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The Assessment of The Level of Covid-19 Fear And State-Trait Anxiety of The Healthcare Workers: The Sample Of Turkey**Sağlık Çalışanlarının Covid-19 Korkusu ile Durumluk-Süreklilik Kaygı Düzeyinin Değerlendirilmesi: Türkiye Örnekleme**NÜKHET KAÇAR¹FATMA DENİZ SAYINER²ÖZLEM MORALOĞLU TEKİN¹ Orcid ID:0000-0001-5143-4376 Orcid ID:0000-0001-9287-989X Orcid ID:0000-0001-8167-3837¹ Ankara Şehir Hastanesi- Kadın Doğum Hastanesi, Ankara¹ Eskişehir Osmangazi Üniversitesi, Sağlık Bilimleri Fakültesi Ebelik Bölümü., Eskişehir¹ Eskişehir Osmangazi Üniversitesi, Sağlık Bilimleri Fakültesi Ebelik Bölümü., Eskişehir**ÖZ**

Amaç: COVID-19 pandemisi bütün hizmet sektörünü etkilediği gibi sağlık sektörünü de etkilemiştir. Çalışmada COVID-19 pandemi sürecinde aktif olarak Sağlık Bakanlığı'nda çalışan sağlık çalışanlarının unvan farkı gözetmeksizin, COVID-19 korkusu ve endişe düzeyinin incelenmesi amaçlanmıştır.

Gereç ve Yöntemler: Pandemi sürecinde kontaminasyonun engellenmesi amacıyla 203 sağlık çalışanına çevrim içi anket metodu kullanılarak ulaşılmıştır. Literatür taranarak araştırmacılar tarafından oluşturulan tanımlayıcı bilgi formu, geçerlik güvenirliği sağlanmış olan COVID-19 Korkusu (CFS) ve Durumluk-Süreklilik Kaygı Ölçeği (STAI) sağlık çalışanlarına uygulanmıştır. Veriler SPSS programı ile analiz edilmiştir.

Bulgular: Çalışmanın sonucunda Sağlık Bakanlığı'nın pandemi için ayarladığı konaklama hizmetlerini kullanan sağlık personellerinin CFS puanı ($p=0,005$) yüksek, herhangi bir psikolojik destek almayan ve işten ayrılmayı düşünmeyen sağlık çalışanlarının STAI puanı ($p=0,008$) düşük bulunmuştur. Herhangi bir psikolojik destek almayı düşünmeyen sağlık çalışanlarının hem CFS ($p=0,002$) hem de STAI ($p=0,001$) puanları düşük bulunmuştur. Ayrıca CFS ile STAI puanları arasında pozitif yönde bir korelasyon saptanmıştır ($p=0,000$).

Sonuç: Pandemi sürecinde sağlık personeli sayısının artırılması, sağlık çalışanlarının iş motivasyonunun artırılması, senelik izin kullanımının sağlanması, pandemi ile ilgili eğitim verilmesi ve psikolojik destek sağlanması; sağlık çalışanlarının COVID-19 korkusu ve anksiyetesini azaltmakta faydalı olabileceği gözlenmiştir.

Anahtar Kelimeler: COVID-19, Sağlık Çalışanları, COVID Korkusu, Kaygı

ABSTRACT

Aim: The COVID-19 pandemic has affected the health sector as well as the entire service sector. This study, it is aimed to examine the fear and anxiety levels of the health workers who are actively working in the Ministry of Health during the COVID-19 pandemic process, regardless of their titles.

Materials and Methods: To prevent contamination during the pandemic process, 203 healthcare workers were reached using the online survey method. The descriptive information form created by the researchers by scanning the literature, the COVID-19 Fear (CFS) and the State-Trait Anxiety Inventory (STAI), whose validity and reliability were ensured, were applied to healthcare workers. The data were analyzed with the SPSS program.

Results: As a result of the study, the CFS score ($p=0.005$) of the healthcare professionals who use the accommodation services arranged by the Ministry of Health for the pandemic was found to be high, and the STAI score ($p=0.008$) of the healthcare professionals who did not receive any psychological support and did not plan to quit their job was found to be low. Both CFS ($p=0.002$) and STAI ($p=0.001$) scores were found to be low in healthcare professionals who did not consider receiving any psychological support. In addition, a positive correlation was found between CFS and STAI scores ($p=0.000$).

Conclusion: Increasing the number of health personnel during the pandemic process, increasing the work motivation of health workers, ensuring the use of annual leave, providing training on the pandemic and providing psychological support; It has been observed that healthcare workers can be useful in reducing the fear and anxiety of COVID-19.

Keywords: COVID-19, Health Personnel, Fear, Anxiety

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INTRODUCTION

China reported to the World Health Organization (WHO) that the unidentified pneumonia cases are upheaped. It is reported that there were a lot of similar cases within approximately one month in other parts of China and other different countries because this disease has a high incidence of contagiousness and rapid spreading ratio (1-5).

Symptoms of COVID-19 include respiratory symptoms, fever, cough, shortness of breath, headache, sore throat, runny nose, muscle and joint pain, lethargy, diarrhoea, and loss of smell or hearing. In critical cases, pneumonia, severe acute respiratory syndrome, renal failure, and death may occur, if especially the variant accompanies the disease. The most widespread variants which are Alpha, Beta, Delta and Gamma have the potential for a worse prognosis. In the management of the COVID-19 process, everyone has to use personal protective equipment because of contagious, even though they aren't ill, a particularly vulnerable group such as pregnant women. The treatment guide is constantly updated as many studies on COVID-19 are ongoing. Moreover, the variants of COVID-19 affect the treatment approaches (6-8).

WHO declared a "pandemic" on 11 March 2020 in consequence of the increase in cases widespread. It was reported that this virus can contaminate human to humans since MERS and SARS epidemics were contagious via droplets and contact. Therewith many public health measures such as quick diagnosis, management, prevention contacts, infection control, the precaution of travel or trip, social awareness, and risk notice provided. It launched a global initiative to fulfil the requirements of personal protective equipment due to the seriousness of this situation (4,5,9-13).

As of the date of 19/01/2022, It was reported that there are 332.617.707 confirmed cases and 5.551.314 deaths around the World and 10.590.866 confirmed cases and 85.077 deaths in Turkey. The COVID-19 pandemic has affected almost all the world. It caused social life and human life to move away from normality and also economic and social losses to occur. It affected public health, medical researchers, and the healthcare field and caused many to struggle seriously. Healthcare providers got the biggest share of these difficulties by being at the forefront of this struggle and they feel anxiety about the process (3-5, 9,10,14,15).

This study was done to examine the level of COVID-19 fear

and state-trait anxiety of all the healthcare workers without occupational differences who actively work at the Ministry of Health during the pandemia. Thus it will flash on the approaches directed to decrease the level of fear and anxiety constituted by hospitals while the healthcare workers struggle with COVID-19.

MATERIAL AND METHOD

Study design and setting

The research is a descriptive and qualitative questionnaire study. It has received permission for this research from the TR Ministry of Health Health Services General Directorate with decision number 2020_09_23T13_28_05 taken on 25.09.2020. Moreover, it has received permission for this research with decision number 2020-410 from TR Eskişehir Osmangazi University Non-Invasive Clinical Studies Ethics Committee taken 30.12.2020.

Instruments

Demographic questionnaire

The questionnaire form consists of 22 questions and is about the descriptive features of the healthcare workers and was constituted by the researchers by literature review.

COVID-19 Fear Scale (CFS)

It was constituted with a five-point Likert scale and seven questions by Ahorsu, Lin, Imani, Saffari, Griffiths and Pakpour in 2020 (11). The validity and reliability of Turkish in this questionnaire were studied by Bakioğlu, Korkmaz and Ercan in 2020 (12). The questionnaire has a pointing system ranging between 7 to 35 points. Increasing points shows increasing fear. There are no reverse statements.

State-Trait Anxiety Inventory (STAI)

This scale consists of two sub-dimensions. The state anxiety is evaluated in the first dimension and the continuity anxiety is evaluated in the second sub-dimension. This scale has a total of 40 questions, and each sub-dimensions has 20 questions. This scale's answer is a four-point Likert scale. There are 17 reverse statements on the scale.

Procedure

The data was collected by electronic media from 01.01.2021-01.05.2021 to prevent the disease to infect people during the pandemia. It reached 203 healthcare workers with a snowball sample by using social media (Facebook groups, Whatsapp groups, Telegram groups, Instagram groups, etc.).

Statistical Analyze

The data were analyzed with SPSS Statistics 21. The percentage and mean analyzes were used for the descriptive features. The Independent Student-T Test was used for two factors, the One-Way Anova Test was used for three factors and the Pearson Correlation Test was used to determine the coefficient of correlation by analyzing variances. The statistical significance is accepted as $p < 0.05$.

RESULTS

When the descriptive features of the participants are examined, 57.1% of them are 18-29 years old, 96.1% of them are female, 50.7% of them are married, 60.1% of them do not have any children, 67.0% of them has bachelor's degree, 68.0% of them is a midwife and 36.5% of them has 1-5 years professional experiences (Table 1).

Table 1: Comparison all of the criterias related to coronavirus fear scale points (CFS) and state-trait anxiety inventory (STAI) points.

Parameters	(%)	Coronavirus Fear Scale (CFS) Points Mean±SD		State-Trait Anxiety Inventory (STAI) Points Mean±SD	
		t	p	t	p
Gender					
□ Female	96.1	17.29±6.7	0.326	88.42±19.6	0.149
□ Male	3.9	16.50±4.2	0.745	87.38±15.7	0.882
Marial Status					
□ Single	49.3	16.90±6.5	-0.748	86.66±18.2	-1.242
□ Married	50.7	17.60±6.8	0.456	90.05±20.0	0.216
Having Children					
□ Yes	39.9	18.05±7.0	1.381	89.80±19.1	0.849
□ No	60.1	16.73±6.3	0.169	87.43±19.2	0.397
Working Filiation					
□ Yes	13.3	18.44±7.0	0.993	86.15±20.9	-0.639
□ No	86.7	17.07±6.6	0.322	88.72±19.2	0.524
Having COVID-19					
□ Yes	21.7	16.27±6.3	-1.104	91.03±18.5	1.045
□ No	78.3	17.53±6.7	0.237	87.63±19.6	0.297
Having a Chronic Disease in the Family					
□ Yes	73.4	17.85±6.7	2.106	88.29±19.7	-0.110
□ No	26.6	15.63±6.2	0.036	88.63±18.9	0.912
Having COVID-19 in Family					
□ Yes	32.5	17.88±7.2	0.921	89.77±20.2	0.707
□ No	67.5	16.96±6.4	0.358	87.71±19.1	0.480
Giving Care to Person with COVID-19					
□ Yes	52.7	16.77±6.3	-1.103	87.71±18.6	-0.516
□ No	47.3	17.80±7.0	0.271	89.13±20.4	0.606

Using Accommodation Services Which are arranged by the Ministry of Health					
	4.4	13.33±3.2	-3.502	92.11±21.1	0.588
<input type="checkbox"/> Yes	95.6	17.44±6.7	0.005	88.21±19.3	0.557
<input type="checkbox"/> No					
Thinking About Having Psychological Support					
	28.1	19.82±7.5	3.185	95.26±19.1	3.222
<input type="checkbox"/> Yes	71.9	16.25±6.0	0.002	85.69±18.9	0.001
<input type="checkbox"/> No					
Getting Psychological Support					
	5.4				
<input type="checkbox"/> Yes		20.64±8.1	1.734	103.45±20.1	2.683
<input type="checkbox"/> No	94.6	17.06±6.5	0.084	87.52±19.1	0.008
Thinking About Quitting The Job					
	32.0	18.08±7.3	1.203	97.18±18.0	4.645
<input type="checkbox"/> Yes	68.0	16.87±6.3	0.231	84.23±18.7	0.000
<input type="checkbox"/> No					
			F		F
			p		p
Age					
<input type="checkbox"/> 18-29	57.1	16.96±6.5		88.43±19.7	
<input type="checkbox"/> 30-39	18.2	17.00±6.7	0.438	88.16±18.4	0.227
<input type="checkbox"/> 40-49	22.2	18.27±7.0	0.726	89.18±19.9	0.878
<input type="checkbox"/> 50≤	2.5	17.00±5.6		81.60±20.0	
Education Level					
<input type="checkbox"/> Primary/Secondary School	0.5	10.00±7.6		72.00±0.0	
<input type="checkbox"/> High School	4.9	16.90±6.8		88.00±11.8	
<input type="checkbox"/> Associate's Degree	8.9	17.17±6.6	0.316	87.06±12.8	0.723
<input type="checkbox"/> Bachelor's Degree	67.0	17.46±6.5	0.836	89.76±20.4	0.577
<input type="checkbox"/> Postgraduate	18.7	16.87±6.6		84.61±19.9	

t: Independent Samples T-Test; F: One Way Anova; SD: Standard Deviation, Mean

When the working place of the healthcare workers during the pandemic and other parameters are examined, 79.3% of them work at a hospital, 50.2% of them live in Ankara, which is the capital city of Turkey and 90.6% of them live in any metropolitan municipality, 86.7% of them does not work at filiation, 78.3% of them does not have COVID-19 and 67.5% of them does not have COVID-19 in their family. 52.7% of the healthcare workers give care to COVID-19 patients and 12.8% of them give care for 1-4 hours. 95.6% of the healthcare workers do not stop over the accommodation services arranged by the TR Ministry of Health, and 4.4% of the others stop over 0-1 month during the pandemic. 71.9% of the healthcare workers do not think of getting any psychological support and 94.6% of them do not have any psychological support. 68.0% of healthcare workers do not think about quitting their jobs. The biggest concern of healthcare workers is to contaminate their families with a 75.9% ratio during the pandemic (Table 1).

When the points of STAI and CFS were analyzed by Independent Sample T-Test, it wasn't found any statistically significant differences between STAI and CFS and these parameters which are gender, marital status, having children, working filiation, having COVID-19, having a chronic disease in the family, having COVID-19 in family and giving care to a person with COVID-19. However, the CFS points ($p=0.005$) of healthcare workers who did not use accommodation services arranged by the TR Ministry of Health, are more statistically significant than the others, but there is no statistically significant difference in their STAI points. The healthcare workers who did not think about having psychological support, have fewer points of CFS ($p=0.002$) and STAI ($p=0.001$) than the ones who think to get support. Also, the STAI points ($p=0.008$) of healthcare workers who did not get any psychological support are less than the ones who got support, but there was no significant difference between the points of CFS. The points of STAI ($p=0.000$) of healthcare workers who did not think about quitting their jobs were less than the others, but there were no significant differences among their CFS points (Table 1).

When the significance level between the points of CFS and STAI was investigated by the One-Way ANOVA Test, it wasn't found any statistically significant differences between STAI and CFS and these parameters are age, education level, profession, time of occupational, health institutions and organizations, giving care to a person with COVID-19, using accommodation services arranged by Ministry of Health and the biggest anxiety during COVID-19 (Table 1).

The coefficient of correlation is .264 between the points of CFS and STAI, and it is a statistically significant relationship ($p=0.000$) (Graphic 1).

Graphic 1: The Scatter Dot Graph about the correlation between coronavirus fear scale points (CFS) and state-trait anxiety inventory (STAI) points.

DISCUSSION

COVID-19 pandemic has affected healthcare workers just like it affected the whole world. The subjects of preventive healthcare, the diagnosis, the treatment and the management of the illness, etc. have been published in the literature since the beginning of the pandemic. The amount of study related to job stress and the COVID-19 fear of healthcare workers was limited. This study was planned to evaluate the apprehension and the COVID-19 fear of the healthcare workers without position

differences who work during the pandemic in Turkey. The reached data has shown clearly the apprehension and the fear of the healthcare workers because they presented all of the healthcare workers in Turkey.

When the demographic features of the COVID-19 studies are compared Sakaoğlu et al. stated in their study that 80.8% of the healthcare workers are female, 63.1% of them is married, 53.7% of them has bachelor's degree, 51.4% of them is a nurse and 91.8% of them does not take any psychological support during the pandemic (13). Polat and Coşkun stated in their study that 71.6% of healthcare workers are female (16). Arpacioğlu et al. stated in their study that 62.8% of the healthcare is female, 57.1% of them is married, 35.6% of them is doctor, and 29.9% of them is a nurse (17). Ataç et al. stated that 71.5% of them is female and 82.3% of them has bachelor's degree (18). Labruege et al. reported that 73.6% of the healthcare workers are female and 82.4% of them has bachelor's degree (19). These findings are similar to findings in our study and the findings in our study showed that most of the healthcare workers are female (96.1%), married (50.7%), bachelor's (67.0%), and primarily they are midwives (68.0%) and secondly they are nurses (14.8%), they didn't take any support during the pandemic (94.6%) and didn't think of getting any support (71.9%). Also, Polat and Coşkun stated that 43.5% of the healthcare workers are married and Labruege et al. stated that this ratio is 36.0% (16,19). This conclusion is not similar to our study, because our study has more married participants than the other studies have.

While 28.1% of the healthcare workers in our study think to get psychological support, Khattak et al. stated that COVID-19 fear significantly affects the mental health of the healthcare workers (20). Moreover, Labruege et al. stated that psychological problems increase and job satisfaction decreases parallelly with COVID-19 fear increases. In the same study, it is stated that the request of quitting the job increases parallelly as COVID-19 fear increases (19). Malik et al. stated that there is a significant relationship between the behaviour of leaving a job place and fear of COVID-19 (21). 68.0% of healthcare workers do not think of quitting their job in our study.

When the situations of working filiation of healthcare workers during pandemic are examined, Ataç et al. stated that 33.1% of healthcare workers do not work at filiation, but the others work (18). On the contrary, while 86.7% of healthcare workers continue their same job, 13.3% of them work at filiation in our study. When the working institutions of healthcare workers were ex-

mined, 79.3% of healthcare workers work at the hospital in our study. On the contrary Ataç et al. stated that 31.5% of them work in public health services and 6.9% of them work at the hospital (18).

When the situation of having COVID-19 in healthcare workers is analyzed, 78.3% of healthcare workers do not have COVID-19, rather like it is in Ataç et al., 80.8% of them do not have COVID-19 (18).

It is stated in the study of Sakaoğlu et al. that 38.4% of healthcare workers are 30-39 years old, 56.9% of them have a child, 22.4% of them work for 5-10 years, 60.4% of them do not give care to the COVID-19 patient and 12.5% of caregiver healthcare workers give care longer than 8 hours (13). When these findings are compared with our study's findings, our study has different conclusions. It was found in our study that 57.1% of healthcare workers are 18-29 years old, 60.1% of them do not have any child, 36.5% of them work for 1-5 years, 52.7% of them give care to the COVID-19 patient and 12.8% caregiver healthcare workers give care to COVID-19 patient for 1-4 hours. We think that the reason for this difference originates from including all of the healthcare workers in Turkey. In addition, 56.8% of healthcare workers give care to COVID-19 patients in the study of Arpacioğlu et al. just like it is in our study (17).

In the study of Sakaoğlu et al., the highest anxiety point is in the 50-59 years old group and there is no significant difference with the other group (13). Polat and Coşkun stated that there is a significant relationship between age and anxiety points (16). In our study, the highest anxiety point is in the 40-49 years old group (89.18%) and there is no statistically significant difference with the other groups.

In the study of Arpacioğlu et al. it is stated that while the ratio of fatigue of working healthcare workers with 0-4 years of experience is higher, the level of job satisfaction of working healthcare workers with 20 and more years of experience is significantly higher (17). In the study of Malik et al., it is stated that working healthcare workers with 5 and more years of experience have higher COVID-19 fear than working healthcare workers with 5 and fewer years of experience (21). While it was found in our study that the highest anxiety point is in working healthcare workers with 1-5 years of experience, the highest COVID-19 fear point is in working healthcare workers with 5-10 years of experience.

The level of emotional exhaustion of healthcare workers who do not have any children is significantly higher, and their level of job satisfaction is significantly lesser (17). Quite the contrary,

healthcare workers who do not have any children have fewer anxiety points.

When we compare according to gender, women's anxiety point is higher than men's. Also, women's COVID-19 fear point is higher than men's (13,16,17,21-23). It was found that the anxiety point and COVID-19 fear points of women are higher than men's but these differences are not statistically significant in our study.

When it is compared according to marital situations single healthcare workers have statistically fewer anxiety points than married healthcare workers in the study of Sakaoğlu et al. (13). Our study has the same conclusion but there is no statistically significant difference. On the contrary, there are studies which report that statistically, the point of single healthcare workers have higher anxiety, and emotional exhaustion than married healthcare workers in the literature (16,17).

The situation of living with their family or alone affects COVID-19 fear of healthcare workers during the pandemic. The COVID-19 fear point of healthcare workers living with their family has higher than the ones living by themselves (17,23). The COVID-19 fear point of healthcare workers who did not use accommodation services arranged by the Ministry of Health is higher than the ones using accommodation services in our study.

The doctors have more anxiety points than nurses but this isn't statistically significant, also the workers like cleaning staff have more anxiety points than government officials in the study by Sakaoğlu et al. (13). It was found that there is no relationship between occupation and anxiety points in the study of Polat and Coşkun (16). It is notified that the nurses and the other person have more anxiety points than the doctors in the study by Arpacioğlu et al (17). It was found that the highest anxiety points are respectively in the cleaning personnel, midwives, doctors, and nurses, and there is no significant difference in our study.

While the healthcare workers who contact directly COVID-19 patients have higher anxiety points statistically (13,17,23), this situation is the opposite in our study but there is no significant difference. We think that the difference originates from the healthcare workers who give care to patients with COVID-19 and wear Personal Protective Equipment but the others just wear a mask. It was found that in the study of Eren et al. which analyzed the COVID-19 of healthcare workers, the ratio of the healthcare workers who contact without risk is 71.0%, and the ratio of healthcare workers who contact with higher risk is 2.0% (24). According to this conclusion, the reason of the ratio of healthcare workers with COVID-19 who contact high-risk patients is

less, because of the usage of personal protective equipment. Accordingly, if healthcare workers wear personal protective equipment, the contagious effect decreases, so this situation affects the level of stress. The healthcare workers who wear personal protective equipment in necessary situations have statistically fewer stress levels than the ones wearing hardly or occasionally (16). This conclusion supports our study's conclusion. While the healthcare workers who give care to COVID-19 patients for more than 8 hours have statistically more anxiety points in the study of Sakaoğlu et al., the healthcare workers who give care to COVID-19 patients for 0-1 hour have more anxiety points but this conclusion is not statistically significant (13).

When the COVID-19 fear is compared, the COVID-19 fear of the nurses and the other personnel is higher than the doctor's in the study of Arpacioğlu et al. (17). It is stated that the nurses' COVID-19 fear anxiety is more than the doctor's and the other personnel's in the study of Collantoni et al. (23). Similarly, when we analyzed the COVID-19 fear points, the highest COVID-19 fear points are respectively laborations' (20.0), cleaning personnel's (18.5), nurses' (18.3), data entry personnel' (18.1), director's (17.5), and midwives' (17.3) and their COVID-19 fear point is higher than the doctors' (15.2).

While there is a statistically negative significant relationship between COVID-19 fear and job satisfaction in the study of Arpacioğlu et al. (17). It is stated that there is a highly significant correlation between COVID-19 fear and anxiety level in the study of Tayyip and Alsolami (25). Similarly, there is a positive statistically significant relationship between COVID-19 fear and anxiety in our study.

When the fears of the healthcare workers during the pandemic are analyzed, it is stated in the study of Kumar et al. that the biggest fear of the healthcare workers is infecting their family (94.2%), also getting an infection (84.8%), getting quarantined (69.6%), no cure (62.0%) and dying (56.8%) (26). The healthcare workers who are in the study of Sakaoğlu et al. stated that "The infection can be contagious to their children, family." is the most forcing factor (13). It is stated that the biggest anxiety of healthcare workers is that COVID-19 can affect their family's health the study by Tayyip and Alsolami (25). Similarly, we found in our study that the biggest anxiety of healthcare workers about COVID-19 is to infect their families (75.9%).

When we analyzed the factors that are statistically different, the healthcare workers who did not use accommodation services had higher COVID-19 fear ($p=0.005$), and the healthcare

workers who did not think of getting psychological support, had lower COVID-19 fear ($p=0.002$) and anxiety ($p=0.001$), the healthcare workers who did not take psychological support, have lower anxiety points ($p=0.008$) and the healthcare workers who did not think to quit from their job, have lower anxiety ($p=0.000$).

We evaluated the parameters which are using the accommodation services arranged by the Ministry of Health, having a chronic illness and having COVID-19 in their family. There is no study related to healthcare professionals that analyzed all of these parameters. However, there is a study related to pregnant women about these parameters which are having a chronic illness and having COVID-19 in their family. As a result of the study, the pregnant women who have relatives having both COVID-19 and chronic illness have more depression, anxiety and stress than the pregnant women who do not. On the contrary, there was no statistical significance difference between the points of CFS and STAI of the healthcare workers whose families either had COVID-19 or chronic illness in our study (27). Moreover, we asked the healthcare workers "Do you want to add any statements about the COVID-19 process?". The healthcare workers stated that they have expectations about "enhancing their salary", "providing the public housing", "free transportation", "justice among the professions", "not preventing to use of annual leave", and "enhancing the value of the profession", "providing proper work position according to the profession", "enhancing the personal benefits" and "imposing sanction about violence against the healthcare workers".

The healthcare workers having more COVID-19 fear need to have accommodation supported by the ministry of health, and they need to get psychological support. The healthcare workers having more anxiety need to get psychological support even though they have received psychological support before. If they want to quit their jobs, they should be supported to be psychologically motivated.

The strengths of the study are that a large number of health workers in different positions were included in the study and the study was conducted across the country. The limitations of the study are that all health workers could not be reached. Therefore, the results cannot be generalized to the population.

CONCLUSION

Healthcare workers have an important position in the lives of humans without pandemic. However, this value appears to be more important with the outbreak of COVID-19. Nearly all

the professions were affected during the pandemia. Undoubtedly, the health sector was affected maximally. Increasing the number of healthcare workers, strengthening their motivation, providing annual leave, giving education about COVID-19, and providing psychological support is helpful to decrease the effects of pandemia on healthcare workers. It is recommended that the level of stress and anxiety can be decreased by enhancing the working condition of healthcare workers, and the COVID-19 fear of them can be decreased by increasing the number of personal protective equipment and the number of healthcare workers.

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