

A QUALITATIVE RESEARCH ON THE EXPERIENCES OF DENTISTS WORKING IN THE COVID-19 PANDEMIC

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ABSTRACT

This study aims to analyze the working conditions, income and social security levels, work accident or occupational disease and working motivation of dentists during the Covid-19 Pandemic. For this purpose, interviews were conducted with 21 dentists working in Istanbul during the Pandemic, using semi-structured interview technique. 38% of the participants say that they work compulsorily during the pandemic process, and 33.3% say that their motivation to work is to earn income. According to 66.6% of the participants, the most difficult part of working during the pandemic is wearing a mask and visor. 71.5% of the participants have mental problems due to the anxiety of infecting their relatives. 38% of the participants state that they are ostracized by their friends or relatives because of the risk of infecting others. 19% of the participants were exposed to discrimination by their managers because they took unpaid leave during the Covid-19 Pandemic.

Keywords: Covid-19 Pandemic, Dentistry, Working Conditions, Work Motivation.

JEL Codes: J80, J81, J28, J31, J21.

1. INTRODUCTION

Throughout history, the local or global spread of a disease has been discussed and the transition to settled life has been accepted as the beginning of epidemics. With the settled life, people started to live together in larger groups and therefore interacted more with each other. Global epidemics have occurred at certain intervals since the periods when this interaction increased. (Dobson ve Carper, 1996, s. 117).

Infectious epidemics have had lasting effects on societies. These epidemics shaped the economic, political and social aspects of civilization and their effects lasted for years. While the epidemics negatively affected social and economic relations, on the other hand, it led to the development of modern medicine by pushing the scientific community to develop principles of epidemiology, prevention, immunization and antimicrobial treatment. (Huremović, 2019, ss. 7-8).

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The local or global occurrence of a contagious epidemic or the rate of increase creates the need to define it differently. For this reason, the World Health Organization (WHO) considers an unexpected increase in disease cases in a certain geographical area as an epidemic. Yellow fever, smallpox and measles are prime examples of epidemics. However, epidemics may refer to a disease or certain health-related behaviors (smoking, etc.) that are clearly above the expected occurrence in a community or region. When the WHO recognizes that the rate of growth of a disease is exponential, it declares it a pandemic. This means that the rate of growth is increasing rapidly and the cases are increasing more than the previous day every day. In other words, it means that a virus covers a large area affecting many countries and populations. (Columbia Public Health, t.y.).

While the discussions on whether the Covid virus, which broke out in Wuhan, China in 2019 and then spread rapidly all over the world, continue to be considered a pandemic, the World Health Organization (WHO), established under the United Nations, declared the process a pandemic on March 11, 2020. WHO also stated that much larger numbers should be expected in the number of patients and deaths in the future, taking into account the spread of this process and the effects it has had so far. On March 11, there were 118 thousand cases and 4291 deaths from the virus, which spread to 114 countries around the world. (WHO, t.y.-a).

According to WHO data, as of May 2023, there are 765 million reported patients globally; It has been reported that 6.9 million people died due to Covid 19. Apart from this, according to WHO data, 13 billion Covid 19 vaccines have been administered to approximately 5 billion people worldwide. (WHO, t.y.-b). The main reason why the number of vaccines is higher than the world population is the calculation of the protection of the vaccine as 6 months and the reminder dose application of some countries in order to prevent the spread of the epidemic.

In Turkey, while the first Covid 19 case was seen on March 10, 2020, the cases increased at an exponential rate in the future. According to the data of the Ministry of Health, as of November 2022, the total number of cases was 17 million, while the total number of deaths was announced as 101 thousand. In the vaccination process in Turkey, approximately 58 million people received 1 dose, 53 million people received 2 doses, and 28 million people received 3 doses. (T.C. Sağlık Bakanlığı, t.y.).

The exponential growth rate seen in cases has led to strict measures being taken all over the world. With Covid 19, concepts such as contamination, quarantine, filtration team, social distance, curfew, full / partial closure, etc. have begun to enter the literature. Since the spread of the pandemic differs according to the location of the countries, the measures taken sometimes differed. While a curfew was implemented in some countries, a controlled liberalization policy was implemented in others.

In the periods when the rate of Covid-19 transmission peaks and vaccination has not yet started, countries closed their borders one by one; has imposed a flight ban on some countries. The European Commission has initiated a practice that prohibits non-emergency travels for 30 days in order to reduce

the rate of transmission. This ban, which started temporarily, quickly became a method used by other countries. On March 23, 2020, the British Ministry of Foreign Affairs issued a circular recommending that its citizens abroad return to the country before their flights are cancelled. Because the flight ban, which was planned to be short-term, continued until the next order. (Wilson, 2020).

Turkey, on the other hand, has started to take steps to restrict collective activities, taking into account the spread of the pandemic. For this reason, with the decision of the Ministry of National Education, it has been announced that primary, secondary and high school schools will continue their education activities remotely as of March 23, after a week's holiday as of March 16, 2020. (MEB, t.y.). With the Ministry of Internal Affairs circular published on March 21, 2020, restaurants, restaurants, cafes, etc., are prohibited from serving other than package service until the next order. (İçişleri Bakanlığı, 2020). On March 28, 2020, with the circular of the Ministry of Interior, inter-provincial bus travel was subject to the permission of the Governor's Office. For this reason, those who do not have a valid permit are prohibited from traveling. (İçişleri Bakanlığı, t.y.-a). On April 4, 2020, exit from 30 metropolitan provinces was temporarily suspended for 15 days. Apart from this, children and citizens over the age of 65 are temporarily prohibited from going out. (İçişleri Bakanlığı, t.y.-b). Known as weekend bans is not a solution; partial curfews have started until 24:00 on Friday and 24:00 on Sunday.

While social and cultural life came to a standstill, disruptions began to occur in the functioning of health institutions. When these disruptions caused some hospitals to postpone non-emergency surgeries, the Ministry of Health requested the postponement of non-emergency surgeries and appointments in a letter sent to hospitals. (Sağlık Bakanlığı, t.y.).

Respiratory transmission of the Covid-19 virus has caused dental professionals and working environments to be reconsidered. According to the measures published within this scope, pregnant women and people over 65 years of age with chronic diseases are prohibited from working in dental clinics. In addition, a series of measures were listed, such as postponing non-emergency treatments, not taking an accompanying person except for emergencies, and prohibiting entering the clinics without a mask. (Yener, t.y.).

With the *Normalization Regulation* published by the Ministry of Interior in June 2021, it was decided to apply the curfews on weekdays from 22:00 to 05:00 on weekends. (İçişleri Bakanlığı, 2021). While the measures were gradually reduced in the following process, the Presidential Circular of April 2022 and the Covid Circular were abolished and normalization was completed. (Resmi Gazete, 2022).

While the World Health Organization declared that the Covid virus is no longer a global health problem and has lost its global pandemic feature on May 5, 2023, it also removed the international emergency code of the disease. (WHO, 2023). Health systems all over the world are trying to deal with general health services on the one hand and trying to fight the Covid-19 pandemic on the other. Although the intensive and general care rooms of the hospitals were working at full capacity during the peak

periods of virus transmission, health services were disrupted. Compensation for these disruptions has been tried to be solved with the superior effort of health workers.

This study analyzes the working conditions, income levels, job security, work accident and occupational disease, motivation to work in the Covid 19 pandemic and the difficulties they experienced during the pandemic process. For this purpose, face-to-face semi-structured interviews were conducted with 21 people. Later, these interviews were transcribed in notes and analyzed in depth and the findings were analyzed.

2. LITERATURE

The common point of the studies on dentists working during the Covid-19 Pandemic period is that dentists work under high stress. According to the study of Owen et al., the Covid-19 pandemic has had profound effects on both the working life and social life of dentists (Owen, Seddon, Clarke, Bysouth ve Johnson, 2022, s. 44). Plessas et al. state that the Covid-19 pandemic has caused emotional problems for dentists due to harsh environmental conditions (Plessas ve diğerleri, 2021, s. 1). While dentists were using protective equipment such as masks before the pandemic, they had to work with heavy protective equipment such as N95 with the pandemic (Coulthard, 2020, s. 505).

The inability to find a cure for the disease caused by Covid-19 has led to the closure of some private clinics. Especially in the early days of the pandemic, non-emergency treatment services have been temporarily suspended in many countries (Ahmed ve diğerleri, 2020, s. 5). The closure of some clinics or the reduction of working hours caused income concerns among dentists (Coulthard, 2020, s. 504).

3. METHOD

Qualitative research methods gives a broader and deeper insights into real world issues. While quantitative research collects numerical data points, qualitative methods generates hypothesis and allow further investigations on the issue itself (Tenny, Brannan ve Brannan, 2022). In this study, to analyze real world issues such Covid-19 pandemic, qualitative research method has been used to elaborate the issue.

17 of the interviews out of 21 were conducted face-to-face, and 4 of them were conducted remotely due to the fact that the participants were abroad/out of the city. %38 of Participants indicate that they cannot express themselves comfortably at work and they insisted on those interviews be held outside of the workplace. The questions asked in the interviews made in the form of semi-structured interviews consist of the demographic characteristics of dentists, working conditions, social security status, history of work accident or occupational disease, motivation to work in the Covid 19 pandemic, and experiences related to discrimination.

3.1. Validity and Reliability of the Research

The questions of the research, whose conceptual framework was created as a result of the literature review, are completely based on the literature review. The questions of the research, which was carried out in the form of semi-structured interviews, were renewed in line with the opinions of two different experts. The questions created in line with the opinions of the experts were directed to the participants during the semi-structured interview process and their answers were recorded with audio recordings. Since 2 participants did not want to be audio recorded, the interview was completed by only taking notes in the interview with them. The transcripts of the audio-recorded interviews were sent to the participants and included in the analysis process by obtaining their consent.

Note: Ethics Committee Permission Approval of the study was received with the letter of the Dean of the Faculty of Economics and Administrative Sciences of Kırklareli University, dated 30.01.2023 and numbered E-66786969-929-76859.

3.2. Limitations of the Research

Conducting the research with dentists working in Istanbul during the Covid-19 pandemic is the first limitation of this study. It should be noted that a similar study to be conducted at a different time and place may yield different results.

3.3. Research Questions

Dentists, who play a vital role in managing oral diseases and providing optional care, have a very important career towards the end of their working life. (Salazar, Sipiyyaruk, White ve Gallagher, 2019, s. 127). The career path, which is very difficult especially in the first years of the profession, does not have a constantly rising feature. Based on this, the following research question was formed.

A1: What are the working conditions of dentists? What are the weekly and daily working hours?

Studies conducted with dentists conclude that people with higher incomes have a higher level of happiness. (Sharma ve diğerleri, 2021, s. 8). However, finding a secure job, especially in the first years of their working life, is important for the health and happiness of dentists. (Gallagher, Colonio-Salazar ve White, 2021, s. 6). Based on this, the following research question was formed.

A2: What is the wage and social security level in the sector? How is the right to paid leave determined in the sector?

Stress and burnout are common in dentists who look after patients all day, usually in a small area. Research on the source of stress experienced by dentists highlights patient dissatisfaction and the fear of making mistakes. (Collin, Toon, O'Selmo, Reynolds ve Whitehead, 2019, s. 43). Based on this, the following research question was formed

A3: What are the most common problems in the industry? What are the most common occupational accidents and diseases in the sector?

Motivation sources for working in a profession such as dentistry with very stressful and challenging working conditions can vary. So much so that sometimes even the gratitude and positive feedback of recovered patients motivates working in this industry. (Plessas ve diğerleri, 2021, s. 3). Based on this, the following research question was formed

A4: What are the motivations that make working / not working during the covid 19 process? What is the most difficult aspect of working and the biggest concern in the Covid pandemic?

It is possible to say that there is discrimination in the dentistry profession as in every sector. So much so that during the pandemic process, it has been seen that M and L size materials are generally supplied without paying attention to gender discrimination in masks and gloves sent to hospitals. Considering that the majority of the employees are women, even during the Covid process, this distinction has been against working female dentists. (Owen ve diğerleri, 2022, s. 51). Based on this, the following research question was formed

A5: Are dentists exposed to any form of discrimination? Have they been discriminated against during the Covid 19 process?

3.4. Findings and Discussion

After the interviews, the demographic profiles of the participants were created as in Table 1.

Table 1. Demographic Characteristics of Participants

Dentist (Dt)	Gender	Educational S.	Marital S.	Age-Length of Service
Dt1	Man	Graduate	Married	27-3
Dt2	Woman	Graduate	Single	25-3
Dt3	Woman	Graduate	Married	30-6
Dt4	Man	Graduate	Single	25-3
Dt5	Woman	Graduate	Single	29-5
Dt6	Woman	Graduate	Married	30- 5
Dt7	Woman	Graduate	Single	30-9
Dt8	Man	Graduate	Single	26-3,5
Dt9	Woman	Graduate	Single	40- 16
Dt10	Woman	Graduate	Single	24-2
Dt11	Man	Graduate	Single	26-5
Dt12	Woman	PhD	Married	30-6
Dt13	Woman	Graduate	Married	33-10
Dt14	Man	Graduate	Married	33-10
Dt15	Woman	PhD	Single	32-8
Dt16	Woman	Graduate	Married	31-8
Dt17	Woman	Graduate	Single	30-7
Dt18	Woman	PhD	Single	30-7
Dt19	Man	PhD	Single	31-8
Dt20	Man	PhD	Married	30-7
Dt21	Man	PhD	Married	44-20

Considering the gender and age of the participants, 62% are female and 38% are male. When the age and seniority of the participants are taken into account, 28.5% are in the age group of 24-27, 38% are in the age group of 28-30, and 33.3% are in the age group of 31 and over. Considering their seniority, 23% of the participants have 1-3.5 years, 23.8% 4-6.5 years, 33.3% 7-9.5%, and 19% 10 years or more.

3.5. Findings on Research Question A1

The data regarding the working types and working hours of the participants are given in Table 2. The data in the table are categorized according to the answers given by the participants.

Table 2. Data on Working Type and Hours

Work Type	Percentage	Person
Full Time	%100	21
Part Time	%0	0
Total	%100	21
Weekly Working Hours		
20-30 Hours		0
30-39 Hours	%4.7	1
40-49 Hours	%71.4	15
50-59 Hours	%23.8	5
60 and more Hours	%0	0
Total	%100	21

While all the participants state that they work full-time, about 71.4% of them say they work 40-49 hours a week, 23.8% say they work 50-59 hours a week, and about 5% of them work 30-39 hours a week.

3.6. Findings on Research Question A2

The data on the social security level, the right to paid leave and the average monthly income of the participants are categorized in Table 3 according to the answers given by the participants.

Table 3. Information on Wages and Social Security

Type and Level of Social Security	Percentage	Person
At minimum level	%47.6	10
As my wage level	%52.3	11
Total	%100	21
Right to paid leave		
Yes	%90.5	19
No	%9.5	2
Total	%100	21
Average Monthly Income		
8500-12000 TL	%4.7	1
12001-17000 TL	%4.7	1
17001-21000 TL	%33.3	7
21001-25000 TL	%28.5	6
25000 TL ve Üstü	%28.5	6
Total	%100	21

Considering the social security type and paid leave right of the participants, 100% of the participants state that they have social security and 52.3% of them state that they have insurance premiums equal to their income. 47.6% of the participants stated that social security premiums were paid over a minimum amount; states that they receive a significant portion of their wages unofficially. Some of the participants stated that they had difficulty in obtaining loans due to this situation, while others stated that their retirement life would be difficult. Private clinic employees, who earn an average of 30% from patient treatment fees, state that their social security premiums are paid slightly above the minimum wage and that they receive the rest of their salaries by hand. This method appears to be common.

“It is not fully paid on the minimum wage, but on a determined wage. Income varies a lot, as work is a percentage in the industry. Since it is difficult to deposit according to the direct amount... I get 30% premium, experts usually get 40%.” (Dt3)

“I think it is a big problem that the money is taken from the hand and the insurance pays a separate amount. After all, we will retire and the money we will receive will be very funny money. It is not possible to solve this premium issue without government support.” (Dt6)

“Yes, my social security premium is about 10000 TL, but I earn an average of 40000-45000 TL per month.” (Dt17)

“In other words, the minimum income and official income were not the same, we took the remaining part by hand.” (Dt19)

“Unfortunately, only minimum wage is paid. When taking a loan, it comes up in the bank and everything. I am changing jobs now and from now on, the premium will be paid as much as the salary I earn.” (Dt21)

9.5% of the participants are from **Bağkur** and; therefore, states that they pay the social security premiums themselves and that they do not have the right to paid leave.

“I have Bağkur, which I pay myself because I work in practice conditions.” (Dt7)

Considering the wages earned by the participants; 4.7% of them earn 8500-12000TL, 4.7% 12001-17000TL, 33.3% 17001-21000TL, 28.5% 21001-25000TL, 28.5% 25000 TL and above.

3.7. Findings on Research Question A3

The data on the most common problems in the sector, work accident and occupational disease are given in Table 4. The data in Table 4 were categorized according to the answers given by the participants.

Table 1. Information on Problems Encountered in the Sector and Occupational Accident-Occupational Disease

The most common problems which encountered in the sector	%	Person
Patients not listening to warnings before and after treatment-Communication Problem	%61.9	13
Underpayment of premiums by showing low income by the employers	%14.2	3
Patients not reporting their illness	%4.7	1
Lack of appreciation - Taking care of too many patients (State)	%9.5	2
Unethical treatment	%4.7	1
Patient Density	%4.7	1
Total	%100	21
Occupational accident – occupational disease		
Back-Waist-Neck discomfort	%61.9	13
Injector injuries- Bleash splashes on the face	%42.8	9
Mental Disorders		
Evet	%71.4	15
Hayır	%28.5	6
Toplam	%100	21

When the data in Table 4 are examined, 61.9% of dentists see that the biggest problem of the sector is communication with patients or patients not listening to treatment or warnings. Many dentists state that patients diagnose themselves with the information they scan on the internet, and therefore they have difficulty convincing patients. 14.2% of the participants, on the other hand, consider the underpayment of premiums as the most important problem of the sector due to hand payment.

“My biggest problem is communication with patients. With those who look through Google. I think it has something to do with the level of social education. If I work in a different region, maybe I will not encounter such a thing. I'm having trouble communicating” (Dt4)

“The biggest problem, in my opinion, is the lack of dialogue. Patients come with their own diagnosis. The fact that we recommend it to me or our physician friends, although there is no need for anything that is not usually in their mouth, which will cost them additional costs. So thinking like that There's a feeling that they're constantly scamming them. The solution to this is that the dentists' room determines a certain price and these prices are determined according to the regions....” (Dt7)

“The compliant patient is really hard, because everyone has extreme phobia, it is difficult to deal with people in general... The coward patient or the patient who knows everything.” (Dt17)

“In general, there can be communication problems with patients, that's the way I encounter them most.” (Dt18)

Employees in government institutions state that the biggest problem is not giving importance to quality, not being appreciated by the management, or taking care of a large number of patients.

“If we look at it as a state, the most problem with us is not the quality you do, but the number you make. Nobody cares about the quality of your work. They look at whether the patient is happy, but whether the patient is happy is such a relative thing... The patient votes for you. How many fillings did you make in a day, how many shots did you take in the system, but whether these shots were difficult or easy, nobody cares.” (Dt12)

“Patient frequency, we see patients very often. In other words, every 10 minutes or every 20 minutes, I see an average of 23 patients a day. We take care for MHRS patients, patient who has an appointment..” (Dt15)

Communicating the pricing of the treatments performed by the dentists to the patients; causes a deterioration in the relationship between the patient and the doctor. In fact, the fact that dentists determine the fees for the procedures performed causes the patient-doctor relationship to turn into a seller-buyer relationship.

“Since we deal with a lot of people and I do the first examinations, I give the really cheap price. The places where my friends work are asking for double the price. She comes ill and says that my husband left me from the very beginning or I work for minimum wage and says I have 4 children. The last patient came 4 times, I almost cried when he came last. I don't like the thing, for example, medical doctors don't negotiate with patients.” (Dt9)

When the data of the participants on work accidents and occupational diseases are examined, it is seen that approximately 62% of them suffer from at least one of the low back pain, back pain, neck flattening or carpal tunnel syndromes. This shows that dentists are more likely to develop physical occupational diseases. On the other hand, when the answers to work accidents are examined; 42.8% of the participants stated that the injector injuries or the cleaning liquid (bleach) gets into the eyes, etc. states that he experienced at least one of the accidents.

“I have an occupational disease. I have a cyst on my hand, it comes out after difficult patients, my back always hurts and my Achilles tendon is inflamed ...” (Dt17)

“I mean, we didn't have a serious accident, thankfully, but I don't usually use a visor, so small things like this can escape from time to time.” (Dt1)

“As a prosthetist, we use tools that rotate with 450 thousand revolutions, we use burs. These burs can sometimes slip and cut our hands or injector injuries. Happened to me too.” (Dt11)

“Bleach, which is one of the chemicals we use during treatment, can sometimes get into our eyes. But this is due to the fact that we use incomplete equipment.” (Dt16)

“Since dentists operate in a small area, disease can be seen especially in the neck and back. In addition, infectious diseases. Those who are respiratory, and those through the blood, which we call hepatitis, cause trouble. We generally take anamnesis from patients, but some patients are unaware of their illness or deliberately hide it. When the injections touch any part of us, we may experience illness.” (Dt3)

Apart from this, 71.4% of the participants state that they have a stress-related mental disorder. Particularly intensive work and communication problems with patients are the source of mental disorders.

“Mentally, yes, because it is a profession that can lead to depression and because of the long working hours, there can be a mental breakdown. But then people recover..” (Dt1)

“Employees or patients? All of the patients have mental problems and they are on the way to drive the employees crazy. When I started my job, I was working very fondly, let's be ethical to everyone, now you go crazy after a while, yes, the mental problem starts after a while. “ (Dt8)

“We have an occupational physician, and I'm saying this because we've thought about it before, I wish we had a psychologist at the workplace instead.” (Dt4)

“Of course, the stress factor is a stressful part because we have a responsibility to the patient, but I don't think it left permanent damage or if I would have been diagnosed psychologically.” (Dt18)

“I can say patient density. ...” (Dt20)

“Mentally, dentists have fears of not being able to find a job because there are actually too many dentists.” (Dt21)

3.8. Findings on Research Question A4

The data on the motivation of the participants to work during the Covid-19 process, the anxiety felt at work and the difficulty of working are given in Table 5. The table is categorized according to the answers given by the participants.

Table 5. Challenges and Motivation to Work in the Covid-19 Pandemic

Motivation to work in Covid-19	Percentage	Person
Income	%33.3	7
Obligation	%38	8
Social Satisfaction - Participation in the social environment	%19	4
It was not hard	%9.5	2
Total	%100	21
Difficult aspects of working in the Covid-19 pandemic		
Excessive number of patients	%19	4
being away from family	%4.7	1
Having to work when no one is working	%9.5	2
Wearing protective equipment such as masks, visors, aprons, etc.	%66.6	14
Total	%100	21
Illnesses due to Covid-19 pandemic		

- Psychological		
Yes	%71.5	15
No	%28.5	6
- Physically		
Yes	%14.2	3
No	%85.8	18
Total	%100	21
The biggest concern in the Covid-19 process		
Fear of infecting relatives and kins	%71.5	15
Fear of disease transmission	%14.2	3
Risk of patient-to-patient transmission	%14.2	3
Total	%100	21

Considering the motivation of the participants to work during the pandemic period, 38% state that it is purely out of necessity, 33.3% to earn income, 19% to social satisfaction-participation in the social environment.

“Having financial difficulties in the pandemic turned things into material. At the end of the third month, when I started to have financial difficulties, I made a request from the employer and said that I wanted to come, but I worked three days a week..” (Dt6)

“I didn't actually work for the first 5 months. I was living with my parents, my father had a chronic illness and when I thought that the disease would not end anymore, I went to my friend's house and started working..” (Dt19)

“Our main thing, of course, is money, but we work when no one was working at that time. I felt the Hippocratic oath and such a feeling of satisfaction, but the main thing comes. We can say one necessity, two professional satisfaction.” (Dt1)

“At the beginning, I did not work for 2 months when the clinic was open, but then I started with everyone else. Yes, it is mandatory” (Dt4)

“I was a trainee at the peak of the pandemic, our internships continued, only a few months were interrupted. So we can say that it is mandatory.” (Dt4)

“The thing that motivated me to work was when we were closed, one gets bored after a while, so even getting out of the house felt good then. We can definitely say to join the social circle” (Dt10)

“we were working once every 15 days at the university, we were in the first phase, so working at the hospital also gave us the opportunity to socialize. We were happy to go..” (Dt18)

“Let's not call it a necessity, but I can say for myself because I am a healthcare worker... I am a dentist and I think I have to work. ...” (Dt17)

“Frankly, I didn't want to work hard. In the first two months, we did not see patients because it was not clear what the virus was. yes out of necessity ...” (Dt20)

When asked what the most difficult aspects are of working during the pandemic, 66.6% of the participants describe it as intensive patient care with protective materials such as masks, gowns and visors. Apart from this, 19% describe it as taking care of intensive patients, and 9.5% as having to work while someone else is not working.

“Physically, we were looking at patients very different from the normal patient, double mask, sometimes three masks, one of them is an N95 mask, which is really a mask that is very difficult to breathe even. On top of that, visor, surgical gowns, bonnets, etc. were very difficult especially in the summer months..”

(Dt3)

“After people stayed at home, our clinics opened and there was a serious intensity. The initial measures were very challenging. Let's not turn on the air conditioner, let's wear masks, we skipped the period when we looked at the sick, and then a very busy period started. Not looking at any patients and then looking at patients in two rooms or something....” **(Dt4)**

“It was really difficult because we didn't know much about Covid for a long time. Double masks, one of which was N95, we were wearing overalls, it was summer time. Our motivation to see the patient was very low, this situation was killing it, so let's look at the patient as soon as possible and then breathe comfortably. You can't work with 100% performance while wearing a mask and overalls, your performance drops.” **(Dt11)**

“It just came to my mind, I had a traffic accident in 2021 and I broke my nose. I got a 1 month report and went back to work. However, I went to his doctor because I had to wear a double mask to take care of the patient, but my colleague did not write me a report, saying that I could take care of the patient with a shield. This was a huge challenge for me. However, I did not go to the institution and see patients...” **(Dt11)**

“It was difficult to work when no one was working. Because there was no vaccine then.” **(Dt16)**

“Air conditioning was not used as it increased the possibility of contamination and it was very hot because we used extra equipment. ...” **(Dt16)**

71.5% of the participants state that working during the pandemic period affects their mental state negatively. So much so that %4.7 of participants stated that he had a panic attack because he stayed at home during this period..

“It was psychological, yes, I was negatively affected when I was closed at home for a long time. It was like this, I had a panic attack during the pandemic process. We went to the hospital or something and such a diagnosis was made..” **(Dt20)**

When the data regarding the greatest concern during the pandemic period are examined, 71.5% of the participants state that they experience stress with the fear of infecting their relatives and families.

On the other hand, 14.2% of the participants stated that they were stressed due to the fear of contracting the disease, while 14.2% stated that they were worried about transmitting it from patient to patient.

“It was a risk of infecting my relatives, so I didn't see anyone..” (Dt17)

“Caught Covid and infecting my relatives. Especially at the beginning of Covid, it was a very terrible disease and there was no vaccine.” (Dt2)

“Family-related anxiety was great, fear of infecting my family with the elderly” (Dt7)

“At that time, the fear of contagion was stressful. The psychological effect was greater than the physical effect..” (Dt16)

“Both the risk of self-infection and the risk of cross-infection, ie patient-to-patient transmission. That was my biggest concern” (Dt5)

“Fear of contagion, since my wife is also a doctor, she disinfected her clothes every day, you live with that fear every day because there was no medicine” (Dt21)

During the peak of the disease transmission, with the decision of the Ministry of Health, dentists working in the Family and Dental Health Center were included in the filiation teams. With the filiation, the main job of dentists was determined as going to the homes of contact patients and taking swab, otherwise providing medicine etc. %9.5 of the participants state that they are very uncomfortable with the heavy working conditions of filiation or giving medication and following it even if it is not their field of expertise.

“I joined the filiation team. In other words, it was in the form of every other day at work, it was three days a week. It was very intense in the beginning, very intense at the beginning of the pandemic. Sometimes it was 12 hours a day. My job description in the filiation team is to go to the cases that are positive, give information and take samples in the household for the PCR test. If the patient has not taken medication from the hospital, giving his medication.” (Dt5)

“It was fun, but I did something different. This time we went to the patient's house, not to the mouth of the patient, which I always do. Let's have fun, but it was always about numbers. So we did the filiation, but there was really no quality. We carried medicine to people like a postman. We went and said that you will make so many people today, so many human stones. We worked one day and didn't work the next day, we used to work 12-14 hours. It was necessary to go to 40-45 houses every day. A me, a dental assistant and a driver were driving. I gave my only white code in filiation” (Dt12)

The difficulties faced by dentists, who were caught in the early days of the pandemic as senior medical school interns, differ. 20% of the participants state that they were interns who are about to graduate in the early days of the pandemic, and they state that they have difficulty completing the

practical courses due to the pandemic. Dentists who were trainees at the beginning of the pandemic state that they have difficulty finding a job after graduation.

“At the beginning of the pandemic, I was a student, we were doing an internship for 1.5 hours two days a week, this caused me a serious lack of motivation. Because while the dentists who graduated before me were looking at patients 5 days a week, I looked at them for 2 days. While I was graduating, fewer patients attended the online classes than the doctor next to me. I'm lacking right now, but everyone who graduated with me is in the same situation as me. But, for example, others continued their internship at a university and treated more patients.” (Dt2)

“When I graduated, I said I can't pull teeth. Our department classes were held online and everyone cheated, including me.” (Dt2)

“At the beginning of the covid pandemic, we had to work in the hospital, this affected some motivation. But if we did not do this, we would be lacking in terms of experience. In the last year of my education, when it coincided with the pandemic, there were simpler lessons left in the last year. Since the lessons were theoretical, the exams were held online and if you ask what you remember from those lessons, I see that there is not much left.” (Dt3)

“We were collecting the patient ourselves from outside. I have also been to coffee shops from the grocery store. I've also done the returns of the patients. The man was saying it's far from his house, okay brother, I was saying I was taking him away. Because if I don't do it, my score doesn't reach. Now I'm taking the filling internship, you have to do 60 fillings a month so that you can take the exam. That's why I have two weeks left of my internship, I did not 60 fillings, I made 10 fillings, I needed filling, I wandered around the bazaar and market everyone..” (Dt9)

3.9. Findings on Research Question A5

Data on discrimination that may occur due to the possibility of contamination experienced by the participants in the Covid-19 pandemic are given in Table 6.

Table 6. Discrimination Data

Have you been discriminated against for taking leave during the pandemic?	%	Person
Yes	%19	4
No	%81	17
Total	%100	21
Have you felt discrimination because of the risk of transmission?		
Yes	%38	8
No	%62	13
Total	%100	21

19% of the participants stated that they were exposed to discrimination by their boss or managers because they took leave during the pandemic period. So much so that some of them stated that they

could not receive the short time working allowance because they took a leave, and some of them stated that they could not get the patients they could earn when they returned. Apart from this, 9% of the participants stated that they were taken on unpaid leave during the pandemic, and when they returned, their patients were treated by the clinic owners and therefore suffered financial loss.

“Something like this happened, I used 1 week of 15 days off, I couldn't use the other week. There was an attitude as if you already had used it.” (Dt4)

“When I came back from unpaid leave, I experienced mobbing. The number of patients has been reduced, affecting my financial gain” (Dt16)

“I've seen a decrease in my patients one on one. When I came back, I saw that my patients were being treated. I had a very serious financial loss. We were two people working as staff in the clinic, it was like that for both of us..” (Dt6)

“So it was like this, more patients were given to friends who did not take leave at that time. We could not benefit from the patient portfolio ...” (Dt19)

During the peak of the contagion period, especially those who live in the same environment with their elderly relatives do not want to meet with dentists without having to, and 38% of the participants state that they are exposed to discrimination because of this.

“A few of my friends did not meet with me. So here you are, as a dentist, you are taking care of patients, they were saying clearly like you could be Covid.” (Dt17)

“What about you working, as a dentist, you are taking care of too many patients,, we are scared. ...” (Dt6)

“My friends, whose parents are too old, were asking me if you were working this week, you know, we will come but we will go back to our house. Underneath this lies the following, when we come back to our house, there may be trouble.” (Dt7)

“One of my friends actually did, she said let's not meet, but 1 month later that friend became covid ...” (Dt8)

“It happened with a family, my grandparents said to not to come, I used to get nervous when I was coughing sick” (Dt9)

“Most of my friends were dentists, we tried not to see each other as much as possible. You know, there was always social distance with our dentist friends and families. we isolated ourselves” (Dt11)

“My family lived in a different city, I was nervous when I went to them, we even spent time in separate rooms like this...” (Dt14)

“When I said that I am a dentist, not one of my friends, but such old people or elderly, they also rightfully reviewed the risk and felt that they were distant.” (Dt1)

“For example, a friend of mine who has a wife who has just given birth asked me not to visit her. ...” (Dt19)

While 4% of the participants stated that they were exposed to wage discrimination by emphasizing that dentists working in the same profession in a state institution receive different wages; 4% state that they are exposed to discrimination because they are not included in the filiation team and cannot receive additional fees..

“Since each institution in the state is affiliated to a different place, there are different salaries. Oral and dental health centers are affiliated to the Ministry of Health, and universities are affiliated to YÖK. Those who work at the university receive less because they are research assistants. For example, white reform was made, the salaries of dentists and doctors were increased, but the salaries of university employees were not increased. This makes you feel discriminated against..” (Dt11)

“While the hospital staff cannot receive additional payment because the patient is not taken care of during the filiation period; Those who went to the filiation team were getting additional payment, and they always received the highest amount at first. ...” (Dt15)

“As dentists, starting medicine in filiation... It was very difficult for me to give a newly released medicine just because I am currently using it on the market. Yes, we were asking the infection specialist, we were giving it, we were writing his name on the form because we consulted the doctor and gave it to him. But this has nothing legal, because I start it, I write the prescription for the drug, it was done with my e-signature in the system. The wife of a very close friend of mine died because of this drug. He had a problem with the underlying heart, which he did not know, and there was a complication, which affected me a lot. We give medicine but we do not follow up...” (Dt15)

3. CONCLUSION AND DISCUSSION

The Covid-19 Pandemic, which was declared by the World Health Organization (WHO) on March 11, 2020, was terminated by the WHO on May 5, 2023 by removing the international emergency code. While approximately 6.5 million people lost their lives in this pandemic, which lasted more than 3 years; about 5 billion people have been vaccinated. Turkey, which reported the first patient report from Covid-19 on March 20, 2020, tried to reduce the impact of the pandemic by taking a series of measures such as curfews, quarantine and closure in the following process. The Presidential Circular published in April 2022 and the circular containing the measures regarding the Covid-19 Pandemic have been repealed. As of March 2023, 17 million cases were seen in Turkey; The pandemic caused about 100 thousand people to die because of to it.

Dentists, who have to work in this process, constitute the second most risky occupational group after intensive care unit workers. Participants consist of 21 people who have been working as interns or general dentists since the peak of the pandemic. After the interviews were conducted with the participants, it was understood that dentists working in public institutions had different working conditions in two different institutions such as university hospital and family and dental health centers (ADSM). In fact, dentists working at universities worked 1-2 days a week in turns, because they only had to take care of emergency patients due to pandemic limitations. On the other hand, the majority of dentists working in ADSMs have been included in the filiation teams and have been involved in taking swab from Covid patients, drug monitoring, etc. has done things.

Private sector clinics, on the other hand, had to deal with too many patients because government institutions only took care of emergency patients. So much so that many clinics did not comply with the rule of only emergency patient care and returned to their normal routine during the pandemic. All the participants work full-time; 71.4% of them work between 40-49 hours per week, which is close to 45 hours per week in the Labor Law. Although all the participants have social security, a high rate of 47.6% state that their premiums are based on low income. Private clinics, where envelop wage is common, generally pay an amount over the minimum wage and social security premium. This situation poses a serious problem for the retirement periods of dentists.

When the incomes of the participants are examined carefully, 4.7% (new graduates) earn between 8500-12000TL, while 57% of them earn 21000 TL and above. Regarding the most common problem or problems in the sector, approximately 62% of the participants emphasize communication with patients. So much so that dentists state that some patients do not comply with the treatment or try to make their own diagnosis via the internet.

When the data on work accidents and occupational diseases experienced in the sector are examined, approximately 62% of the participants have low back pain, back pain and loss of cervical lordosis complains of at least one of the physical ailments. Dentists, who usually work by leaning towards the patient, state that they have chronic physical discomfort for this reason. Again, approximately 43% of the participants had at least one minor occupational accident such as a injector injuries or splashing bleach. On the other hand, 71.4% of the participants state that their job is very stressful and therefore they experience mental illness.

When asked about their motivation to work in the difficult conditions of the pandemic period, 38% of the participants and the largest group stated that they did not actually want to work, but because they were forced by their managers or bosses. The main reason for this is the lack of treatment practices such as drugs or vaccines, especially in the early days of the pandemic. 33.3% of the participants state that the main motivation source of their work is to earn income.

66.6% of the participants state that the most difficult aspect of working during the pandemic period is to deal with protective materials such as masks, visors and aprons. Prohibition of using air conditioners because they carry the virus through the air; causes participants to feel cold in winter and sweat in summer.

71.5% of the participants stated that their biggest concern during the pandemic was infecting their relatives and therefore they were psychologically disturbed. So much so that a participant was taken to the hospital because he had a panic attack during the pandemic.

19% of the participants stated that they were exposed to discrimination by their managers or employers because they took leave during the pandemic period. Some dentists lost their income because they saw their patients being treated by someone else when they returned after the leave, and some because they were not given high-income patients when they started working.

When all these data are evaluated together, it should be said that dentists working during the pandemic period are not uniform, and that both public employees and those working in private clinics have different working conditions.

However, the majority of dentists who did not want to work in an uncertain period such as the pandemic worked out of necessity. Working in this period had a psychological effect on dentists by causing the majority of dentists to worry about transmitting the disease to someone else. Continuing to operate under these conditions will remain an admirable act.

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