

# Working in psychiatric clinics during the COVID-19 pandemic: A Qualitative study

## COVID-19 pandemisinde psikiyatri kliniklerinde çalışmak: Niteliksel bir çalışma

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### ABSTRACT

**Introduction and Aim:** This study aims to investigate the difficulties and impacts experienced by nurses and psychiatrists working in psychiatry clinics during the COVID-19 pandemic. **Material and Methods:** This study was designed as a qualitative study. Data were collected through face-to-face, semi-structured interviews with 16 psychiatrists and nurses working in psychiatry clinics in Turkey in 2021. The data were analysed using the MAXQDA 20th program. **Results:** The three themes that were established during the analysis were the changes made during the COVID-19 process, the difficulties experienced, and recommendations about the problems. **Conclusion:** The study clearly defined the precautions and changes made during the COVID-19 pandemic process and revealed the impact and difficulties faced by healthcare personnel. It was determined that the process can be managed better by strengthening the physical conditions of the clinics, increasing the number of protective equipment, organizing the working conditions, and providing therapeutic interventions for the staffs by the managers.

### ÖZ

**Giriş ve Amaç:** Bu çalışma, psikiyatri kliniklerinde çalışan hemşire ve psikiyatristlerin COVID-19 salgını sırasında yaşadıkları zorlukları ve etkilerini araştırmayı amaçlamaktadır. **Gereç ve Yöntemler:** Bu çalışma nitel bir çalışma olarak tasarlandı. Veriler, 2021 yılında Türkiye'deki psikiyatri kliniklerinde çalışan 16 hemşire ve psikiyatrist ile yüz yüze, yarı yapılandırılmış görüşmeler yoluyla toplandı. Veriler, MAXQDA 20. programı kullanılarak analiz edildi. **Bulgular:** Analiz sonucunda COVID-19 sürecinde yapılan değişiklikler, yaşanan zorluklar ve sorunlara yönelik öneriler olmak üzere üç tema belirlendi. **Sonuç:** Çalışma sonuçları COVID-19 pandemisi sürecinde alınan önlemleri ve değişiklikleri net bir şekilde tanımlayarak sağlık personelinin karşılaştığı etkiyi ve zorlukları ortaya koymaktadır. Kliniklerin fiziki koşullarının güçlendirilmesi, koruyucu ekipman sayısının artırılması, çalışma koşullarının düzenlenmesi, personele yönelik tedavi edici müdahalelerin yöneticiler tarafından sağlanmasıyla sürecin daha iyi yönetilebileceği düşünülmektedir.

### INTRODUCTION

The facts that psychiatry clinics are closed environments, the number of patients is high, there isn't sufficient physical structure to comply with isolation standards, and also that individuals with mental disorders have difficulties complying with the isolation measures, increase the risk of transmission in clinics (Zhu et al., 2020). In psychiatry clinics, unlike other clinics, dining and bathroom areas are used by patients as common areas, and they generally have difficulty keeping their distance while using these areas. Due to poor self-

control, inadequate self-care, and inadequate insight, patients with mental disorders cannot maintain adequate infection control measures to protect themselves from the transmission of infection (Xiang et al., 2020).

During the pandemic process, it became obligatory to rearrange the admission and discharge procedures, hospitalization periods, and treatment processes to prevent the transmission of disease in psychiatry clinics (Akcan et al., 2020). Various physical measures should be taken, such as providing handwashing areas suitable to the number of patients in the psychiatric clinic,

ensuring adequate ventilation of the environment, and reducing the number of patients in the rooms for isolation measures (Druss, 2020). In a study that assessed psychiatry clinics in Turkey, it was noted that only 4.6% of the patient rooms were single rooms, the number of washbasins was between 1-5 in 63.6% in the clinics (Ergun et al., 2019). Due to the physical characteristics of psychiatry clinics in Turkey, it is thought that the physical conditions of the clinics will not be sufficient to reduce the risk of transmission. In a study examining the difficulties of working as a nurse in psychiatry clinics, nurses have problems with companions, work with insufficient staff and they have problems with the physical conditions of the hospital (Simsek and Buldukoglu, 2021).

Healthcare staffs working in psychiatry clinics during the pandemic are faced with various difficulties in preventing the spread of infection in the clinic, ensuring the continuity of mental health services, and protecting their health (Turkozer and Ongur, 2020; Yucesan and Ozkan, 2020). In a study conducted with psychiatric nurses working in pandemic, nurses stated that they were exposed to a higher risk of transmission as compared to general hospitals, that there was not enough preparation for the epidemic, that they blamed themselves for not being employed in pandemic clinics, that they were worried about infecting their families, and that the epidemic disrupted their life plans (Wu et al., 2020). During the COVID-19 pandemic, the working hours and workload of nurses increased by approximately 1.5-2 times (Sun et al., 2020), and nurses experienced fear, anxiety, obsessions, and depressive symptoms (Kackin et al., 2021). It was reported that psychiatrists and nurses feel overwhelmed, exhausted, and depressed during the pandemic, experience uncertainty and fear about infection, feel powerless in the fight against an unknown disease, and encounter an increase in depression and anxiety level (Chen et al., 2020b; Liu et al., 2020).

In pandemic process the number of studies trying to reveal the difficulties experienced by health professionals working in the psychiatry clinic in managing the process and their exposure to it is very limited (Wu et al., 2020; Csigo et al., 2021). There is a need for studies in this field in addition to making specific arrangements for psychiatry clinics.

### Materials And MethodsStudy Design

This study has a qualitative research design and aims to investigate the difficulties and impacts experienced by nurses and psychiatrists working in psychiatry clinics during the COVID-19 pandemic. The phenomenological design was used in the study. The study was prepared according to the Consolidated Criteria for Reporting

Qualitative Studies (COREQ) checklist (Tong et al., 2007).

### Participants and Ethical Considerations

To carry out the study, ethical approval (Date: 09.07.2021, Number: 21/378) was received from the University of Health Sciences Hamidiye Scientific Research Ethics Committee, and written permission was received from the Ministry of Health and the relevant institution where the research was conducted. Before starting the study, the provisions of the Declaration of Helsinki and the purpose of the study were explained to the participants and written as well as verbal consents were obtained from the volunteer participants.

The population of the study consisted of psychiatrists and nurses working at psychiatry clinics of a hospital in Istanbul. The sample of the study consisted of 16 healthcare staffs. In the study, criterion sampling and snowball sampling methods used. The criteria determined in this context were: Being a psychiatrist or nurse working in psychiatry clinics during the COVID-19 pandemic (at least one year) in the hospital where the research would be conducted, working in the psychiatry clinic of the hospital where the research would be conducted for at least one year, Volunteering to participate in the study. Participants were coded by occupation (Nurse (N), Psychiatrist (P)) and a number (N1, P2). The average age of the participants was 31.6, they had been working in this hospital for an average of 7 years, 93.8% were women, 68.8% were nurses (Table 1).

### Data Collection and Data Analysis

Study data were collected between 01.09.2021 and 10.09.2021 at hospital in Istanbul. In the study, Information Form and a Semi-Structured Interview Form were used in the data collection process.

Information Form: In the study, the Information Form developed by the authors was used in line with the literature (Que et al., 2020; Zhang et al., 2020). There were 9 questions in the form to determine age, sex, unit of employment, and the experience of providing care to patients during the pandemic.

Semi-Structured Interview Form: In this form, with a total of five questions, some questions aimed at revealing arrangements made at the clinic during the pandemic, measures taken, compliance problems experienced by the patients, the difficulties experienced by staffs, and their state of being affected by this situation.

The study data were collected with a semi-structured interview form, using the in-depth interview method. Written and verbal consent for recording the interviews

was obtained from the participants. To ensure consistency, the interviews were conducted by the second female author, a research assistant who was trained in qualitative research where they were alone with the participant. The interviews were recorded with a voice recorder. Semi-structured interviews lasted an average of 15 minutes. All interviews were transcribed by the authors, and the total transcribed material was 61 pages. Transcriptions were sent to participants for approval, additional comment, or correction. Transcriptions were analysed by the authors with the consent of the participants. During the analysis, the MAXQDA 20.0 software and Colaizzi analysis steps were used for phenomenological data analysis (Colaizzi et al., 1978). The analysis results were approved by 5 consenting participants.

After the interviews, three themes, 9 sub-themes and 29 codes emerged including (Table 2). To ensure that the emerging themes reflect the interview data, they were examined by an experienced academic apart from the 5 participants, together with researchers who agreed to the examination, and the codes and themes were reported to be appropriate.

### Trustworthiness

The reliability of the study was ensured according to four criteria: credibility, transferability, reliability, and

confirmability (Lincoln ve Guba, 1985). To ensure credibility, interviews were conducted with the consent of the participants. The findings were compared with previous studies, and during the research process, the researchers held periodic meetings and worked on the data. To ensure transferability, participant statements were directly quoted without generalizations or comments. To ensure consistency among the coders, all data collection tools, raw data, coding, and inferences were sent for review to an experienced academician, who was not involved in the study. To ensure confirmability, all interview data were read repeatedly by the researchers, and codes and sub-themes were determined. Transcriptions were sent to the participants for pre-analysis and post-analysis correction and approval.

## RESULTS

The three themes that emerged in the analysis made as a result of examining the experiences of participants in psychiatry clinics during the COVID-19 pandemic process were changes made to the COVID-19 process, difficulties experienced, and recommendations about problems. The statements of the participants regarding the determined theme, sub-theme, and codes are presented in Table 3.

**Table 1.** Demographic information of the participants

Demographic Information		Mean (range) ± Std. Deviation
Age		31.6 ± 8.9
Duration of employment at the hospital (years)		7 ± 8.5
Duration of working at the clinic (years)		3.7 ± 3.0
Category	Sub-category	N (%)
Gender	Female	15 (93.8%)
	Male	1 (6.3%)
Vocation	Nurse	11 (68.8%)
	Psychiatrist	5 (31.3%)
Position	Clinical Nurse	8 (50%)
	Head Nurse	2 (12.5%)
	Specialist Nurse	1 (6.3%)
	Assistant Doctor	4 (25%)
	Specialist Doctor	1 (6.3%)
	Unit of Employment*	Acute Psychiatry Clinic
	Forensic Psychiatry Clinic	3 (18.8%)
	Intensive Psychiatry	5 (31.3%)
	ECT Center	6 (37.5%)
	COVID-19 Psychiatry Clinic	2 (12.5%)
	Psychiatry Polyclinic	3 (18.8%)
Employment Type	Continuous Day	7 (43.8)
	Shift (Night-Day)	9 (56.3%)
Caring for COVID-19 Positive Patient	Yes	13 (81.3%)
	No	3 (18.8%)
Caring for COVID-19 Contact Patient	Yes	14 (87.5%)
	No	2 (12.5%)

\*Multiple options were selected since psychiatrists are on duty at various clinics.

**Table 2.** Themes and Subthemes

Changes in the COVID-19 Process	Difficulties	Recommendations for Problems
<ul style="list-style-type: none"> <li>• Precautions are taken during the admission of patients to the clinic</li> <li>• Covid-19 precautions</li> <li>• Management of COVID-19-positive cases</li> <li>• Information upon discharge</li> <li>• Regulation of working hours</li> </ul>	<ul style="list-style-type: none"> <li>• Problems patients have with compliance regarding precautions</li> <li>• Problems faced by staffs</li> </ul>	<ul style="list-style-type: none"> <li>• Recommendations Regarding the Service Provided</li> <li>• Recommendations for Staffs</li> </ul>

**Table 3.** Determined Theme, Sub-Theme, Code, and Participant Expressions

Theme	Sub-Theme	Code	Supporting Expressions	
Changes Made in the COVID-19 Process	Precautions are taken during the admission of patients to the clinic	Isolation	"... During this process, the patients came from outside and because we did not know whether they had contact or not, isolation rooms were set up in the clinics..." (N3)	
		Test use and symptom follow-up	"...doctors worked in line with certain criteria ... new inpatients were taken to the private room and the general environment after the test was taken. .... 3*1 and 4*1 fever and clinical symptom follow-up were conducted..." (P 1)	
		Reducing the number of patients admitted	"... They try to keep numbers low in clinics as much as possible (N3)	
		Notification	"...Before COVID we were up to 67 patients but now we accept at most 20 patients. That is in emergency cases. Our limit is 15..." (N2)	
	Covid-19 precautions	Use of protective equipment	"...we mention these whenever we admit an inpatient. ... these are precautionary measures. It was the same earlier but now we explain all that these rules are in force as of now..." (N7)	
		Hygiene	"...we make patients sit in line with social distance and of course the doctors as well ..." (N6)	
		Symptom follow-up	"... When patient relatives arrive, there is a long distance among each other and we ensure they meet in this distance ..." (N8)	
		Management of Covid-19 positive cases	Use of protective equipment	"... We request that patients come wearing masks. We work wearing personal protective equipment ourselves..." (N2)
			Hygiene	"... Our staff clean doorknobs, chairs, tables once in every 2 hours according to the materials used. ..." (N6)
		Information upon discharge	Symptom follow-up	"...in some cases, although patients are negative they could have some symptoms. We observed them in this process..." (N3)
Regulation of working hours	Symptom follow-up	"...Patient is isolated until the result of the PCR test. If positive, they are transferred to a COVID clinic..." (N9)		
Difficulties Experienced	Problems patients have with compliance regarding precautions	Mask use	"...upon discharge, we also inform the relatives of the patients to quarantine for 14 days, that is, even if the patient is negative since it is a collective living area, it is risky. We recommend quarantine for 14 days ..." (N6)	
		Isolation	"...Flexible working was applied in the service. If there were 3 assistants, you could be off for 2-3 days, with one assistant coming every day ..." (P 14)	
		Visitor admission	"...They mostly refuse to wear masks..." (N5)	
		Garden leave	"... The most difficult thing for us was keeping the patients closed in the room until the PCR test was taken and concluded when they first arrived..." (N2)	
		Social distance	"...When it was banned, patients had a lot of trouble in this regard. Said we want to see our relatives. We want to take the items they brought. We want to contact them ..." (N9)	
		Covid-19 perception	"...Patients are very angry for not going out to the garden ..." (N7)	
		Hygiene problems	"... They hug, they joke, they sit side by side. They don't care about distance ..." (P14)	
		Lack of infrastructure and equipment	"... Psychotic patients already have trouble understanding COVID ..." (N10)	
		Mental effects	"...psychiatric patients may not pay much attention to their self-care..." (N6)	
		Risk of infection	"... In terms of equipment, we had a lot of problems with masks, aprons, and visors..." (N9)	
	Problems faced by staffs	Increasing workload	"...Let's say the patient is dangerous and aggressive, but we can still place him in a room for 2-3 people. Because there's no other place..." (P 1)	
		Interaction with patients	"...It affected us mentally. We are pretty depressed..." (N2)	
		Social life	"...Since there are so many patients coming from outside, the possibility of getting infected is frightening. If you are ill, the risk of infecting the patients here is frightening..." (N3)	
		Patient relatives	"...Due to the pandemic, there were also positive cases among our colleagues. Their workload was on us..." (N5)	
		Patient transfer services	"...I am trying to create an environment of trust. On the other hand, I restrict his communication, keep him in a room he does not want. This is not very healthy in terms of therapeutic communication..." (P 11)	
		Use of protective equipment	"...I tried not to contact many people, not to stop by my old clinic. Of course, my social life was affected by this issue..." (N4)	
			"... I had the most difficulty in managing the patient relatives..." (P 16)	
			"... We keep the patient in isolation, but we don't know where to send him/her. Hospitals were suddenly full. Initially, the problem of transferring patients was more challenging..." (N12)	

**Table 3. (Devam)** Determined Theme, Sub-Theme, Code, and Participant Expressions

Theme	Sub-Theme	Code	Supporting Expressions
Recommendations Regarding the Process	Recommendations Regarding the Service Provided	Management regulations	"...It seems to me that the measures taken are not enough. While one service is trying to comply with something, it does not make much sense to follow a completely different system in another service. It could have been something more institutional, more ministry-related..." (P1) "...Vaccination, of course, as soon as possible will save us all ..." (N2)
		Lack of infrastructure and equipment	"...If the physical conditions of the isolation rooms in the psychiatry clinics were more suitable in these matters, maybe the patients would not be so demanding to go out..." (N7) "When we have a problem with a mask or a glove, that also affects us negatively. At least we feel safer when we are accessible to them." (N7)
	Recommendations for Staffs	Number of patients	"...If I think in terms of clinical conditions if the number of patients was 50% less, everything would be more sterile and safer..." (P 1)
		Number of staffs	"...I think it could have been managed better if they eliminated the staff shortage..." (N9)
		Leave and salary raise	"...A little more leave may be granted to working personnel. One of the problems experienced in general is financial inadequacies ... Maybe it's something in that direction could be adopted..." (N5)

### Changes Made in the COVID-19 Process

When changes made in the functioning of psychiatry clinics during the COVID-19 pandemic process were considered, it was determined that PCR tests of new patients were evaluated before they were admitted to the common area, the patients were taken to isolation rooms until the results were obtained, the symptoms were followed up during the isolation and the entire treatment process, the number of patients was reduced, and information was given to patients and patient relatives during hospitalization and discharge. It was stated that to prevent the transmission of COVID-19, measures such as family visits, garden hours, doctor visit practices, and the arrangement of the common areas were taken to protect the social distance of patients and staffs in psychiatry clinics. Patients and staffs used protective equipment, and the clinic was cleaned more frequently. In the case of COVID-19-positive patients in psychiatry clinics, patients were usually transferred to another clinic, but positive cases were provided care in their clinics in case there was no clinic to transfer to.

### Difficulties Experienced

It was stated that individuals in the clinics had difficulties perceiving the rules of the pandemic, because of deterioration in their judgment skills, they had a lack of concern for their own well-being, and their compliance was poor, especially regarding the use of masks. It was stated that patients newly admitted to the clinic did not want to stay in isolation rooms, did not pay attention to social distancing, got angry because they could not meet with their families due to visitor restrictions, and were bored and angry in the clinic because the use of the garden was restricted.

It was noted that the insufficient physical conditions of the psychiatry clinic prevented social distance, made

isolation of patients difficult, and negatively affected the rehabilitation processes. The disruption of the transfer of infected patients to pandemic clinics and deficiencies in the provision of protective equipment were among the difficulties experienced. Participants stated that their interactions with patients decreased, they had difficulties in explaining the pandemic process and precautions to patients, and this process caused anxiety, burnout, and anger in them. Participants stated that their social lives were restricted, they felt more depressed, hopeless, and tired, they were afraid of both infecting the patients as well as themselves, and they thought that they were not understood. Participants stated that they exhibited obsessive behaviours in this process, experienced headaches due to anxiety, got angry more quickly, and became intolerant. It was observed that the workload and working hours of the clinical staff increased due to the infection of their colleagues, and the constant wearing of masks put a strain on the staffs. Another factor that created difficulty for the participants was the failure of patient relatives to comply with the process due to the restriction of visits during the pandemic.

### Recommendations Regarding the Process

Participants recommended that inter-clinical procedures (COVID-19 (+) patients' transfer, isolation, visits, etc.) should not differ and that legal regulations should be prepared. They also stated that protective equipment should be more accessible and physical conditions should be improved due to infrastructure and protective equipment problems during the pandemic period. It was stated that the process could be managed better by reducing the number of patients and increasing the number of staff. Participants whose leave rights were restricted during the pandemic process stated that arrangements should be made on leave rights and salaries.

## DISCUSSION

This study aimed to examine the difficulties experienced by nurses and psychiatrists working in psychiatric clinics during the COVID-19 pandemic. The three themes that emerged as a result of examining the participants' experiences in psychiatric clinics during the COVID-19 pandemic are the changes made during the Changes Made in the COVID-19 Process, Difficulties Experienced, and Recommendations Regarding the Process.

### Changes Made in the COVID-19 Process

Regarding the regulation of clinical functioning, in many studies recommended to take universal precautions for COVID-19 protection and care in psychiatry clinics (Psychiatric Association of Turkey, 2020; Sverd et al., 2021; National Institute of Mental Health and Neurosciences [NIMHN], 2020; Republic of Turkey Ministry of Health, 2021). Zhu et al. (2020) recommended that hospitalized patients should be followed for 14 days in an observation room outside the clinic with more protective restraints than usual before admission to the clinic. In mental health center in China, it was observed that an observation ward consisting of 60 beds was created to manage intensive patient hospitalization. The inpatients stayed in the observation ward for 14 days and then were taken to a normal ward. It was also stated that patients with fever were followed in a separate "fever ward" (Chen et al., 2020a). The participants in this study stated that the patients were kept in isolation rooms in the clinic until the PCR test results were received, and then they were taken to the common area of the clinic. Sverd et al. (2021) recommended that COVID-19-positive psychiatric patients should be treated at a separate clinic close to existing clinics. Although the COVID-19-positive cases in the hospital where the study was carried out were first referred to other hospitals, in the following periods, their treatment was continued in the COVID-19 psychiatry clinic established in the hospital. However, in cases where patients could not be referred, it was observed that their treatment was continued in the clinics.

It is important to provide therapeutic interventions that motivate patients to stay in isolation rooms during the pandemic process to ensure the continuity of the treatment activities (Sverd et al., 2021). Although there was one participant in this study who stated that they let COVID-19-positive patients in isolation do painting activities in their rooms, it was observed that therapeutic interventions were not provided to the patients who were isolated during their first admission to the clinic. Creating opportunities for patients to spend time outdoors to ensure the continuity of their rehabilitation

was also one of the recommended points in this regard (Sverd et al., 2021). Since the gardens in the hospital where the study was conducted were shared with other clinics, it was observed that the garden time of the clinics was restricted to reduce the risk of transmission, and it was concluded that the COVID-19 pandemic adversely affected the rehabilitation processes of the patients. To control the spread of infection, it was recommended that patients eat their meals in their rooms, the social distance between patients should be maintained, and patients should spend time in their rooms as much as possible (Sverd et al., 2021; NIMHN, 2020).

Ventilation of the patient after Electroconvulsive therapy (ECT) leads to aerosol production (NIMHN, 2020). According to the recommendations, to prevent the spread of infection during the COVID-19 pandemic in the hospital where the study was carried out, measures were taken, such as making CT and PCR tests on the patients who would undergo ECT, reducing the number of patients in the ECT center, reducing the number of staffs in contact with the patients, separating the processing and recovery rooms, and using protective equipment (NIMHN, 2020; Republic of Turkey Ministry of Health, 2021).

It was stated that to reduce the exposure of the staff during the COVID-19 pandemic process, staff should work in rotation and arrangements should be made in the recruitment of staff (Sverd et al., 2021). In this study, although it was observed that psychiatrists worked alternately at the beginning of the pandemic process, in the following process, the number of staff was insufficient, and no relevant arrangements could be made. Staff should also monitor themselves against fever twice a day, have routine swabs and antibody tests, and hospital management should take initiatives to raise and support staff morale (Sverd et al., 2021, Loewenstein et al., 2020). However, in this study, there were no findings that these recommendations were implemented. In a study conducted in the USA, similar to this study, it was observed that staff did not routinely give swabs but were tested if symptomatic or in contact (Li et al., 2021).

### Difficulties Experienced

Individuals with mental disorders hospitalized in psychiatry clinics realize the risk of infection, but due to the deterioration in their cognitive abilities, they may have difficulties in avoiding risky behaviors that may cause infection and may play a role in being infectious as well as being vulnerable to infection (Kavoor, 2020; Shao et al., 2020). Sverd et al. (2021) state that patients in psychiatry clinics are inconsistent in wearing masks, paying attention to social distance between themselves and other patients as well as with healthcare staffs, and

staying in isolation rooms. In this study, it was observed that they did not comply with isolation, social distance, and mask use, and restrictions in receiving visits and going out to the garden were creating further difficulties for the patients in their adaptation. Participants stated that patients were more aggressive against the rules.

Apart from working with individuals with mental disorders, psychiatry clinic staff also face the challenges brought by the COVID-19 pandemic to society. Psychiatrists and nurses working in psychiatry clinics stated that they experienced fear of infection and anxiety, an increase in obsessive behaviors, felt depressed and exhausted, and that it was uncomfortable to constantly work with a mask on. These findings were similar to the findings of other studies examining the state being affected by healthcare staffs in different clinics (Kackin et al., 2021; Liu et al., 2020, Seyedin et al., 2023).

### Recommendations Regarding the Process

In the systematic review of Seyedin et al. 2023 it is stated that, like our study, difficulties are experienced in 4 areas (labor force, infrastructure, access to information, and organization of health services) in complex emergencies. It was stated that the number of patients in the clinics was reduced during the pandemic process, but it was noted that the regulations were insufficient. The results of the study revealed that the presence of infected staff among healthcare staff increased the workload of the other healthcare team. Similar to the literature, participants expressed the recommendation that the number of staff should be increased, and the working hours should be regulated (Kackin et al., 2021; Sverd et al., 2021). In addition, study findings demonstrated that physical infrastructure was a compelling factor for staff. It was stated that pandemic management was quite difficult in psychiatry clinics because their physical structures were not structured according to the isolation standards of respiratory diseases (Kushal et al., 2020). It is considered that similar epidemics that may arise must be considered in the arrangements to be made regarding the physical infrastructure.

The fact that the study was carried out in only one hospital in Turkey did not represent the whole country and having only psychiatrists and nurses as participants constituted its limitations.

### CONCLUSION

This study reveals the experiences of psychiatrists and nurses working in psychiatry clinics at a mental health hospital in Turkey. Based on the findings, it is concluded that interventions should be made to protect the mental health of healthcare staffs and working conditions

should be regulated (overtime, number of staffs, number of patients, number of protective equipment, etc.). It is noted that the inadequacy of physical conditions is one of the most important factors challenging patients and staffs during the pandemic process. Thus, improving the physical conditions of psychiatry clinics is recommended.

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