



Working in the Tracing Team during the COVID-19 Pandemic Process

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ABSTRACT

Aim: The present study was carried out to investigate what the healthcare professionals working in the tracing team experienced during the COVID-19 pandemic process.

Materials and Methods: The research, designed in a qualitative pattern, was based on a phenomenological approach. Interviews were conducted with 13 healthcare professionals working in the tracing team, who was selected with the purposeful and maximum variation sampling method. In the research, a semi-structured questionnaire consisting of 9 questions prepared. The questionnaire was finalized by taking the opinions of four expert academicians. Consent was obtained from the participants for the use of a voice recorder during the interviews.

Results: Considering the personal and professional status variables of the participants, it was determined that the mean age was 31.7 (27-43) years and the total working period in the institution was 8.8 (1-25) years. Research findings were analyzed under three main themes and nine sub-themes as follows: feelings (anxiety, fear, and happiness-pride), problems (lack of orientation, problems in working conditions, and communication with patients), and family (fear of infecting others, missing, and childcare issues).

Conclusion: These results emphasize the importance for health services of evaluating the feelings and problems experienced by the tracing teams working on the front lines during the COVID-19 pandemic process. It is important that managers take effective steps in order to carry out orientation activities for healthcare professionals who have just started to work in this field, to improve the working conditions of the tracing teams, and to provide support to the employees.

Keywords: Contact tracing; COVID-19; pandemic; healthcare professionals; nurse.

COVID-19 Pandemi Sürecinde Filyasyon Ekibinde Çalışmak

ÖZ

Amaç: Bu çalışma, filyasyon ekibinde görev yapan sağlık çalışanlarının COVID-19 pandemi sürecinde neler yaşadıklarını araştırmak amacıyla yapılmıştır.

Gereç ve Yöntemler: Nitel desende tasarlanan araştırma, fenomenolojik bir yaklaşıma dayanmaktadır. Amaçlı ve maksimum çeşitlilik örnekleme yöntemi ile seçilen filyasyon ekibinde görev yapan 13 sağlık çalışanı (hemşire, hekim, ebe, diş hekimi, röntgen teknisyeni ve çocuk gelişimi uzmanı) ile görüşmeler gerçekleştirilmiştir. Araştırmada araştırmacılar tarafından hazırlanan 9 sorudan oluşan yarı yapılandırılmış soru formu kullanılmıştır. Soru formuna alanında uzman dört akademisyenin görüşleri alınarak son şekli verilmiştir. Görüşmeler esnasında ses kayıt cihazı kullanımı için katılımcılardan onam alınmıştır.

Bulgular: Araştırmaya katılan katılımcıların kişisel ve mesleki durum değişkenleri dikkate alındığında yaş ortalamasının 31,7 (27-43) ve kurumda toplam çalışma süresinin 8,8 (1-25) yıl olduğu saptanmıştır. Araştırma bulguları; duygular (kaygı, korku ve mutluluk-gurur), sorunlar (oryantasyon eksikliği, çalışma koşullarındaki sorunlar ve hastalarla iletişim) ve aile (başkalarına bulaştırma korkusu, özlem ve çocuk bakımı sorunları) olmak üzere üç ana tema ve dokuz alt tema altında analiz edilmiştir.

Sonuç: Bu sonuçlar, COVID-19 pandemi sürecinde ön saflarda çalışan filyasyon ekiplerinin yaşadığı duygu ve sorunların değerlendirilmesinin sağlık hizmetleri açısından önemini vurgulamaktadır. Ayrıca bu alanda göreve yeni

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başlayan sağlık çalışanlarına yönelik oryantasyon çalışmaları yürütülmesi, filyasyon ekiplerinin çalışma koşullarının iyileştirilmesi, çalışanlara destek sağlanması için sağlık kurumları yöneticilerinin etkin adımlar atması önemlidir.

Anahtar Kelimeler: Filyasyon izleme; COVID-19; pandemi; sağlık çalışanları; hemşire.

INTRODUCTION

COVID-19, which has recently entered our lives and dramatically affected our lifestyles, has been a globally important disease in terms of public health. Due to the effects of this disease, which has affected the whole world in a short time, and the dramatic increase in the number of cases, The COVID-19 pandemic was declared by the World Health Organization on March 11, 2020 (1). Despite vaccination and drug studies, the duration of the global COVID-19 pandemic and the extent of its devastation are unknown (2). However, what is known for certain is that healthcare professionals have been the occupational group most affected by COVID-19. Healthcare professionals account for approximately 14% of COVID-19 cases reported worldwide (1). The results of a study conducted in our country revealed that 10.2% of the healthcare professionals and 26.7% of their relatives were infected with COVID-19 (3).

The high prevalence of COVID-19 all over the world, its novelty and its highly infectious nature have created an unprecedented crisis environment for healthcare (4). The pandemic has necessitated many new systematic organizations and changes in healthcare services. One of these systematic organizations is the initiation of tracing activities in order to keep the number of cases under control. It is known that tracing activities have been used in the identification and control of various epidemics in the last decade (5). Tracing activities includes “collecting information about the factor, source and mode of transmission of the epidemic, taking samples related to detecting the mode of transmission, collecting information about contacts, taking appropriate protection and control measures, writing an epidemic report and sharing it with those concerned (6). Tracing activities have been carried out extensively in Duzce from the first months of COVID-19 cases. For tracing activities, tracing teams have been organized in each province. These teams include healthcare professionals from different disciplines. After the teams visit the addresses of COVID-19-positive cases directly, they take a detailed medical history. People who have been contacted with an infected individual in the last 48 hours before symptoms appear are identified. The treatment plans of these cases are prepared and the quarantine rules are explained. In addition, when needed, PCR tests are performed on suspicious individuals. In our country with more than 4000 tracing teams, it is thought that tracing activities contribute greatly to the management of the pandemic (3).

It is known that healthcare professionals have had many problems such as the risk of illness and death, increased workload, negative effects on family life, and increased level of burnout throughout the pandemic process (7). Considering the fact that the tracing teams work directly with positive cases and in the field, how they are affected

during this period is important for our health system. This study was conducted to determine what the healthcare professionals working in the tracing teams have experienced throughout the COVID-19 pandemic process.

MATERIAL AND METHODS

Design

The present study was carried out in a phenomenological design, one of the qualitative research methods, to reveal what the healthcare professionals working in the tracing teams have experienced throughout the COVID-19 pandemic process. In this study, answers to the question of what has the healthcare personnel working in the tracing teams experienced during the COVID-19 pandemic process were investigated.

Research team

Researchers are trained and experienced in working with qualitative research methods.

Settings and time period

The research was carried out with the healthcare professionals who worked in the tracing teams between January 01 and April 30, 2021, in Duzce province in Türkiye.

Sample

In the study, individual in-depth interviews were conducted with the participants who agreed to participate in the research among 60 healthcare professionals in the tracing team. Interviewing continued until data saturation was achieved in the research. The sample group consisted of 13 healthcare professionals.

Measures

Data were collected using a Semi-Structured Interview Form.

Semi-Structured Interview Form

A semi-structured question form including 9 questions prepared by the researchers was used in the study. The question form took its final form after getting the opinions of four academicians and making necessary corrections. The questions included in the data collection tool used in the research are as follows:

- ✓ Have you received an orientation program/training related to tracing?
- ✓ How did you feel when you learned that you were assigned to the tracing team?
- ✓ Can you tell me about your first day when you started to work in the tracing team?
- ✓ What do you think about your tracing team?
- ✓ How is your one day at work?
- ✓ Could you tell us about your evaluations of your working environment?
- ✓ What are your thoughts about your health?
- ✓ What do you think about your workplace safety?
- ✓ Could you evaluate how your family life has been affected by your job as a member of the tracing team?

Data collection process

Interviews were held with the participants in staff rooms according to their preferences. Each participant was informed about the duration of the interview, the purpose of the audio recording, and the confidentiality of the data. During the interviews with the audio recorder, the

participants were reminded that they could turn off the device whenever they wanted. The interviews took between 30 and 60 minutes.

Data analysis

In the descriptive analysis, after the data are systematically and clearly described, these descriptions are explained and interpreted. The descriptive analysis consists of four stages: creating a framework, processing the data according to the thematic framework, identifying and interpreting the findings (8). In the present study, the interview documents were loaded on the computer by the researchers. After all interviews were completed, the deciphered interviews were grouped by the researchers under themes and sub-themes. **Figure 1** shows the themes and sub-themes revealed as a result of the descriptive analysis. The identified themes and sub-themes were reviewed by a nurse academic who was familiar with the research topic.

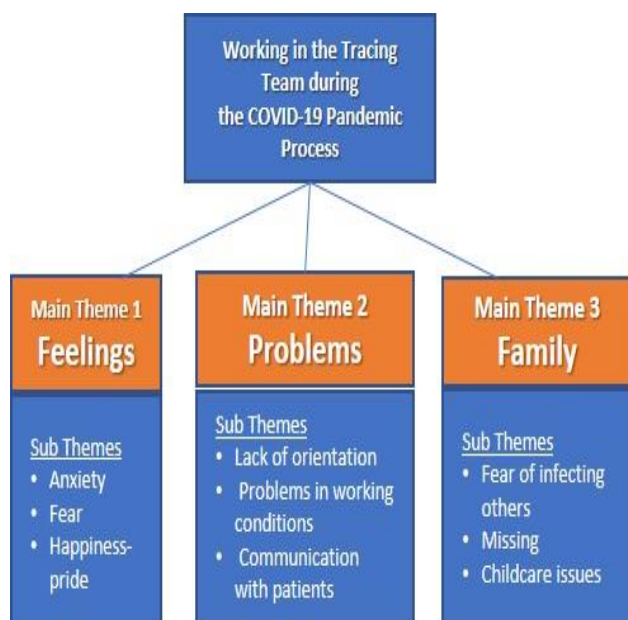


Figure 1. Themes

Ethical issues

To conduct the research, ethics committee approval (decision no: 2021/87, date: 05.04.2021) was received from the Noninvasive Clinical Research Ethics Committee of Duzce University. Permission was obtained from the institutions where the study was carried out. In addition, participants were assured that their identities and voice recording would be kept confidential.

RESULTS

When the findings regarding the descriptive characteristics of the participants in the present qualitative study are examined, the following can be said:

Considering the personal and professional status variables of the participants, it was found that the mean age was 31.7 (27-43) and the total working period in the institution was 8.8 (1-25) years (Table 1).

Considering the findings regarding the thoughts of

healthcare professionals about being in the tracing team during the COVID-19 pandemic process, three main themes were presented as “feelings”, “problems” and “family” (Figure 1).

Table 1. Characteristics of healthcare professionals

*Min: Minimum ** Max: Maximum

Healthcare professional	Age	Number of years worked	Profession
A	43	25	Nurse
B	27	3	Physician
C	26	3	Dentist
D	26	1	Physician
E	37	14	Midwife
F	33	10	Midwife
G	34	11	Midwife
H	28	3	Nurse
K	28	10	Nurse
L	32	7	Nurse
M	43	22	Midwife
N	28	3	X-ray technician
P	27	3	Child development expert
The Mean (Min-Max)	31,7 (27-43)	8.8 (1-25)	

Main Theme 1: Feelings

The main theme of "feelings", which was formed by the interviews, was grouped under three sub-themes as anxiety, fear and happiness-pride. While interviewing with the participants, it was revealed that they had negative feelings due to reasons such as working outside the hospital, working hours not suitable for children, uncertainty and the risk of infection especially during the first stage of joining the tracing team, while they had positive feelings because they could be more useful to society during the pandemic process.

Anxiety

“Of course, I was still nervous, even though I’m a healthcare professional. I was worried because I did not know exactly what to do in terms of security, technology and implementation, because I had no experience at all, because it was an experience that had never happened before.”(A)

"I was nervous because filiation was a subject I did not know. I had always worked in a closed environment in the hospital and that's why I was nervous and afraid."(K)

Fear

"I have diabetes and allergic asthma. Of course, there was fear because of these diseases. Early on, I thought about what would happen if it got infected. I had health problems. Would I go through seriously severe symptoms? Yes, there was fear at the beginning of all these." (E).

Happiness-pride

"I was happy that I could do something. I joined voluntarily because I thought I could do something better to fight against a disease like this." (L).

Main Theme 2: Problems

The main theme of "problems", which was created in accordance with the interviews, was grouped under three sub-themes as lack of orientation, problems in working conditions and communication with patients.

Lack of orientation

It was told that the orientation was not sufficient and the way of work was learned through the master-apprentice relationship.

"We have learned from each other. I've learned from my nurse friends. I know nothing in my first shift. I didn't even know what to do. I asked people and wrote what I would do on a piece of paper so that I could know what to do. By the evening, both sides of the two pages were full, and I was memorizing exactly what was written."(D)

"This work we have currently done is very different and we did not receive any training for it. This makes me feel so inadequate. You have a job, but you haven't been trained. I've tried to learn from those around me, bought books, and watched a lot of news. I bought a book out of respect for my job and tried to learn. Think about it: Nobody is telling anything. You didn't learn much in school. You want to read something... I still feel so inadequate."(B)

Working conditions

Problems were reported under the titles of working with different occupational groups, transportation and eating, weather conditions, safety, changing and resting areas, workload, and payment.

- Working with different occupational groups

"In the beginning, I had problems speaking a common language with people from different occupational groups. Since, in general, nurses were in the field more often, they were likely to be active, know and understand. But sometimes medical secretaries and dentists were also in the field."(D)

- Transportation and eating

"There were no public transportation during the total lockdown in Duzce; I felt the stress of how to get to work the next day." (H)

"As the number of patients increased, our workload increased. When there were many patients, there were times when we could not eat anything or even drink water." (H)

- Weather conditions

"The cold can be challenging. We take a sample in front of the door. We do not enter the house. Even though we wear protective suits and thick coats, we get cold." (C)

"We have to wear protective suits in the summer. We change our clothes 3-4 times a day. Too much fluid loss... We need to drink water, but you can't get it." (E)

- Safety

"It is possible to go to very dangerous neighborhoods. People are afraid to say something and react harshly to what we say might be around. Sometimes we are afraid of violence." (H)

"We were attacked by animals... we were scared, we run away." (H)

"It's too bad we use our own phones. Our number is no longer confidential" (F)

- Changing and resting areas

"We had a staff room, but it was just the name...only its name was rest... not comfortable at all... The building was old."(C)

"We didn't even have a changing room... no place to drink water or tea... There was not even a sink to wash the glass if we drank a glass of water" (F)

- Workload

"Sometimes we were very busy. There were days when I never sat down until the evening. It was so bad. I felt burnt out. Thought I had a terrible life. No matter what we did, the work did not finish and there was a to-do list for the next day. Frankly, there was nothing I could do. I didn't even have the right to resign." (B)

"You know, we used to work for 8 hours. Later, it increased to 16 hours of work. 16 hours was challenging for us. We used to start in the morning and it was going on until midnight. At 8-9 in the evening, a little bit of tiredness set in because I used to visit different addresses until then. Eventually felt tired... After a certain time, I couldn't perceive it." (E)

- Payments

"I earn less here compared to the salary I get in the emergency department" (B)

"Since we had to eat out, we foot the bill of the meal or phone calls costing more than the additional payment we got" (M)

Communication with patients

"There were those who gave samples and drank tea in the coffee shop... 'I'm in the coffee shop, I'm drinking tea, I'm totally fine...' Yeah, they said so!"(E)

"People who applied some treatment methods on their own... those who did not accept the medicine... those who complained that he/she did not receive the medicine..." (M)

Main Theme 3: Family

The main theme of "family", which was created in accordance with the interviews, was grouped under three sub-themes as fear of infecting others, missing, and childcare issues. During the interviews with the participants, the followings were reported:

Fear of infecting others

"I was so scared. Frankly, I was very nervous at first. I was afraid that if my immunity was low, I would be infected or infect my family and children..." (F)

Missing

"I was alone at home. I felt relieved that I had no one to infect. But I don't have a son this time; there is a feeling of missing instead." (E)

Childcare issues

"There were no people around to leave the kids with or make sure they spend some time with the other kids. It was very important for the children that the mother was not at

home. They started counting the minutes. He'll be back in half an hour... ten minutes left... This has been a stress factor for me... above all else..." (G)

"My friend sent his 3 children to Erzurum. He had 3 children. One was 2 years old. She had to spend 3 months apart from her baby by weaning him all of a sudden." (K)

DISCUSSION

The data of this study were discussed in line with the themes and sub-themes formed as a result of the descriptive analysis. The main theme of "feelings" was grouped under three sub-themes as anxiety, fear and happiness-pride. While interviewing with the participants, it was reported that they had feelings of anxiety and fear due to reasons such as working outside the hospital, working hours not suitable for children, uncertainty and the risk of infection especially during the first stage of joining of the tracing team, while they had feelings of happiness and pride because they could be more useful to the society during the pandemic. It has been argued that healthcare professionals experience negative feelings for several reasons throughout the pandemic (9-11). Yüncü and Yılan (7) concluded that healthcare workers experience feelings of anxiety, fear and excitement. As a result of his study, Labrague and de Los Santos (12) associated increased COVID-19 fear levels with decreased job satisfaction, increased psychological distress, and increased organizational and professional turnover intentions. In another study, it was stated that healthcare professionals perceived their work as satisfactory and positive despite the severity of the situation and challenging conditions (13). Our study results are similar to the previous results in the literature.

The main theme of "problems" was grouped under three sub-themes as lack of orientation, problems in working conditions and communication with patients.

It was seen that the orientation was not sufficient and the way of work was learned through the master-apprentice relationship. Labrague and de Los Santos (12) claimed that frontline nurses may experience high levels of fear due to the lack of COVID-19 related training. Yıldırım, Aydoğan, et al. (14) stated that late or unreported information given to the nurses hinders professional compliance for them. Due to the frequent changes in the shifts of the tracing teams, working directly with the patient group and novelty of the work area, orientation training planned with adequate equipment and duration is important for the physical and psychological health and performance of workers.

Especially working with different occupational groups, transportation and eating, weather conditions, safety, changing and resting areas, workload, and payments were mentioned as the problems related to working conditions. Throughout the pandemic, it is seen that the working conditions of healthcare professionals are getting worse day by day (14, 15).

The changes in the working environment and the working routines of the healthcare professionals in the tracing teams might cause various problems. Özarslan and Caliskan (16) found out that the occupational burnout levels of dentists working in tracing teams were significantly higher than those not working in those teams. It is also known that pandemics have adverse effects on

health systems, especially the workforce (17, 18). Fernandez et al. (19) suggested that what is experienced during the pandemic process can lead to losses in the workforce. In the report of the İTÖ (6), similar to our study, it was argued that healthcare professionals working in tracing delayed or could not meet their needs such as food or water many times. In the present study, it is stated the facts that those who work for the tracing activities call the patients using their own personal phones and that the tracing activities are carried out at night resulting in safety risks for the healthcare professionals. Problems with working conditions throughout the pandemic may be attributed to fast and urgent planning of the tracing service and uncertainties in the process.

In our study, it was found that communication problems occurred between the patient groups refusing to fall into line with the isolation rules and healthcare professionals. In Türkmen, Kaya, et al. (20)'s study, it was concluded that the behavior of complying with the COVID-19 precautions in our country is at a "moderate" level. It is known that individuals have had negative feelings such as sadness, anxiety, fear, panic, anger, helplessness and loneliness due to restrictive practices throughout the pandemic (21). It can be claimed that these negative feelings may affect the communication process with healthcare professionals.

In the main theme of the family, the fear of infecting other members in their family, missing their children due to living away to protect them and problems with childcare were mentioned. Similarly, in the qualitative study of Yüncü and Yılan (7); it was reported that one of the problems experienced in the pandemic process was the negative effects on family life. In another study, it was noted that the most common fear experienced by healthcare professionals (57.5%) was the fear of infecting their families (22). Besides, it has been stated in previous studies that stress levels of healthcare professionals increased due to the negative impact on family life (23). Healthcare professionals have to handle this private difficulty as well as the worsening of working conditions throughout the pandemic.

Limitations

Since the data obtained stand for personal opinions of the participants, the results cannot be generalized. Due to the novelty of the pandemic process, limitations in discussing the research findings were inevitable.

CONCLUSION

In the research, when the interviews with the healthcare professionals working in the tracing teams are evaluated, it can be said that the positive and negative feelings, the problems experienced and the family are the most fundamental concepts. In addition to the negative effects of the pandemic, working as a part of the tracing team is a new experience for many healthcare professionals. It is a difficult process to reach contacted persons or COVID-19 patients as soon as possible in an environment outside the hospital, in cold/hot weather, in all kinds of road conditions, and to communicate directly with these individuals. In addition, the fear of infecting family members, living away from their children because of this fear or having difficulties in providing adequate care for their children are also private problems experienced in this

process. All in all, in the lights of things mentioned above, it is important to evaluate the problems and feelings of tracing teams working on the frontlines of the COVID-19 pandemic and to improve working conditions.

It is important that managers take effective steps in order to carry out orientation activities for healthcare professionals who have just started to work in this field, to improve the working conditions of the tracing teams, and to offer financial and private support. Lastly, conducting quantitative studies with large sample groups on this subject in the future are recommended.

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