, phenomenological method has been adopted.

There are three main reasons for choosing the phenomenological approach in this study. First, the phenomenological approach is an ideal method to understand the nature of events or situations and to evaluate the situation from the perspective of the participants (Norlyk and Harder, 2010). Secondly, the phenomenological approach is a frequently preferred method in qualitative research in the field of health (Norlyk and Harder, 2010; Rodriguez and Smith, 2018). Finally, some researchers state that the phenomenological approach is the method that should be preferred in order to examine the existing phenomena in detail (Creswell, 2013). Although burnout in health workers, which is the subject of this study, is a known phenomenon, a phenomenological approach was preferred to re-understand the factors affecting burnout in a new situation (pandemic).

In this context, a semi-structured interview form that addresses the problems experienced by healthcare professionals during this period was used. There are a limited number of studies in the literature that examine burnout in healthcare workers during Covid-19 using qualitative method.

Semi-structured interview technique was used in this study. In the interview, open-ended questions were asked to the participants about the factors that strain them, burnout, factors that increase their workload, what to do to reduce their workload, and psychosocial support programs.

In addition, verbal consent was obtained from the participant by informing that the interview would be recorded before the interview started. The interviews took place between November 2020 and January 2021, and each interview lasted an average of 30 minutes. Each interview was recorded and transcribed before analysis. Transcripts were not sent to the participants for feedback.

Qualitative data were analyzed using descriptive and thematic analysis through MAXQDA software. First, the audio recordings were repeatedly listened to and transcribed, and the MAXQDA software was used to encode the transcripts.

Descriptive coding and subcoding methods were chosen as the coding method. Descriptive coding is the summary of parts of qualitative data with a short expression (Saldana, 2013). Subcoding, on the other hand, is defined as the expression of data collected under general headings by dividing them into subclasses in order to express them in detail (Miles & Huberman, 1994 as cited in Saldana, 2013). In this study, the data were first grouped under the main headings they belong to using descriptive coding. Then, a second coding process was performed to create subcodes.

The data set was read separately by both researchers and coded by dividing them into themes and sub-themes. In the online meeting, the authors discussed the codes over the 10% code sample and then exchanged views on the subcategories and categories formed by the codes. After this stage, the codes were grouped into sub-categories and categories by the second author, and then thematic groups were formed. After the authors reviewed the sub-categories, categories and thematic groups through an online meeting, the results were presented to the opinion of two referees working in the field of psychology and health science. The results were finalized after the referee opinion.

The study was approved by the Balikesir University Scientific Research and Publication Ethics Committee (B2020-075). In addition, approval was obtained from the Ministry of Health of the Republic of Turkey (no. 2020-07-01T15_31_58). The study adheres to the ethical principles stated in the Declaration of Helsinki.

2.1. Participants

8 healthcare workers, including 4 physicians and 4 nurses (Table 1), were included in the study. The mean age was 36.88 and 3 of the participants were male.

Tablo 1:

Participant	Age	Gender	Occupation	Work place
1	48	Female	Physician	Family Medicine Unit
2	31	Female	Nurse	Pediatric intensive care
3	28	Female	Nurse	COVID Unit
4	36	Male	Physician	Family Medicine Unit
5	40	Female	Nurse	Gynecological oncology
6	33	Male	Physician	Gynecological diseases
7	49	Male	Physician	COVID Unit
8	30	Female	Nurse	COVID Unit

When determining the number of participants, two factors were taken into account: feasibility and method. In terms of feasibility, before the start of the study, it was decided to include optimum number of participants, considering the difficulty of reaching healthcare professionals during the pandemic period and the difficulties experienced by healthcare professionals in participating in the study due to their workload. Methodologically, the repetition of responses in qualitative studies is accepted as an indicator of saturation in terms of the number of participants. In this study, the data collection phase was terminated, as last two participants reported no new ideas or expressions about the subject.

Participants were selected by asking whether they had volunteered to participate in a 30 to 40 minute study at the end of another study. 9 out of 12 volunteers were contacted via e-mail. One participant stated that he could not participate in the study. For the reasons explained above, the data collection process was terminated after data was collected from 8 participants.

2.2. Interviews

All interviews were conducted over the Zoom application. The researchers (1 female, 1 male) conducted the interviews themselves. The interviews were conducted by the researcher at the appropriate time for the participants. Both researchers conducted four interviews each. One of the researchers is a faculty member of the psychology department and the other is a faculty member of the health science department. Although the qualitative work experience of the researchers is low, they have previously carried out different studies in psychology and health separately and jointly.

2.2.1. Interview Materials

Interview questions were reviewed by the research team and 5 referees (2 psychologists, 1 nurse, 1 health manager and 1 doctor). Interview questions in order to determine the factors affecting the burnout of the participants during the Covid-19 pandemic process, the problems faced by the participants were investigated.

Therefore, in order to explore the challenges they face during the Covid-19 period, the participants were asked "What are the most challenging factors for you during the pandemic process?", "Did you feel exhausted during the pandemic process?", "What did you feel and think during these periods?", "What do you think during these periods? What were the factors that increased your burden? What has changed in your life?" such questions were asked.

Finally, what measures to improve the burnout levels of the participants ("What measures should/should your individuals/state/administrators/colleagues take to reduce your burden?") and psychosocial support programs ("What should be done for psycho-social support programs to be beneficial?") Questions were asked as needed.

2.3. Procedure

At the beginning of the survey participants read the informed consent form and gave consent to join the study. A semi-structured interview form was used to collect information about burnout. The participants were asked whether they want to be a volunteer for an interview about burn-out of healthcare professionals. Qualitative interviews were conducted with the participants, who agreed to participate in our study.

3. Results

The majority of the participants ($f = 7$) talked about changes in working conditions when answering the question of factors that challenge them (eg., change of service, difficulties in using masks and equipment). In addition, psychological factors ($f = 5$) and increased workload ($f = 4$) were identified as two other important compelling factors (Table 2 for sample sentences).

Participants used expressions about psychological variables (eg sleep disturbance, exhaustion, anxiety) more frequently ($f = 7$) when answering the question about burnout. Another frequently used expression group related to burnout is about working conditions ($f = 4$). Finally, participants state that the risk of disease transmission to themselves and their families is an important cause of burnout.

When the participants were asked to identify the factors that increase their workload, a significant portion of the participants ($f = 7$) identified the lack of coordination (uncertainty of material procurement, referral system and other procedures) and administrative problems as the most important actors that increase their workload.

Healthcare professionals hold administrators, citizens and the state responsible for the measures to be taken to reduce their workload. Expectations from the administrators are gathered under the headings of more equitable regulation of the watch and shift system, increasing measures for material supply (especially protective equipment), and increasing measures to eliminate coordination problems. Expectations from citizens mostly include prevent violence against healthcare workers and compliance with mask and social isolation rules. Finally, the expectations from the state are regulating the working conditions of healthcare workers with children, making the necessary arrangements in personal rights such as annual leave, resignation and salary (eg not abolishing the annual leave rights of healthcare workers).

Participants finally expressed their views on intervention programs for healthcare workers. Only two of the participants stated that there are such intervention programs. Five participants stated that such intervention programs should exist but they did not exist. Participants stated that possible intervention programs should be structured in a way to provide practical solutions to problems related to working

conditions together with psychological support, and that practitioners should be competent and equipped to take an active role for solutions.

Table 2: Problems Faced by Healthcare Professionals during Covid-19

Challenging factors	f	fp	Sample Statements
Working conditions	22	7	P7: Our working order has changed. We started to work in branches other than our own. We worked with a different system with a higher workforce.
Social Isolation	4	2	P1: I can't go home. I'm afraid I will infect my mother and my father. I live in the apartment myself.
Contamination risk	6	2	P1: I can't go home. I'm afraid I will infect my mother and my father. I live in the apartment myself.
Psychological	6	5	P7: We felt a lot of anxiety. We felt the ups and downs.
Workload	8	4	P7: Our shifts increased.
Burnout			
Working conditions	11	4	P8: Working with gowns, masks and glasses was tiring.
Resignation and annual leave	4	3	P5: My annual leave was canceled.
Contamination	7	4	P7: We felt the fear of facing the risk of contagion at any moment.
Interpersonal relations	8	3	P2: The period of wearing masks was the most difficult. We had a lot of fights to get patients to wear masks.
Psychological	22	8	P4: I don't have a regular life. I have no foresight about the future.
Factors that increase workload			
Psychological-uncertainty	3	2	P5: Since no one knows anything about the new pandemic, I did worried about how I would treat the patient.
Hygiene	2	2	P6: Obligation to work with personal protective equipment without stretching the working order.
Social isolation	9	5	P5: The perception that Covid is transmitted by healthcare professionals should be eliminated. We couldn't get on the elevator, we were disgraced by no one looking after our child.
Administrative, lack of coordination	17	7	P8: Executives could have been more helpful in acquiring equipment. They could have helped reduce the number of patients.
Working conditions	9	5	P7: Our working order has changed. We started to work in branches other than our own.
Communication with patient and patients' relatives	4	4	P4: Patients can be more courteous to health care professionals who want to help them.
Increased workload	10	6	P4: The pandemic itself was a challenge, additional assignments, having to make calls even on the weekend. Calling people over the age of 65 one by one and telling them not to leave the house. We did not get a diploma to call the person over the age of 65 by phone. We brought medicine to the homes of the patients.
Suggestions to decrease workload			
Citizens	17	7	P4: Compliance with the rules, support shown to healthcare professionals should not only be applauded, let them show this with their actions.
Government	19	6	P5: They can adjust the salary. They can make additional payments. Those who do not wear masks should be sanctioned.
Colleagues	5	5	P3: If everyone fulfills their responsibilities, it's fine.
Working conditions	4	1	P3: The fact that we do not have the opportunity to offer any of the facilities provided in the intensive care unit, and we have to use a mobile ventilator.
Administrative	21	8	P8: Their administrators could have been more helpful in obtaining equipment. They could assist in reducing the number of patients.
Psycho-social support programs			

Features of programs	6	4	P1: It would be better if it was out of business hours. The seizures are already intense. I don't think it will be a burden if it will be useful for him.
Program staff	3	3	P1: If people who are knowledgeable in their field -such as psychologists and social workers- would do it, I would participate.
Program existence	8	7	P8: There was no pschological report. P7: We did not receive any support.
f: Frequency of codes, fp:frequency of participants who expressed the code.			

4. Discussion

In our study, changes in working conditions due to mask and equipment use, changes in working hours and workload, and psychological factors were stated as the most challenging situations by the participants. When the participants were asked about the factors causing burnout, all of the participants mentioned at least one psychological factor; sleep disturbance, depression, hopelessness, anxiety about illness and disease and infecting family. Considering that burnout is related to other psychological factors, these results are also compatible with the previous literature (Barello, Palamanghi & Graffigna, 2020; Lasalvia et al., 2021; Pappa, Barnett, Berges & Sakkas, 2021).

When the factors that increase the workload are evaluated, a significant part of the participants stated the lack of coordination as a factor that increases the workload. This finding is consistent with the literature (Giusti, 2020; Manzano Garcio & Ayala Calvo, 2020; Matsuo, 2020). In this question, the participants defined the use of masks and equipment as a factor that increases their workload. Most of all, social isolation in the work environment has been identified by some participants as a factor increasing the workload. Particularly, the participants, who are doctors, stated that they had difficulties in the examination of the patient, and that examination by following the mask and distance rules made diagnosis difficult and effective communication with the patient.

When health workers are asked about the measures to be taken to reduce their workload, the most common answer includes the responsibilities of the administrators. The participants stated that the administrators are insufficient in matters such as the distribution of tasks, determining the duty lists, and taking measures to eliminate the uncertainty about the process, and that making the necessary corrections will significantly reduce their workload. Some participants stated that there were problems about how to distribute masks, equipment or how to transfer patients in the first 6 months of the pandemic, but these problems were resolved in the later stages of the pandemic. Health workers stated that after the administrators, the citizens will help them most in their workload. Expectations from citizens in this regard include giving up verbal and physical violence towards healthcare workers, complying with mask, distance and general hygiene rules, avoiding actions that may occupy the system in order not to strain the healthcare system, adapting to the quarantine process and helping the filiation teams. Violence against healthcare professionals is a serious social problem in our country, and it shows its effects in different ways during the Covid-19 pandemic period. This is a serious problem that puts health workers in a difficult situation and leads them to resignation. It is obvious that the measures to be taken in this regard will serve to ensure a more positive working environment for healthcare professionals. Finally, they stated that during the pandemic period, problems such as leave prohibition, resignation ban and insufficient personal rights should be resolved by the state.

Finally, the participants were asked for their opinions on the psycho-social support programs planned to be organized. While some of the health workers stated that psycho-social support is provided by the state, some of them stated that such programs only serve citizens. A significant portion of the healthcare professionals stated that these programs would be beneficial under certain conditions. In the examination, it was concluded that such programs are managed by provincial health directorates (Istanbul Provincial Health Directorate, 2021), that is, they are structured depending on local planning, therefore access to programs is not equal for every region. In addition to these, there are programs that operate on a national basis (Turkish Psychiatric Association, 2020). Despite the existence of all these programs, it is clear that there is a lack of coordination in announcing the programs to health workers. The expectations of

healthcare professionals regarding the programs may also differ. While some of the participants want these programs to have a configuration that aims to identify and solve problems in practice, some suggest focusing on psychological resilience. As a result, when it is considered that psychological resilience and support programs are a factor that reduces burnout or other psychological disorders in health workers and the general population, it is imperative that studies to be developed on this subject are carried out more widely and in a coordinated manner, at least for the next periods.

4.1. Limitations

One of the limitations of this study is that it does not include gender comparison. One of the reasons for this is that the sample size and demographic characteristics do not allow a healthy gender comparison. Another reason is that the findings of studies conducted in Turkey during the COVID period have some inconsistencies in this regard. For example, Çelmece and Menekay (2020) reported that there was no difference between genders in terms of burnout. On the other hand, Sayılan, Kulakaç, and Uzun (2020) reported that male nurses had higher emotional burnout and female nurses had lower personal achievement. Murat, Köse, and Savaşer (2021), on the other hand, stated that there was a difference against men only in terms of emotional exhaustion. Due to the limited participants and the demographic structure of the participants, this controversial issue was not addressed in this study.

As explained in method section, although the number of participants in the study was determined based on methodological rules and situational limitations, it made it impossible to address issues such as gender, physician-nurse or study area differences. Conducting future studies with larger samples will make it possible to eliminate the deficiencies in these subjects.

The qualitative method is a form of research in which the researcher is more involved in the process (forming the questions, interviews, and coding) than the quantitative method. Although expert opinion is taken for the questions and the coding processes, the lack of qualitative method experience of the researchers should be taken into account when evaluating the research findings.

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