

Research Article

Experiences and Psychosocial Difficulties of Frontline Health Care Workers Struggling With COVID-19 in Turkey: A Qualitative Study

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Abstract

AIM: This study was performed to explore the experiences and the psychosocial difficulties faced by nurses and physicians involved in the treatment and care for COVID-19 adult patients in the intensive care unit.**METHOD:** The interpretative phenomenological approach was used, and the data were gathered between June and July, 2020 in Rize using face-to-face interviews. The sample consisted of 10 nurses and 5 physicians. The thematic analysis was utilized to analyze the data. The Consolidated Criteria for Reporting Qualitative Research (COREQ) were followed in the study.**RESULTS:** The experiences of nurses and physicians were categorized under three themes and subcategories. The theme of "Going Through Psychosocial Changes" was divided into decreased emotional well-being and experiencing social changes, the theme of "Work-Related Challenges" was divided into losing the routines and economic concerns, and the theme of "Felt Gains" was divided into realizing one's worth and increased motivation.**CONCLUSION:** The study revealed that nurses and physicians are supported, respected, and described as heroes by Turkish society. However, they are psychologically and socially adversely affected, they display negative and positive emotions, and experience psychological growth. In addition, nurses complain about insufficient and unfair payment. Despite all these challenges, nurses and physicians continue to work with increasing emotional resistance. It is recommended to be aware of the problems that they experience during and after the COVID-19 pandemic, protect their mental health, provide adequate economic support, especially for nurses, and take necessary measures by collecting data that may be a guide for subsequent outbreaks.**Keywords:** COVID-19, nurses, physicians, psychosocial difficulties, qualitative study

Introduction

Coronaviruses (CoV) belong to a family of viruses that can cause a variety of diseases, ranging from cold to more serious diseases such as the severe acute respiratory syndrome (SARS-CoV) and Middle East respiratory syndrome (MERS-CoV) (Bulut & Kato, 2020). Although there have been outbreaks such as MERS-CoV, SARS-CoV, and H1N1 (Influenza virus) in the last 20 years, the novel Coronavirus (COVID-19) pandemic is globally much more effective (Jain & Kumar, 2018). The COVID-19 was first diagnosed on January 13, 2020 in some patients with respiratory tract symptoms in the Wuhan Province of China (Nemati et al., 2020). The World Health Organization (WHO) declared the outbreak as a large-scale public health issue on January 31, 2020 (Bulut & Kato, 2020). Immediately after the first confirmed case

in Turkey on March 10, 2020, the WHO declared the COVID-19 a pandemic.

In addition to the fatal outcomes, it has been reported that the COVID-19 pandemic also causes psychological symptoms and emotional issues such as fear, anxiety, panic, insecurity, and intense stress (Tuncay et al., 2020). On December 13, 2020, the Turkish Health Minister informed that COVID-19 infected more than 130 000 health workers, and 243 health workers died in Turkey (Republic of Turkey Ministry of Health, 2020).

During the pandemic, the group with the highest risk of contracting the disease are frontline healthcare workers putting their lives at risk (Tuncay et al., 2020). Physicians, nurses, and other healthcare professionals working in all health institutions

are trying to cope with both the risk of getting sick and the psychological outcomes of the COVID-19 pandemic (Chou et al., 2020; Wang et al., 2020). Radiographers (29.4%), nurses (9.4%), respiratory therapists (3.2%), and physicians (2.4%) are among the highest-risk occupational groups (Alraddadi et al., 2016).

The ever-increasing number of COVID-19 patients, intensive workload, insufficient personal protective equipment, diagnosis of positive cases, news of deaths in the media, no confirmed treatment, and insufficient support have been adversely affecting the mental health of health care workers (Chen et al., 2020; Kackin et al., 2021; Lai et al., 2020). Literature reported that health care workers had negative psychological responses to the SARS-CoV, MERS-CoV, H1N1 outbreak, they were afraid of infecting their family, friends, and colleagues (Mauder et al., 2003), they felt stigmatization and uncertainty (Bai et al., 2004; Mauder et al., 2003), they were reluctant to go to work or even thought of resignation (Bai et al., 2004) and they experienced high levels of anxiety, depression, and stress symptoms that may have long-term psychological effects (Lee et al., 2007). Su et al. (2007) argued that the incidence of post-traumatic stress, insomnia, and depression among nurses providing care for SARS patients was 33%, 37%, and 38.5%, respectively. Xiang et al. (2020) highlighted that health care workers' feelings of anxiety, insomnia, fear, depressive symptoms, and the mental health of health care providers have taken widespread attention during the COVID-19 pandemic.

Since COVID-19 is a novel disease, and the medical systems and cultures of countries differ, further research is required on the psychological experience of frontline health care workers struggling with COVID-19. Currently published studies have emphasized disease prevalence (Hui et al., 2020), clinical characteristics, diagnosis, and treatment (Huang et al., 2020). Similarly, Xiang et al. (2020) draw attention to the severity of psychological problems in health care workers and the urgency of providing psychological care. However, limited qualitative studies have been performed on the psychosocial experience of health care workers (Kaçkin et al., 2021; Sun et al., 2020). Identification of the experiences and psychological issues of the physicians and nurses providing treatment for COVID-19 patients during the pandemic is necessary to collect data that can be a guide for the subsequent outbreaks or second wave and to help take necessary measures by governments and the social community organizations. This study investigates the experiences and the psychosocial issues of frontline nurses and physicians fighting with COVID-19 in Turkey and is believed to contribute to the relevant literature by gathering data from distinct geography and culture.

The study aims to explore the experiences and the psychosocial difficulties of nurses and physicians engaging in the treatment and care for COVID-19 adult patients in the intensive care unit.

Research Questions

1. What are the experiences of healthcare professionals during the COVID-19 pandemic?
2. What are the psychosocial difficulties faced by Healthcare workers during the COVID-19 pandemic?

Method

Study Design

This was a qualitative and phenomenological approach study. The Consolidated Criteria for Reporting Qualitative Research (COREQ) were followed in the study (Tong et al., 2007).

Sample

The sample was calculated using the snowball technique, a purposive sampling method (Grove & Ciper, 2019). The criteria were further developed by the researchers from literature (Kackin et al., 2021; Sun et al., 2020), and the selection of the study group was accordingly executed. The inclusion criteria for the study are as follows:

- Providing care for COVID-19 adult patients at the frontline,
- Working in COVID-19 adult intensive care unit, and
- Voluntary participation.

In total, 10 nurses and 5 physicians fulfilling the preset criteria were included in the sample ($n=15$).

Data Collection

The data were collected at a hospital located in the city center of Rize, through semi-structured in-depth interviews conducted between June 25, and July 15, 2020. In qualitative research, the data are collected until the progress and concepts for the possible answer to the research question start to repeat (Fusch & Ness, 2015). When the progress and concepts start to repeat, the researcher decides the sample number sufficiency. Based on this principle, the sample number of the research is maintained until the researcher reaches the saturation point (Lewis, 2015).

The data of the study were collected using a Semi-Structured Interview Form and the questionnaire form developed by the researchers. The questionnaire form consists of 2 parts and 10 questions. In the first part, five questions are investigating socio-demographic characteristics (age, gender, marital status, occupation, and having children). The second part includes five questions about the COVID-19 pandemic (accommodation during the COVID-19 epidemic, economic situation during the COVID-19 epidemic, smoking status, alcohol use, and working experience) (Kackin et al., 2021; Lai et al., 2020). During the preparation of interview questions, two external experienced academics in qualitative research were consulted. The researchers then reviewed the literature and prepared the Semi-Structured Interview Form (Huang & Zhao, 2020; Lai et al., 2020), including four open-ended questions as follows (Table 1).

Researchers informed the population about the purpose and significance of the study in advance and planned the appropriate meeting time with the volunteering participants. The researcher (AU) also explained that the interviews would be recorded using a tape recorder, their privacy and confidentiality would be protected and obtained their consent. The data were collected using face-to-face interview method in a resting room in the COVID-19 clinic. One researcher (AU) conducted in-person semi-structured interviews, and each took between

40 and 60 minutes. The interviewer, wearing protective equipment (N95 mask, gloves, goggles/face protector, apron), made an individual interview face-to-face, providing a minimum distance of 1 m.

After the permission was given by the management of the hospital where the research was conducted, a pilot study was performed with a health care worker to ensure that the study was carried out under similar conditions and that the interview form was relevant and understandable. As a result of the pilot study, the interview form was revised by correcting spelling and semantic mistakes.

Research Group Feature and Reflexivity

The research group in the study includes an instructor (PhD), a research assistant (PhD), a physician (PhD), and an intensive care nurse (MSc). One of the researchers (MA) works in the Department of Mental Health and Psychiatric Nursing at the Faculty of Health Sciences. The interviewer (AU) possessed a Master of Science in Psychiatric Nursing and has worked as a chief nurse in the COVID-19 intensive care unit. Two of the researchers were nurses in the past (CUS; MA). Two of the researchers are women, and two are men, and all of them have been conducting research on qualitative research. Two researchers (CUS; MA) took courses from an expert in Qualitative Research Methods at the Department of Psychology at Oxford University and continue to take advanced courses in the related field.

Statistical Analysis

The data were collected and analyzed, using the "thematic analysis" technique. The thematic analysis (TA) is a method used to identify, analyze, and interpret meaning patterns (themes) within qualitative data (Clarke & Braun, 2017). The following steps were followed throughout.

The audio recordings obtained from the interviews were transcribed verbatim. The consistency of the recordings and the transcripts were examined, and the data were coded by the researchers. After each researcher coded the transcripts, they agreed on common codes. Then, the themes were developed after the data were read several times and coded (Vaismoradi et al., 2013). The themes and codes obtained were checked by an external expert.

For the data analysis, Clarke and Braun's TA steps were followed (Clarke & Braun, 2017). Clarke and Braun's (2017) six steps consist of becoming familiar with the data, generating initial codes,

Table 1.
Semi-structured Interview Form

What experiences have you had while providing care for COVID-19 patients?

What are the factors that increase and decrease your motivation in this period?

How does it feel to take part in such an important struggle that concerns community health?

How did you help yourself throughout?

searching for themes, reviewing themes, defining and naming themes, and producing the report.

Validity and Reliability

There is no specific method to ensure the validity and reliability of qualitative inquiry. The validity and reliability of qualitative research are ensured through credibility, dependability, confirmability, and transferability (Marshall & Rossman, 2014). For credibility, the relationships between the themes obtained as a result of this study, and the subthemes were checked for integrity. The audio recordings of the interviews with the participants were transcribed verbatim. A purposeful sampling method was used for transferability, and homogeneity was paid attention. To check the reliability of the findings the researchers analyzed the data independently. In the coding process, each researcher coded the transcripts independently, and then they agreed on common codes. For confirmability, semi-structured interviews form and thematization were checked by an external expert.

Ethical Considerations

Ethical consent was granted by the Human Research Ethics Committee of the Recep Tayyip Erdoğan University (Date: June 16, 2020, No: 40465587-050.01.04-150) and permission was granted by the Council for Scientific Research Studies of the Directorate General of Health Services affiliated to the Ministry of Health, Republic of Turkey (Date: May 27, 2020, No: 2020-05-02T15-01-37). The participants were informed that they could withdraw from the study at any moment without providing any justification, and their informed consent was obtained. The study was performed in accordance with the Declaration of Helsinki (as revised in Brazil, 2013). Throughout the study, confidentiality was ensured by assigning codes to the participants.

Results

The findings are presented in two sections. The first section includes socio-demographic characteristics of health care workers, and the second section includes the themes.

Socio-demographic Characteristics of Health Care Workers

The mean age of the 15 participants was 31.26 ± 1.58 years (range: 24-44 years), 9 (60%) were female, 10 (66.7%) were nurses, 5 (33.3%) were physicians, the average work experience was 8.53 ± 1.21 years (range: 2-17 years), and 10 (66.7%) lived with their families. Four (26.7%) stated that their economic status had become worse during the COVID-19 outbreak, 11 (73.3%) smoked more, and 6 (40%) consumed alcohol. The individual and professional characteristics of physicians and nurses caring for patients diagnosed with COVID-19 are presented in Table 2.

Themes

The experiences of physician and nurses and their experiences about the psychosocial difficulties they faced were collected under three main themes depending on the data analysis: "going through psychosocial changes," "work-related challenges," and "felt gains." The themes, categories, and codes identified through interviews with health care workers are presented in Table 3.

Table 2. Individual and Professional Characteristic of Physician and Nurses Caring for Patients Diagnosed With COVID-19

Healthcare Workers No	Nurse 1	Nurse 2	Nurse 3	Nurse 4	Nurse 5	Nurse 6	Nurse 7	Nurse 8	Nurse 9	Nurse 10	Physician 1	Physician 2	Physician 3	Physician 4	Physician 5
Age	25	27	26	30	30	28	24	33	44	29	39	38	27	29	40
Gender	Male	Female	Male	Female	Female	Male	Female	Male	Male	Male	Female	Male	Female	Male	Male
Marital status	Single	Single	Single	Married	Married	Single	Single	Married	Married	Single	Single	Married	Married	Single	Married
Having children	0	0	0	0	0	0	0	2	2	0	0	0	0	0	3
Working experience	3	5	4	8	7	6	2	11	20	6	15	13	4	5	16
Accommodation during the COVID-19 epidemic	Home	Guesthouse	Home	Home	Guesthouse	Home	Home	Guesthouse	Home	Home	Home	Guesthouse	Home	Home	Guesthouse
Economic situation during the COVID-19 epidemic	Unchanged	Unchanged	Unchanged	Got worse	Unchanged	Got worse	Unchanged	Unchanged	Got worse	Unchanged	Unchanged	Unchanged	Unchanged	Unchanged	Unchanged
Smoking status	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	No	Yes
Alcohol use	Yes	No	Yes	No	No	Yes	No	Yes	No	Yes	No	Yes	Yes	Yes	No

Theme 1: Going Through Psychosocial Changes

This theme includes psychological and social problems that developed in nurses and physicians due to stress, fear, uncertainty, and new conditions. Decreased emotional well-being includes stress, anxiety, fear, longing, loneliness, hopelessness, uncertainty, fear of being infected, and infecting others. Being separated from family members, inadequacy in their family roles due to limited time, leaving home, social isolation, and stigma are the mainly experienced social changes.

Theme 2: Work-Related Challenges

Nurses and physicians emphasize that there has been a negative change in working conditions during the pandemic. This theme has been examined in two subthemes as losing the routines and economic concerns. Regarding losing the routines, especially, negative concepts such as increasing working time and frequency, physical and mental increase in the workload, and heavy protective clothing equipment used for infection protection have been mentioned. All the nurses in this study (n = 10) stated that the additional payment given by the Ministry of Health to healthcare workers was insufficient and that the wage inequality between physicians and nurses was not fair.

Theme 3: Felt Gains

It has been observed that nurses and physicians go through some mental and emotional situations during their struggle with the ongoing pandemic. This theme comprises two subthemes: realizing one’s own worth and increased motivation. Nurses and physicians highlighted that they realized new understandings about both themselves and life in this difficult period such as feeling supported, respected, valued, and have compassion, patience, benevolence, and self-confidence. Besides, they revealed the main factors that increase their motivation as patient recovery and discharges.

Discussion

This study explored the experiences and psychosocial difficulties of nurses and physicians treating COVID-19 adult patients in the intensive care unit using a phenomenological interpretative approach. Young healthcare professionals are the backbone of the fight against the COVID-19 pandemic. The mean age of the participants in this study is 31.26 ± 1.58. Like this study, in national and international studies, young healthcare workers are reported to be the frontline strugglers during the pandemic (Kaçkın et al., 2021; Liu et al., 2020). Thirty-two thousand medical staff were appointed in 2020 Turkey due to the pandemic (Republic of Turkey Ministry of Health, 2020). We believe that observing, supporting, and evaluating the personal and professional needs of newly recruited nurses and physicians by hospital managers in clinical settings is an essential practice. The professional experience of the nurses in this study varies between 2 and 20 years and the physicians between 4 and 16 years. That is, experienced and less experienced health workers work together.

Going Through Psychosocial Changes

In this study, nurses and physicians working in the COVID-19 intensive care unit reported psychosocial emotions such as

Table 3.
Themes Identified Through Interviews With Health Care Workers

Theme	Subtheme	Codes	Quotations
(1) Going through psychosocial changes	(i) Decreased emotional well-being	Stress/anxiety, fear, longing, loneliness, hopelessness, uncertainty, fear of being infected and infecting others	"...Spending my pregnancy during this period caused stress and negatively affected my morale and motivation" (Nurse 3).
			"...I'm afraid of losing loved ones..." (Physician 1) "It will be classic but, my most intense feeling is that I really miss the people I love ..." (Nurse 9) "Loneliness. My dominant feeling from the very beginning of the process is loneliness." (Nurse 6) "...Well, it left us helpless as a doctor at first. We were not hopeful about the progress." (Physician 1) "The main problem here is that we do not know exactly what is happening. So, this uncertainty left us helpless" (Physician 3) "At first, we were afraid because we didn't know what to face. our fear was either that I would get sick or infect someone in my family..." (Nurse 1) "I used to visit my family all the time. But now I am completely separate from my family." (Physician 2) "...Due to the increase in our working hours, I could not spare time for my wife and children." (Nurse 8) "I have been staying away from my family and everyone, I have been staying in a guesthouse for about two and a half months, and I've never seen my family in that time." (Physician 5). "...This process completely stopped my social life. I am completely isolated ..." (Physician 2) "People treated me like I was infected. It affected me negatively." (Nurse 1) "We started to shift work to keep up with the intensity of the pandemic." (Physician 1) "Our working hours have been changed in a very meaningless way." (Nurse 10) "...My psychology has deteriorated due to the busy work schedule. Our sleep patterns are disturbed..." (Nurse 2) "Suddenly everything changed. Clothes, working hours, our order all changed at once" (Nurse 1) "Even staying two hours in those overalls was painful." (Physician 4) "We get a lower salary than we deserve..." (Nurse 9) "There are inequalities and gaps about additional payments. Doctors get the salary they deserve, but we do not." (Nurse 6)
(2) Work-related challenges	(i) Losing the routines	Increasing working time and frequency, physical and mental increase in the workload, and heavy protective clothing equipment used for infection protection	Being separated from family members, inadequacy in their family roles due to the inability to allocate time for the family, leaving home, social isolation, and stigma
			(ii) Experiencing social changes
(2) Work-related challenges	(ii) Economic concerns	Fee inadequate, insufficiency of compensation support	

(Continued)

Table 3. Themes Identified Through Interviews With Health Care Workers (Continued)

Theme	Subtheme	Codes	Quotations
(3) Felt gains	(i) Realizing my own worth	Feeling supported, respected, valued, proud, compassionate, patient, benevolence, and self-confidence	<p>"It made us very happy that people applauded and supported us during this process." (Physician 3)</p> <p>"Our prestige in society has increased." (Physician 2)</p> <p>"I have never witnessed such importance and value given to healthcare professionals until today. I felt valued..." (Physician 5)</p> <p>"We look like heroes. Working for the benefit of people at this time gives me honor and pride..." (Nurse 3)</p> <p>"I realized the virtues I have. I've understood that I am a compassionate person." (Nurse 5)</p> <p>"I've noticed that I am very patient with patients." (Nurse 2)</p> <p>"...It made me feel good to help patients and ask for their well-being." (Nurse 9)"</p> <p>"...My ability to use my professional knowledge in difficult conditions strengthened me and this increased my self-confidence" (Nurse 7)"</p> <p>"I felt that I was productive in this process, and I realized my own worth." (Physician 4)</p>
	(ii) Increased motivation	Patient recovery and discharges	<p>"As the patients got better, our motivation increased." (Nurse 2)</p> <p>"The most important thing that increases our motivation is definitely the recovery of the patients and their discharge..." (Nurse 9)</p>

stress/anxiety, unhappiness, fear, longing, loneliness, uncertainty, fear of being infected and infecting others, disruption in roles, loneliness, embarrassment, and stigma. Evidence shows that healthcare workers are exposed to the psychological effects during and after outbreaks (Kisely et al., 2020; Lai et al., 2020; Zhang et al., 2020), and experience some emotions such as fear and stress/anxiety the most during the pandemic (Kaçkın et al., 2021; Sun et al., 2020). Healthcare professionals inevitably display these reactions during an epidemic or in a crisis. However, the rapid spread of the COVID-19 pandemic, unknown outcomes, uncertainty about when it will end, the fear of being infected and infecting family members, and the deaths of their colleagues from this infection are major causes that increase their stress/anxiety and fear.

The fear of being infected is higher for healthcare professionals than for the general population. However, it is reported that this fear is a fear of transmitting the virus to their family and people around them rather than the fear of being infected (Tuncay et al., 2020). Nurses and physicians in this study frequently expressed this concern. Various studies report that healthcare workers in China and Canada struggling with SARS have a high fear and anxiety of transmitting viruses to their family members (Bai et al., 2004; Robertson et al., 2004). Therefore, healthcare professionals preferred to stay away from their homes and family members for long periods, and that they continued to communicate with their spouses and children without physical contact and generally by phone. Undoubtedly, this period is thought to lead to a significant decrease in emotional and social support provided by the family.

Although social distance is the most effective method of protection from the epidemic, it can create some negative effects for healthcare professionals. The nurses in this study stated that they were considered as potential virus carriers by society and were stigmatized, which adversely affected them. The literature on pandemics emphasizes that stigma is a common and long-lasting social problem (Mak et al., 2006). Exclusionary behavior, avoidance of speaking, judgment, blaming, fear, and doubt are among the typical stigma behaviors (Tuncay et al., 2020). There is a need to increase social awareness about the harmful effects of labeling on healthcare workers' mental health, otherwise, stigma may reduce their general functionality as an effective risk factor.

Participants also expressed that they were able to cope with all these difficult situations without professional support. However, it is noteworthy that the nurses and physicians in this study have started to smoke more, increased alcohol intake, and experienced insomnia and fatigue during the COVID-19 pandemic (Table 1). We consider these situations to be early coping strategies. Based on this data, it is thought that the psychological resilience levels of COVID-19 intensive care workers should be promoted by improving their knowledge and skills on effective coping methods with stress.

Work-Related Challenges

The sudden emergence and rapid global spread of the COVID-19 pandemic have created unprecedented challenges for healthcare systems. In this challenging process, health workers are supposed to cope with many work-related difficulties due

to the inadequacy of personal protective equipment, the number of intensive care beds, ventilators, and medical equipment (Abbott et al., 2020; Shanafelt et al., 2020). Healthcare workers are under intense pressure during the COVID-19 outbreak due to reasons such as being at risk of contamination, intensive working hours, isolation, not being able to see their family and children, fear of death, and caring for patients with serious health problems (Kisely et al., 2020; Xiang et al., 2020). In addition, the concern of health professionals who are assigned to the unit with a heavy workload, not being able to adapt to this field or providing adequate care, and lack of access to up-to-date information and communication are prominent work-related difficulties for health (El-Hage et al., 2020; Lai et al., 2020).

During the previous MERS-CoV, Ebola, and SARS epidemics, healthcare workers reported experiencing similar challenges (Kang et al., 2020; Kim 2018; Smith et al., 2017). Like this study, various studies highlight that the workload and working hours of healthcare providers increased during the pandemic and that it is challenging to work with protective clothing (Kaçkın et al., 2021; Liu et al., 2020; Sun et al., 2020).

The financial pressure on health systems caused by the COVID-19 pandemic is also affecting healthcare professionals seriously (Shanafelt et al., 2020), and nurses have problems with payment (Öztürk et al., 2015). This study shows that these problems continue during the COVID-19 pandemic, and most of the nurse participants were not paid enough for their work and effort and experienced inequality. No studies to this knowledge have examined the economic problems of nurses working during the COVID-19 pandemic in the literature, so the result of this study reveals a new perspective.

Felt Gains

This study also revealed that the participants have undergone some positive emotional and spiritual changes while dealing with difficulties, which shows that their willingness to work and their satisfaction emerge from unexpected areas and bring them to another point. Most nurses and physicians felt that their motivation increased because they were supported, respected, applauded, and appreciated by society. Many nurses performed their duties by emphasizing compassion and affection while providing treatment and care to the patients.

Sun et al. (2020) suggested that healthcare professionals appreciate the support they receive from all parts of society, and they would go on working with the same gratitude in the future. In such a challenging period, the support, respect, characterization, appreciation, and applause of healthcare professionals by society have made us proud as researchers and healthcare professionals.

Additionally, the nurses and physicians in this study expressed that they achieved professional satisfaction when they saw that the patients were treated and discharged, and they got to know themselves and discovered their strengths. Healthcare workers had anxiety, stress, anger, and fears during the previous SARS and MERS epidemics and high risk and post-traumatic stress disorder for mental

problems after the epidemic (Lee et al., 2018; Marjanovic et al., 2007; Maunder et al., 2003). This study, the participants also went through some mental and emotional situations when they encountered challenges related to traumatic events.

Healthcare workers develop growth under pressure (Liu et al., 2020; Sun et al., 2020), which is consistent with findings of the study. Participants have been able to adapt to the challenging period devotedly and do their tasks with great effort. Moreover, they realized new meanings about both themselves and life and that they made sense of all this with different perspectives again. Post-traumatic growth may appear as new understandings, new acceptances, new skills, and expectations and desires that change dimensions and bring new motivations.

Study Limitations

This research has several noteworthy strengths. Few qualitative studies have been conducted on the pandemic in the literature, and no studies to our knowledge have directly investigated the experiences and psychosocial difficulties of nurses and physicians of patients diagnosed with COVID-19 in the intensive care unit. The researcher, trained by experts on interview skills, was able to meet face-to-face with the participants by taking the necessary protective measures (N95 mask, gloves, goggles/face shields, apron). Conducting the study as a qualitative inquiry was a challenge, but we argue that this study has given both the participants and researchers to reflect on the journey. The process itself was informative and explorative. However, the study also had several limitations. The results of the study cannot be generalized, the sample size was restricted, and this study was carried out in a single center.

Conclusions and Recommendations

This study has demonstrated that nurses and physicians experienced psychosocial changes such as decreased emotional well-being and social changes, and changes in working conditions during the COVID-19 pandemic. However, they have also achieved gains such as realizing their values, being compassionate, patient, and affectionate. Researchers also had similar experiences. It would like to express that we felt upset and worried due to the heavy working conditions of colleagues and the psychosocial changes they experienced at the beginning of this difficult period. Later, during this ongoing challenging pandemic, we became pleased to see that colleagues showed psychological growth and gains. Despite all difficulties, healthcare professionals continue to work with increasing emotional resistance.

It is recommended to be aware of the problems that nurses and physicians experience during and after the COVID-19 outbreak, protect their mental health, provide adequate economic support, especially for nurses, and take necessary measures by collecting data that may be a guide for subsequent outbreaks. The Mental Health Program for Coronavirus (KORDEP) was founded in Turkey to offer psychosocial counseling (over the telephone) and psychological support services for people, mainly for healthcare workers. KORDEP has decided to continue to work not only during the pandemic but also in case of any trauma and

disaster which is likely to occur in Turkey in the future. One of the researchers is also involved in this program.

Ethics Committee Approval: Ethics committee approval was received for this study from the ethics committee of Recep Tayyip Erdoğan University (Date: June 24, 2020, No: 40465587-050.01.04-150).

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