

Health Care Workers: The Most Blown Away in the COVID-19 Pandemic Hurricane

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ABSTRACT

Objective: We conducted a questionnaire to reveal the stress, anxiety and burnout that health professionals have experienced during the pandemic period, and the social, economic and work-related problems encountered.

Material and Method: A total of 416 healthcare professionals participated in the study. They were reached via an electronic questionnaire form through social media groups and given detailed information about the study. They were asked 8 sociodemographic questions, 6 questions for health status of HCW, 8 questions about the changes in working and economic conditions, 11 questions for social and psychological changes of HCW.

Results: Ninetyfive percent of the employees felt burnout along with tension, anxiety and restlessness. Despite this, 88% did not receive any psychological support. There have also been changes in the family and social arrangements of the majority of the HCW (94%). Nearly 90% of the HCW worked under pressure. Only 18% of the health professionals who participated in our study did not hesitate to continue their current profession. There is a significant relationship between the participants' decreased willingness to choose the same profession again and their tension/anxiety and burnout ($p < 0.05$).

Conclusion: HCW are effected socially, economically and psychological with the rapid spread of COVID-19 pandemic. They experienced stress, anxiety and burnout besides fatigue. This may lead to problems such as taking care of patients and quality in health care even collapses in the health sector. We suggest that providing and sustaining psychological, economical, social and behavioral support for HCW and health sector.

Keywords: Healthcare Professional, Economical, Social and Psychological Support, Pandemic.

ÖZ

Sağlık Çalışanları: COVID-19 Pandemi Kasırgasında en çok Savrulanlar

Amaç: Pandemi döneminde sağlık çalışanlarının yaşadığı stres, kaygı ve tükenmişlik ile karşılaştıkları sosyal, ekonomik ve işle ilgili sorunları ortaya çıkarmak için bir anket gerçekleştirdik.

Gereç ve Yöntem: Çalışmaya toplam 416 sağlık çalışanı katılmıştır. Sosyal medya grupları aracılığıyla elektronik anket formu kullanılarak kendilerine ulaştırılmış ve çalışma hakkında detaylı bilgi verilmiştir. Katılımcılara 8 sosyodemografik soru, sağlık durumları ile ilgili 6 soru, çalışma ve ekonomik koşullardaki değişikliklerle ilgili 8 soru, sosyal ve psikolojik değişiklikleri ile ilgili 11 soru sorulmuştur.

Bulgular: Çalışanların %95'i gerginlik, kaygı ve huzursuzluk ile birlikte tükenmişlik hissettiğini belirtmiştir. Buna rağmen %88'i herhangi bir psikolojik destek almamıştır. Sağlık çalışanlarının çoğunluğunun (%94) aile ve sosyal düzenlemelerinde de değişiklikler olmuştur.

Sağlık çalışanlarının yaklaşık %90'ı baskı altında çalıştığını söylemiştir. Çalışmamıza katılan sağlık çalışanlarının sadece %18'i mevcut mesleğine devam etmekten çekinmemiştir. Katılımcıların aynı mesleği tekrar seçme isteklerinin azalması ile gerginlik/kaygı ve tükenmişlik durumları arasında anlamlı bir ilişki vardır ($p < 0.05$).

Sonuç: COVID-19 pandemisinin hızla yayılması ile sağlık çalışanları sosyal, ekonomik ve psikolojik olarak etkilenmişlerdir. Yorgunluğun yanı sıra stres, kaygı ve tükenmişlik yaşamışlardır. Bu durum sağlık sektöründe hasta bakımı ve sağlıkta kalite gibi sorunlara yol açabilmekte, hatta sağlık sektöründe çökmelere neden olabilmektedir. Bu sıkıntıları önlemek için psikolojik, ekonomik, sosyal ve davranışsal desteğin sağlanması ve sürdürülmesinin sağlık sektörü ve sağlık çalışanları için faydalı olacağını düşünüyoruz.

Anahtar Sözcükler: Sağlık Çalışanı, Ekonomik, Sosyal ve Psikolojik Destek, Pandemi.

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The epidemic caused by SARS-CoV-2, in Wuhan China on 12 December 2019, was named 2019-nCoV and was reported as a COVID-19 pandemic by the World Health Organization (WHO) in March 2020. Healthcare workers (HCW) bear great responsibility in the global epidemic (1). In the most devastating epidemic of the modern world, HCW have been at the

center of this difficult struggle. They have been in all phases of the pandemic without any self-interest. With the pandemic, they took place in a world of stress, both physically and mentally. It has been shown to raise concerns among HCW about the possibility of being infected themselves (2). During the treatment and care process for Covid-19 patients, the working HCW in hospitals were rearranged for the pandemic crisis (3).

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HCW have been one of the most affected groups, as they directly care for infected people. The rapidly increasing number of cases, hospitalizations and deaths during this period caused their increased anxiety, burn-out and feeling of helplessness (4). Besides, difficulties in working conditions, problems experienced by health workers with managers and other colleagues, and economic difficulties have deepened this situation.

Countries have taken various preventive measures against airborne transmission and protective equipment to protect health workers against contact with infected patients during care, in accordance with national and local health policies (5). In addition, some social and psychological support measures can be taken for the mental health of the employees.

We conducted a questionnaire to reveal the stress, anxiety and burnout that health professionals have experienced during this pandemic period, and the social, economic and work-related problems encountered.

MATERIAL AND METHOD

The research is a descriptive and cross-sectional study. Participants consist of occupational groups such as doctors, nurses, midwives, technicians, medical secretaries, dieticians, support personnel, perfusionists, who are actively working in the field of health during the COVID-19 pandemic process. Participants were reached via an electronic questionnaire form through social media groups (Whatsapp groups, public forums, twitter and facebook accounts). A total of 416 healthcare professionals participated in the study between 1-30 April 2022 at Elazığ Fethi Sekin Hospital. Inclusion criteria include healthcare workers aged 18 years or older who have had contact with COVID-19 patients. Exclusion criteria were those who had no patient contact during the outbreak or did not want to participate in the questionnaire.

In the study, for the demographic analysis of the participants; 1-Gender, 2-Age, 3-Marital status, 4-Having children, 5-People living together, 6-Which health profession group belonging to, 7-Time spent in the profession, 8-Institution of work were asked.

To analyze the changes caused by the covid-19 disease in the working and economical conditions of health workers; 1-The duration of contact with the patients, 2-whether they worked on demand in the pandemic service, 3-Change in the tempo or conditions of the work, 4-Increase in the workload, 5-If there was an increase in the workload, it was asked whether the managers of the institution made any arrangements in favor of the employees, 6-Whether an award or additional payment was given, 7-Whether the income obtained in this period was sufficient. 8-Change in the dialogue with hospital administrators or other colleagues, 8-Any problems in getting permission during this period; were asked to the participants.

To analyze the effects of the Covid-19 on health status of HCW; 1-Their thoughts about protecting their own

health, 2-Covid-19 Vaccination status of HCW, 3-Getting caught Covid-19 disease, 4-Whether the close relatives' affected by the Covid-19 disease, 5-The preventive cares taken to stop the disease and prevent transmission, 6-Sufficiency of the number of protective equipment and personnel were questioned.

In order to question the social and psychological changes experienced by the HCW regarding the Covid-19 disease; 1-Their feelings when they met the first Covid-19 patient, 2-Changes in family and social life, 3-The reactions they received from the families because of working in the Covid-19 service, 4-Whether they thought they were working under pressure, 5-Increase in the requests of the patients/patient relatives/hospital management and 6-Whether they were concerned about meeting them, 7-Experiencing tension-anxiety, 8-Feeling burnout, 9-Receiveing psychological support during this period, 10-Any social activities they did to relax mentally and psychologically, 11- If they had the right to choose a profession again, whether they would like to do their current job; were asked.

Our study was approved by Firat University and complies with the principles of the Helsinki Declaration.

Statistical analysis:

The data obtained from the research were analyzed using the SPSS version 24.0 (IBM Corp., Armonk, NY, USA) package program. Number, percentage and Chi-square tests were used to evaluate the data.

In determining the sample of the study; The sample size of the study was found to be 400, since 0.33 effect size, 0.05 first type error amount, and 95% power were taken as basis (T :1,64). Considering the losses in the study, the study was completed with 416 HCW. The significance level of the data was accepted as $p < 0.05$.

RESULTS

In our study, 57.2% of the HCW are women and 42.8% are men. The majority (64%) are 40 years old or younger. The vast majority (74%) are married and 65.6% have children. Majority of the participants are doctors and nurses (75%). When the first Covid-19 case was encountered, the number of HCW who consider the situation normal and take precautions was as low as 30%. With the pandemic, it was seen that 95% of healthcare workers had an increase in their workload.

With this increased workload, 81% of HCW think that no favorable regulation had been made and approximately 72% of them think that the income they received during this period was insufficient. The 58.4% of HCW did not work in the pandemic service of their own accord. There have also been changes in the family and social arrangements of the majority of the HCW (94%). The majority of the HCW were concerned about meeting the increase in the demands of the hospital management, patients and their relatives (82%). Nearly 90% of the HCW who participated in our sur-

vey think that they worked under pressure. Ninetyfive percent of the employees felt burnout along with tension, anxiety and restlessness. Despite this, 88% did not receive any psychological support. Approximately 60% of the HCW participating in the study stated that they were interested in a social activity to relax. Fiftysix percent of health workers say that they had

problems in taking leave. However, only 18% of the health professionals who participated in our study did not hesitate to continue their current profession. About half of them definitely do not want to do the same job (Table 1).

Table 1. Sociodemographic variables of HCW.

Variables	n	%
Sex		
Female	238	57.2
Male	178	42.8
Age		
18-30	114	27.5
30-40	150	36
40-50	104	25
50-60	44	10.5
>60 year	4	1
Marital Status		
Married	308	74
Single	108	26
Having child		
Yes	273	65.6
No	143	34.4
People living together		
Lonely	26	6.2
With friends	23	5.5
With partner and children	308	74.1
With mother, father, brother, sister	59	14.2
Profession		
Doctor	185	44.5
Nurse	127	30.5
Other HCW	104	25
Professional Experience (Years)		
1-5	80	19.2
5-10	66	15.9
10-20	156	37.5
>20	114	27.4
COVID-19 Contact Time (Hours)		
0-4	162	38.9
4-8	90	21.6
8-12	35	8.4
>12	129	31
Feelings in the first case of COVID-19?		
Received normal	28	6.7
Took the necessary precautions	98	23.5
Worried	157	37.8
Afraid of contagion	133	32
Have you worked in the COVID service willingly?		
Yes	89	21.4
No	243	58.4
No matter	84	20.2
Changes in working conditions		
Not	148	35.5
Shift pattern changed	56	13.6
Shift from weekday shift to shift order	43	10.3
Change of place	74	17.8
Change of working hours	95	22.8
Increase in workload		
No change	21	5
Little increase	162	38.9
Too much increase	229	55
Decreased	4	1
Did the manager make adjustments in favor despite the increased workload?		
Yes	78	18.8
No	338	81.3
Change in family social life		
No change	24	5.8
Partial changes	213	51.2
Changes that affect my life.	179	43
Change in your dialogue with hospital administrators/other colleagues		
No change	196	47
Developed in a positive way	46	11.1
Disputes started	157	37.8
Dialogue finished	17	4.1
Any payment/reward status with increasing workload		
No	213	51.2
A bit	195	46.9
We received awards that motivate us	8	1.9

Do you think your income is sufficient during this period?		
More than enough	11	2.6
At the level that I can live my life	107	25.7
Insufficient (I get help from my environment/do additional work)	298	71.7
Do you think you are working under pressure?		
No	45	10.8
Sometimes	172	41.3
Often	104	25
Every time	95	22.8
Any increase in the requests of the patient/patient relatives, the hospital management and the anxiety of meeting them?		
No	70	16.8
It was moderate/understandable	153	36.8
Excessive	193	46.4
Experiencing tension, anxiety, restlessness?		
No	21	5
Sometimes	170	40.9
Often	154	37
Every time	71	17.1
Experiencing burnout		
No	22	5.3
Sometimes	167	40.1
Often	138	33.2
Every time	89	21.4
Receiving psychological support?		
No	365	87.7
For a short time	35	8.4
From the beginning of the pandemic	16	3.8
Any social activities to relax?		
No	160	38.4
Sometimes	208	50
Often	24	5.8
Orderly	24	5.8
Any trouble taking leave during this period?		
I couldn't use permission	179	43
I had to take leave when I didn't want it	27	6.5
I used partial	121	29
No problem	89	21.5
If you had the right to choose a profession again, would you do the current job?		
No way	205	49.3
Undecided	110	26.4
I would have to	23	5.5
Definetly would	78	18.8
COVID-19 vaccination		
Yes	399	95.9
No	17	4.1
Have you had COVID 19 disease? How?		
No	143	34.4
I survived at home	260	62.4
I survived at hospital	9	2.2
I received long-term heavy treatment in the hospital	4	1
Close environment COVID 19 impact status		
No one is impressed	15	3.6
They survived lightly	216	52
Heavy survivors	109	26.2
Deceased	76	18.2
Could you protect your own health?		
No	96	23.1
Sometimes	201	48.3
Often	77	18.5
Every time	42	10.1
Were the preventins taken to stop the disease sufficient?		
Insufficient	130	31.3
Shortcomings are there	216	51.9
Sufficient	65	15.6
This is too much	5	1.2
Were the equipment and personnel adequate?		
Insufficient	112	26.9
Partly enough	222	53.4
Quite enough	82	19.7

*HCW: Health Care Workers.

There was no relationship between the marital status of the participants and the change in family life/social order. There was also no statistically significant relationship between marital status and working under pressure, the increase in the demands of the patients/patient relatives hospital management and the

anxiety of meeting them, and the situations of experiencing tension/anxiety ($p = 0.803$, $p = 0.220$, $p = 0.488$). It has been determined that married people have a significant increase in burnout and decrease their desire to do the same job ($p < 0.05$) (Table 2).

Table 2. Comparison of Marital Status and Social/Psychological effects.

Variables	Married n (%)	Single n (%)	p
Change in family social life			
No change	17 (5.5)	7 (6.5)	= 0.494
Partial changes	163 (52.9)	50 (46.3)	
Changes that affect my life.	128 (41.6)	51 (47.2)	
Do you think you are working under pressure?			
No	37 (12)	8 (7.4)	= 0.055
Sometimes	135 (43.8)	37 (34.3)	
Often	74 (24)	30 (27.8)	
Every time	62 (20.1)	33 (30.6)	
Any increase in the requests of the patient/patient relatives, the hospital management and the anxiety of meeting them?			
No	53 (17.2)	17 (15.7)	= 0.190
It was moderate/understandable	120 (39)	33 (30.6)	
Excessive	135 (43.8)	58 (53.7)	
Experiencing tension, anxiety, restlessness?			
No	17 (5.5)	4 (3.7)	= 0.177
Sometimes	134 (43.5)	36 (33.3)	
Often	109 (35.4)	45 (41.7)	
Every time	48 (15.6)	23 (21.3)	
Experiencing burnout			
No	18 (5.8)	4 (3.7)	= 0.009
Sometimes	137 (44.5)	30 (27.8)	
Often	94 (30.5)	44 (40.7)	
Every time	59 (19.2)	30 (27.8)	
If you had the right to choose a profession again, would you do the current job?			
No way	145 (47.1)	60 (55.6)	= 0.033
Undecided	78 (25.3)	32 (29.6)	
I would have to	17 (5.5)	6 (5.6)	
Definetly would	68 (22.1)	10 (9.3)	

A significant relationship was found between the tension/anxiety of the participants and the increase in workload, deterioration in their dialogue with managers and colleagues, the state of receiving rewards, the feel-

ing of working under pressure, and the feeling of anxiety in meeting the requests of patients, relatives and managers (Table 3).

Table 3. Comparison of tension, anxiety and social life-working environment effects.

Variables	Sometimes n (%)	No n (%)	Every time n (%)	Often n (%)	P
Having child					
Yes	116 (42.5)	16 (5.9)	44 (16.1)	97 (35.5)	= 0.485
No	54 (37.8)	5 (3.5)	27 (18.9)	57 (39.9)	
Increase in workload					
No change	2 (50)	1 (25)	1 (25)	0 (0)	< 0.001
Little increase	75 (46.3)	12 (7.4)	21 (13)	54 (33.3)	
Too much increase	78 (34.1)	5 (2.2)	49 (21.4)	97 (42.4)	
Decreased	15 (71.4)	3 (14.3)	0 (0)	3 (14.3)	
Did the manager make adjustments in favor despite the increased workload?					
Yes	36 (46.8)	6 (7.8)	6 (7.8)	29 (37.7)	= 0.216
No	132 (39.3)	15 (4.5)	65 (19.3)	124 (36.9)	
Change in your dialogue with hospital administrators/other colleagues					
No change	41 (26.1)	5 (3.2)	45 (28.7)	66 (42)	< 0.001
Developed in a positive way	4 (23.5)	0 (0)	7 (41.2)	6 (35.3)	
Disputes started	18 (39.1)	2 (4.3)	4 (8.7)	22 (47.8)	
Dialogue finished	106 (54.4)	14 (7.2)	15 (7.7)	60 (30.8)	
Any payment/reward status with increasing workload					
No	74 (37.9)	6 (3.1)	33 (16.9)	82 (42.1)	= 0.026
A bit	2 (25)	2 (25)	0 (0)	4 (50)	
We received awards that motivate us	94 (44.1)	13 (6.1)	38 (17.8)	68 (31.9)	
Do you think you are working under pressure?					
No	97 (56.4)	9 (5.2)	8 (4.7)	58 (33.7)	< 0.001
Sometimes	29 (64.4)	6 (13.3)	1 (2.2)	9 (20)	
Often	15 (15.8)	3 (3.2)	43 (45.3)	34 (35.8)	
Every time	29 (27.9)	3 (2.9)	19 (8.3)	53 (51)	
Any increase in the requests of the patient/patient relatives, the hospital management and the anxiety of meeting them?					
No	58 (30.1)	7 (3.6)	52 (26.9)	76 (39.4)	< 0.001
It was moderate/understandable	39 (55.7)	8 (11.4)	6 (8.6)	17 (24.3)	
Excessive	73 (47.7)	6 (3.9)	13 (8.5)	61 (39.9)	

There is a significant relationship between the participants' having children, increase in workload, deterioration in dialogue with managers and colleagues, work-

ing under pressure and anxiety in meeting demands ($p < 0.05$) (Table 4).

Table 4. Comparison of feeling burnout and the effects of social life and working environment.

Variables	Sometimes n (%)	Every time n (%)	No n (%)	Often n (%)	P
Having child					
Yes	124 (45.4)	51 (18.7)	15 (5.5)	83 (30.4)	=0.017
No	43 (30.1)	38 (26.6)	7 (4.9)	55 (38.5)	
Increase in workload					
No change	2 (50)	0 (0)	1 (25)	1 (25)	< 0.001
Little increase	77 (44.5)	24 (14.8)	12 (7.4)	49 (30.2)	
Too much increase	73 (31.9)	65 (28.4)	6 (2.6)	85 (37.1)	
Decreased	15 (71.4)	0 (0)	3 (14.3)	3 (14.3)	
Any payment/reward status with increasing workload					
No					= 0.465
A bit	35 (45.5)	10 (13)	5 (6.5)	27 (35.1)	
We received awards that motivate us	130 (38.7)	79 (23.5)	17 (5.1)	110 (32.7)	
Change in your dialogue with hospital administrators/other colleagues					
No change	41 (26.1)	51 (32.5)	2 (1.3)	63 (40.1)	< 0.001
Developed in a positive way	3 (17.6)	8 (47.1)	0 (0)	6 (35.3)	
Disputes started	21 (45.7)	6 (13)	4 (8.7)	15 (32.6)	
Dialogue finished	102 (52.3)	24 (12.3)	16 (8.2)	53 (27.2)	
Any payment/reward status with increasing workload					
No	76 (39)	38 (19.5)	9 (4.6)	72 (36.9)	= 0.181
A bit	3 (37.5)	1 (12.5)	2 (25)	2 (25)	
We received awards that motivate us	88 (41.3)	50 (23.5)	11 (5.2)	64 (30)	
Do you think you are working under pressure?					
No	91 (52.9)	15 (8.7)	10 (5.8)	56 (32.6)	< 0.001
Sometimes	32 (71.1)	0 (0)	10 (22.2)	3 (6.7)	
Often	13 (13.7)	49 (51.6)	1 (1.1)	32 (33.7)	
Every time	31 (29.8)	25 (24)	1 (1)	47 (45.2)	
Any increase in the requests of the patient/patient relatives, the hospital management and the anxiety of meeting them?					
No	52 (26.9)	69 (35.8)	5 (2.6)	67 (34.7)	< 0.001
It was moderate/understandable	41 (58.6)	5 (7.1)	9 (12.9)	15 (21.4)	
Excessive	74 (48.4)	15 (9.8)	8 (5.2)	56 (36.6)	

There is a significant relationship between the participants' decreased willingness to do the same profession and having children, making arrangements for the increased workload, deterioration in the dialogue with

managers and colleagues, working under pressure, and anxiety in meeting the demands ($p < 0.05$) (Table 5).

Table 5. Comparison of the effects of social life and working environment with their willingness to do the same job.

Variables	I would have to n (%)	Undecided n (%)	No way n (%)	Definetly would n (%)	P
Having child					
Yes	16 (5.9)	62 (22.7)	132 (48.4)	63 (23.1)	= 0.006
No	7 (4.9)	48 (33.6)	73 (51)	15 (10.5)	
Increase in workload					
Decreased	0 (0)	1 (25)	2 (50)	1 (25)	= 0.269
Little increase	9 (5.6)	43 (26.5)	73 (45.1)	37 (22.8)	
Too much increase	13 (5.7)	62 (27.1)	122 (53.3)	32 (14)	
No change	1 (4.8)	4 (19)	8 (38.1)	8 (38.1)	
Did the manager make adjustments in favor despite the increased workload?					
Yes	1 (1.3)	27 (35.1)	27 (35.1)	22 (28.6)	= 0.008
No	22 (6.5)	81 (24.1)	177 (52.7)	56 (16.7)	
Change in your dialogue with hospital administrators/other colleagues					
Disputes started	4 (2.5)	44 (28)	95 (60.5)	14 (8.9)	< 0.001
Dialogue finished	0 (0)	2 (11.8)	12 (70.6)	3 (17.6)	
Developed in a positive way	4 (8.7)	10 (21.7)	16 (34.8)	16 (34.8)	
No change	14 (7.2)	54 (27.7)	82 (42.1)	45 (23.1)	
Any payment/reward status with increasing workload					
A bit	7 (3.6)	58 (29.7)	95 (48.7)	35 (17.9)	= 0.137
We received awards that motivate us	0 (0)	1 (12.5)	3 (37.5)	4 (50)	
No	16 (7.5)	51 (23.9)	107 (50.2)	39 (18.3)	
Do you think you are working under pressure?					
Sometimes	13 (7.6)	51 (29.7)	74 (43)	34 (19.8)	< 0.001
No	3 (6.7)	9 (20)	7 (15.6)	26 (57.8)	
Every time	4 (4.2)	20 (21.1)	66 (69.5)	5 (5.3)	
Often	3 (2.9)	30 (28.8)	58 (55.8)	13 (12.5)	
Any increase in the requests of the patient/patient relatives, the hospital management and the anxiety of meeting them?					
Excessive	8 (4.1)	43 (22.3)	120 (62.2)	22 (11.4)	< 0.001
No	5 (7.1)	15 (21.4)	25 (35.7)	25 (35.7)	
It was moderate/understandable	10 (6.5)	52 (34)	60 (39.2)	31 (20.3)	

There is a significant relationship between the participants' decreased willingness to choose the same profes-

sion again and their tension/anxiety and burnout (p <0.05) (Table 6).

Table 6. Comparison of tension anxiety and burnout with willingness to do the same job.

Variables	I would have to n (%)	Undecided n (%)	No way n (%)	Definetly would n (%)	P
Experiencing tension, anxiety, restlessness?					
Sometimes	11 (6.5)	51 (30)	63 (37.1)	45 (26.5)	< 0.001
No	0 (0)	2 (9.5)	8 (38.1)	11 (52.4)	
Every time	4 (5.6)	15 (21.1)	49 (69)	3 (4.2)	
Often	8 (5.2)	42 (27.3)	85 (55.2)	19 (12.3)	
Experiencing burnout					
Sometimes	12 (7.2)	51 (30.5)	57 (34.1)	47 (28.1)	< 0.001
Every time	3 (3.4)	21 (23.6)	62 (69.7)	3 (3.4)	
No	1 (4.5)	3 (13.6)	4 (18.2)	14 (63.6)	
Often	7 (5.1)	35 (25.4)	82 (59.4)	14 (10.1)	

DISCUSSION

With the rapid spread of COVID-19 all over the world, the health systems of countries have experienced great difficulties. Many factors such as limited personal protective equipment (PPE), fear of transmitting the disease to their close circle, fear of being infected with coronavirus, limited health facilities, high morbidity and mortality along with a rapid increase in the number of cases have been a source of concern for healthcare professionals (6, 7, 8). Working under such hard conditions has led to serious health problems such as insomnia, stress and psychological problems ranging from

mild anxiety to severe depression (9, 10). In addition to workplace-related stresses, restrictions affecting daily life have reduced the social activities of HCW and worsened their mental state (11). During this period, health workers had to be in isolation and away from their families for a long time (12). However, the anxiety about the risk of infection of their families, caused them to feel lonely and helpless, and to be extremely prone to burnout and psychological problems (13, 14). Along with burnout, decrease in the quality of patient care, reluctance in HCW, and thoughts of leaving work can be seen (15). All these are known to cause irreversible consequences for the health sector. Additionally, continued use of PPE has contributed to physical fatigue and mental stresses on healthcare workers (16).

In our study, among the HCW who are married and with children, we found a significant relationship between both the feeling of burnout and the unwillingness to do the current job. Different social roles and responsibilities of those who are married and have children, the decrease in the time they spend with their families, the fatigue due to the increased workload, the fear of transmitting this infection to their families and possible financial inadequacies may have been effective in this result. HCW who indicate an increase in their workload also experience tension, anxiety and burnout. The fatigue caused by the excessive workload and the inability to complete the work make this inevitable. This may be related to the intensity and irregularity of working durations and conditions during the pandemic period. The fact that healthcare workers exposed to the coronavirus did not receive any rewards or allowances despite their high self-sacrifice, also resulted in tension and anxiety. Working under pressure in intense pandemic conditions and hospital administrators' anxiety about meeting the wishes of patients and their relatives have led to tension and burnout. In addition, this situation has led to the reluctance of employees to do their current profession. We see that those who feel tension, anxiety and burnout among the HCW do not want to do their current job. This may lead to problems such as taking care of patients and quality in health care. This will lead to unavoidable problems and even collapses in the health sector.

Difficulties in dialogue with hospital administrators and other colleagues resulted in an increase in tension, anxiety and burnout, and reduced their willingness to do their current job. With the increasing workload, a significant relationship was found between the unwillingness to do their job and no favorable arrangement for the HCW. The fact that the main responsibility is on the HCW during the pandemic period, and the lack of any favorable regulation in return has intimidated

the health workers and they have no desire to do their current profession.

Considering all these, in the case of a pandemic, it is essential to determine the need for health personnel in numbers and to make workforce planning accordingly. Considering the increasing workload, we think that it is necessary to organize working and resting areas for HCW, to plan working hours more appropriately, and to provide adaptation trainings to all employees. Also, we suggest that providing and sustaining psychological, social and behavioral support, will be beneficial for both patients and HCW, as shown in many studies (17). In addition to these, providing sufficient materials and protective equipment to the HCW and meeting their personal needs are among the necessary precautions. Considering the stress and anxiety experienced during the pandemic period, we think that it would be beneficial for health managers to make HCW feel that they are important, that they respect themselves and the work they do, and that they make rewards that will motivate employees. With the increasing workload and working hours, it has become a necessity for HCW increasing their motivation and earn enough, to adapt to these difficult conditions. In this way, employees will do their work more willingly and more carefully.

Limitations: This study is single center and limited to city hospital. The burnout and anxiety of the patients were not supported by clinical examinations.

Conclusions: With the rapid spread of COVID-19 all over the world, HCW had great responsibilities. They are effected socially, economically and psychological. They experienced stress, anxiety and burnout besides fatigue. This may lead to problems such as taking care of patients and quality in health care. So there will be unavoidable problems and even collapses in the health sector. To prevent these troubles, we suggest that providing and sustaining psychological, economical, social and behavioral support will be beneficial for HCW and health sector.

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