









THE EFFECT OF COVID 19 PANDEMIA ON THE SOCIAL LIFE OF HEALTH WORKERS COVID 19 PANDEMİSİNİN SAĞLIK ÇALIŞANLARININ SOSYAL YAŞAMINA ETKİSİ

 Ayşe Yılmaz¹,  Emine Zülal Bostancı Can¹,  Elmas Yılmaz¹,  Esmâ Özçelik²,  Özgür Yılmaz¹,  Mehmet Ali Narsat³

1 Department of Anesthesiology and Reanimation, Kastamonu Training and Research Hospital, Kastamonu, Turkey

2 Department of Family Medicine, Kastamonu Training and Research Hospital, Kastamonu, Turkey

3 Department of Pediatric Surgery, Kastamonu Training and Research Hospital, Kastamonu, Turkey

Sorumlu Yazar/Corresponding Author: Ayşe Yılmaz E-mail: drayseege@hotmail.com

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Abstract

Introduction: While Covid -19 disease exhausted healthcare professionals physically and psychologically, it also affected their family, economic and social situations. Based on this view, we aimed to evaluate how and how much the social lives of healthcare professionals have changed.

Materials and Methods: An online questionnaire was applied to 182 people working our hospital. The study questionnaire consisted of two parts, the first part contained 5 questions and the second part 10 questions, totaling 15 questions. These questions define the participants and the ways of transmission of the disease, the distribution of daily activity increases outside of work, individual isolation rates, change in shopping habits, family and relatives relations, ability to continue the profession, health It consisted of questions to measure their perspective on social support given to their employees.

Results: 182 healthcare professionals voluntarily participated in our survey. Participants consisted of 36 doctors, 105 nurses and 41 technicians. The response of the majority of the participants was that they spent most of their time on TV and mobile telephony. Participants were asked how the frequency of grocery shopping was affected during the pandemic, and the majority responded to the question of how the majority was affected.

Conclusion: The social lives, habits and family relationships of healthcare professionals have been affected by the Covid-19 pandemic. In the light of many publications on this subject, it will be beneficial to increase the support that will increase the motivation of healthcare professionals.

Keywords: Covid 19, pandemic, healthcare professionals, social life

Öz

Giriş: Covid -19 hastalığı sağlık çalışanlarını fiziksel ve psikolojik olarak yorarken ailelerini, ekonomik ve sosyal durumlarını da etkiledi. Bu görüşten yola çıkarak sağlık mesleği mensuplarının sosyal hayatlarının nasıl ve ne kadar değiştiğini değerlendirmeyi amaçladık.

Gereç ve Yöntem: Hastanemizde çalışan 182 kişiye online anket uygulandı. Çalışma anketi iki bölümden oluşmakta olup, birinci bölüm 5 soru ve ikinci bölüm 10 soru olmak üzere toplam 15 sorudan oluşmaktadır. Bu sorular, katılımcıları ve hastalığın bulaşma yollarını, günlük aktivite artışlarının iş dışı dağılımını, bireysel izolasyon oranlarını, alışveriş alışkanlıklarındaki değişimi, aile ve akraba ilişkileri, mesleğe devam etme becerisini, sağlığı tanımlayan sorulardan oluşuyordu. Çalışanlarına verilen sosyal desteğe ilişkin bakış açıları ölçüldü.

Bulgular: Araştırmamıza 182 sağlık uzmanı gönüllü olarak katıldı. Katılımcılar 36 doktor, 105 hemşire ve 41 teknisyenden oluşuyordu. Katılımcıların büyük çoğunluğunun cevabı, zamanlarının çoğunu televizyon ve cep telefonu ile geçirdikleri yönündeydi. Salgın sırasında market alışverişi sıklığının nasıl etkilendiği soruldu ve çoğunluğun nasıl olduğu sorusuna çoğunluk etkilendiği yanıtı verdi. Sonuç: Sağlık mesleği mensuplarının sosyal yaşamları, alışkanlıkları ve aile ilişkileri Covid-19 salgınından etkilenmiştir. Bu konudaki birçok yaygın ışığında sağlık çalışanlarının motivasyonunu artıracak desteğin artırılması faydalı olacaktır.

Anahtar Kelimeler: Covid 19, pandemi, sağlık çalışanları, sosyal yaşam

Introduction

Covid 19 disease has captured the whole world. The fact that the treatment of the disease has not yet been found has increased the socioeconomic damages of the pandemic. The disease first started in Wuhan region of China and spread rapidly all over the world¹. Healthcare professionals were the most affected by this process. In line with the recommendations made to healthcare professionals, they provided service for hours with personal protective equipment that was not used frequently before the pandemic². The pathogenicity of Covid 19 disease was examined and after it was shown that it could be transmitted from person to person, some of the employees isolated themselves³. Of course, life had changed for an unknown period of time. Total 348 493 Covid19 positive patients found to this day in Turkey until 9296 that the death has been reported⁴. While Covid -19 disease exhausted healthcare professionals physically and psychologically, it also affected their family, economic and social situations. Based on this view, we aimed to evaluate

how and how much the social lives of healthcare professionals have changed.

Materials and Methods

An online questionnaire was applied to 182 people working our hospital. On the first page of the questionnaire applied, a short explanation about the study was included, and after this part, the participants who wanted to continue voluntarily approved the study and sent the online form back to the researchers with the same online system, but the participants who wanted to leave were given the option of not continuing after the explanation part. The study questionnaire consisted of two parts, the first part contained 5 questions and the second part 10 questions, totaling 15 questions. These questions define the participants (age, gender, occupation, working year, marital status) and the ways of transmission of the disease, the distribution of daily activity increases outside of work, individual isolation rates, change in shopping habits, family and relatives relations, ability to continue the profession, health It consisted of questions to measure their perspective on social support given to their employees.

- *Ethical approval*

The study was conducted in accordance with the Declaration of Helsinki; Ethics committee approval was obtained from Kastamonu health sciences scientific research and publication ethics committee (Ethics Approval Number: 2020-4/3).

- *Statistical analysis*

SPSS version 22 (IBM) was used to analyze the data obtained from the participants. Frequency and ratio calculations were made with descriptive analysis.

Results

182 healthcare professionals voluntarily participated in our survey. Participants consisted of 36 doctors, 105 nurses and 41 technicians. The majority of our doctor and nurse participants were between the ages of 31-45 and had 11-20 years of professional experience. The majority of our technician participants were in the 18-30 age group, from healthcare professionals with 0-10 years of experience. The demographic data distribution of the participants can be seen in Table 1. (Table 1) The second part of our questionnaire was to evaluate the social lives of healthcare professionals. In this

section, participants were asked questions evaluating how much Covid 19 affects the lives of healthcare professionals. Participants' responses are presented in Table 2. (Table 2)

In the second part of our questionnaire, the participants were asked whether the healthcare workers are in the risk group. Except for one participant in the nurse group, all participants answered this question in the direction that they were in the risk group.

The most important means of protection from Covid -19 disease for the participant were questioned. Most of the participants stated that masks and personal protective equipment are the most important means of protection. (Doctor: 21, Nurse:59, Technician: 21). Maintaining social distance has been the second preferred method across the groups. (Doctor: 12, Nurse: 30, Technician: 14). Frequent washing of hands and the use of gloves were preferred in the third place. (Doctor: 3, Nurse: 16, Technician: 6). In our survey, none of the participants thought that the use of sperm and glasses is the most important method of protection. Participants were asked which one they spent more time outside the hospital than before during the Covid-19 pandemic.

Table 1. Demographic distribution of the participants

Total Participants		Doctor n(%)	Nurse n(%)	Technician n(%)	Total n
Gender	Female	15 (%13.6)	75(%68.1)	20(%18.1)	110
	Male	21(%29.1)	30 (% 41.6)	21 (% 29.1)	72
Marital Status	Married	30 (%24.3)	66 (%53.6)	27 (% 21.9)	123
	Single	6 (% 10.1)	39(% 66.1)	14(%23.7)	59
Age Range	18-30	2 (%3.7)	34 (%64.1)	17 (%32)	53
	31-45	27 (25.9)	63 (% 60.5)	14 (% 13.4)	104
	>45	3 (% 100)	0	0	3
Professional Experience	0-10	14 (% 19.1)	41(% 56.1)	18(% 24.6)	73
	11-20	15 (% 20.8)	46(% 63.8)	11(% 15.2)	72
	>20	7 (% 18.9)	18 (%48.6)	12(% 32.4)	37
Additional Disease	Yes	6 (% 14.2)	22 (% 52.3)	14 (%33.3)	42
	No	83 (% 59.2)	27 (%19.2)	140	

Table 2. Distribution of respondents to Survey / Part 2 questions

Survey Questions- Part 2	Participants' Answers	Doctor n:36(%)	Nurse n:105(%)	Technician n:41(%)	Total n=182
Are health workers in the risk group?	Yes	36 (% 19.8)	104(%57.5)	41(%22.7)	181
	No	0(%0)	1(%100)	0(%0)	1
What do you think is the most important way of preventing Covid-19 disease?	Washing hands / Gloves	3(%12)	16(%64)	6(%24)	25
	Mask / Protective equipment	21(%20.8)	59(%58.4)	21(%20.8)	101
	Use of protective sper / glasses	0(%0)	0(%0)	0(%0)	0
	Maintaining social distance	12(%21.5)	30(%53.5)	14(%25)	56
During the Covid-19 pandemic, which one did you spend more time than before?	TV / Mobile phone	26(%20)	78(%60)	26(%20)	130
	Book	6(%25)	12(%50)	6(%25)	24
	Sport	0(%)	3(%37.5)	5(%62.5)	8
	Cooking	4(%20)	12(%60)	4(%20)	20
Did you isolate yourself during the pandemic?	Yes	19(%14.9)	81(%63.8)	27(%21.3)	127
	No	17(%30.9)	24(%43.7)	14(%25.4)	55
What kind of isolation did you apply?	I was separated from my family	10(%12.9)	45(%58.5)	22(%28.6)	77
	I spent time in a separate room at home	9(%18.7)	34(%70.8)	5(%10.55)	48
	I stayed with my friend	0(%0)	2(%100)	0(%0)	2
How was your grocery shopping frequency affected during the pandemic?	Increased	7(%26.9)	14(%53.9)	5(%19.2)	26
	Decreased	19(%15.4)	80(%63.3)	27(%21.3)	126
	Didn't change much	10(%33.4)	11(%36.6)	9(%30)	30
Did any of your relatives, whom you do not meet frequently because of your healthcare professional status, convey their concerns about you?	Yes	33(%19.6)	101(%60.2)	34(%20.2)	168
	No	3(%21.5)	4(%28.5)	7(%50)	14
How were your family relationships affected during the pandemic?	Pozitive	3(%13.6)	10(%45.5)	9(%40.9)	22
	Negative	12(%14.4)	59(%71.2)	12(%14.4)	83
	Not changed	21(%27.7)	36(%46.7)	20(%25.6)	77
Leaving the profession or retiring early, etc. did you have any ideas like	Yes	11(%18.6)	34(%57.6)	14(%23.8)	59
	No	25(%20.4)	71(%57.7)	27(%21.9)	123
How did the support of healthcare professionals by the community (applause, thanks from social media, etc.) affect you?	I am pleased	11(%17.4)	37(%58.7)	15(%23.9)	63
	I am not affected	13(%24.7)	28(%50.6)	13(%24.7)	54
	I found insufficient	12(%18.4)	40(%61.6)	13(%20)	65

The response of the majority of the participants was that they spent most of their time on TV and mobile telephony (Doctor: 26, Nurse: 78, Technician: 26). While the doctor and technician participants preferred to read books at the second frequency, nurse participants were observed to be equal in the second place, namely reading books and cooking. (Doctor: 6, Nurse: 12, Technician: 6). While the doctor and nurse participants preferred to cook at the third frequency, the technicians preferred the option of doing sports. While the nurse was the fourth choice of the participants, none of the doctor participants preferred the option to do sports. (Doctor: 0, Nurse: 3, Technician: 5). Chart1

The participants were asked whether they applied isolation during the pandemic process, and if so, what kind of isolation they preferred. Most of the participants stated that they were separated from their families. (Doctor: 10, Nurse: 45,

Technician: 22). The second preferred option was that I spent time in a separate room at home.

Participants were asked how the frequency of grocery shopping was affected during the pandemic, and the majority responded to the question of how the majority was affected. (Doctor: 19, Nurse: 80, Technician: 27).

The majority of participants answered yes to the question of whether any of your relatives, whom you do not meet frequently because of your health worker, convey their concerns for you. (Doctor: 33, Nurse: 101, Technician: 34).

While the answer of the majority of the doctor and technician group to the question of how your family relationships were affected during the pandemic, the response of the majority of the nurse group was that it was negatively affected. (Doctor: 21, Nurse: 59, Technician: 20). (Chart 2)

Chart 1: ‘During the Covid-19 pandemic, which one did you spare more time than before?’ ‘Participants’ responses to the question

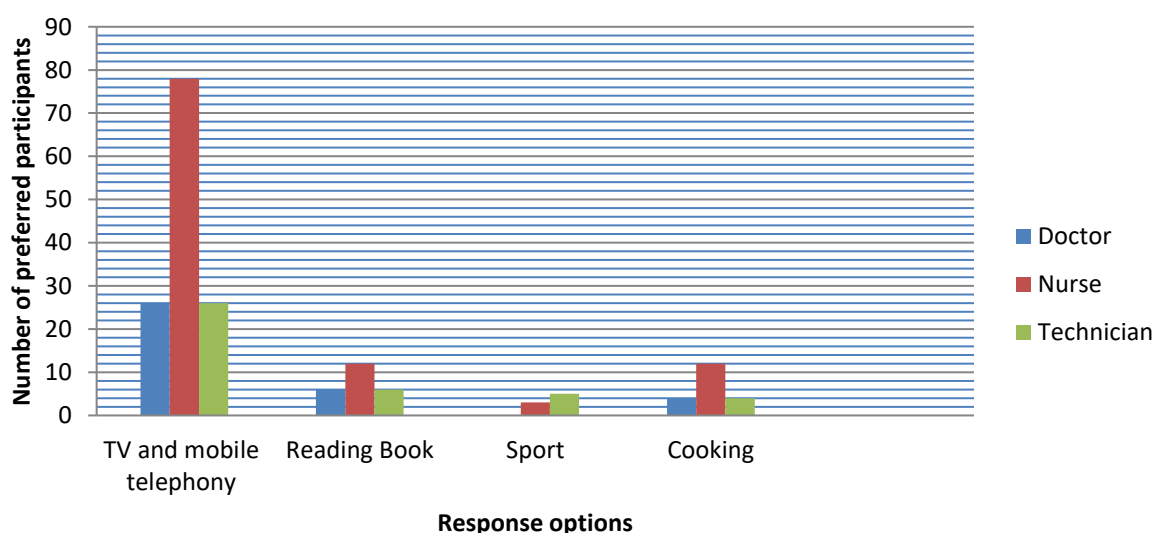


Chart 2. Participants' responses to the question of how your family relationships were affected during the pandemic

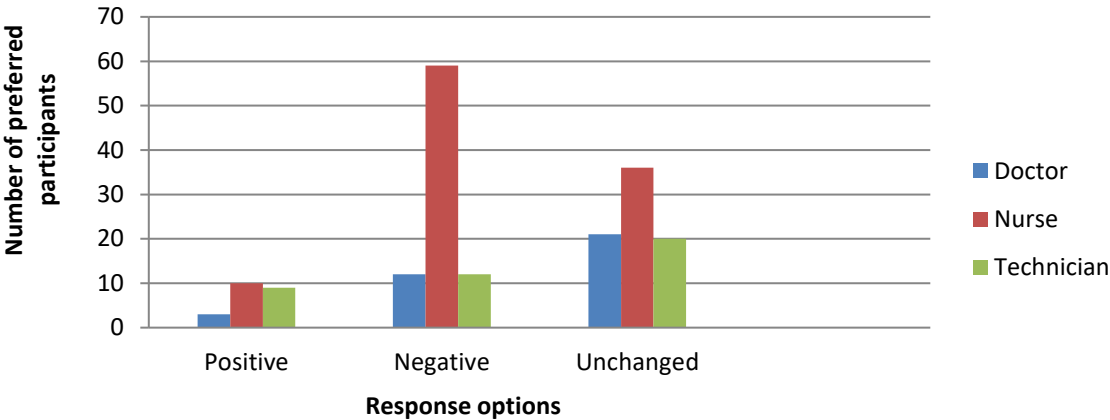
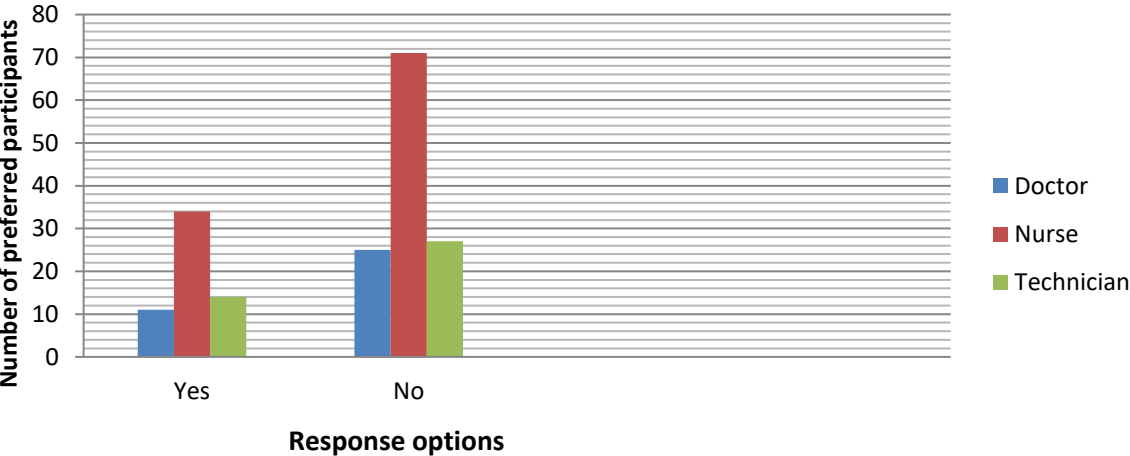


Chart 3: Leaving the profession or retiring early, etc. Participants' responses to the question such as "Have you had ideas?"



Leaving the profession or retiring early, etc. As for the question of whether you have any ideas, the majority answer of all groups was no. . (Doctor: 25, Nurse: 71, Technician: 27). (Chart 3)

The participants were asked how the support of healthcare professionals by the society (applause, thanks from social media, etc.) affected you and the majority of

each group responded differently, 13 people from the doctor group chose the not affected option, 40 people from the nurse group stated that they found it inadequate, and the majority of 15 people in the technician group they reported that they were satisfied with the response.

Discussion

As a result of our survey study, the responses of the participants were classified one by one. Healthcare workers were first asked whether the healthcare workers are in the risk group in part two of our questionnaire. The purpose of this post was to determine the level of awareness of their situation and almost all of our participants reported that they were in the risk group. In early February 2020, the National Health Commission of the People's Republic of China reported that a total of 3387 people, including 23 healthcare professionals, died from Covid-19 out of 77,262 patients ⁵. These numbers gradually increased healthcare deaths in the later dates of the pandemic. An article published in Italy started by describing the 100th doctor who died due to Covid 19 disease ⁶. In this case, healthcare workers are in the high-risk group with their deaths.

While SARS-CoV-2 can be transmitted from person to person through droplets, it can also be transmitted from contaminated items or contaminated air ⁷. However, the best way of protection is not to be exposed to the virus ⁸. In our study, social distance was the second most preferred option. Considering the fact that healthcare professionals cannot keep social distance from their patients in this regard, personal protective equipment and mask option, which is the most common answer given by the participants, is the most important method of protection for healthcare professionals.

Social media was the most frequently used form of communication during the Covid-19 pandemic. Some studies have stated that social media has positive effects during the pandemic period as it enables information to reach everyone quickly ⁹. Some studies have reported that exposure to social media during pandemic exacerbation may have negative effects on mental health ¹⁰. As a result, the power of social media in terms of human relations and information sharing is

indisputable. In our study, the most preferred option was that more time was spent in social media in this period.

Contagiousness of the Covid -19 disease is usually the incubation period of 1-14 days, while the average is 5-6 days, while the longest reported is 24 days ¹¹. During the pandemic process, employees in high-risk units applied themselves to isolation. In one study, 89% of people believed isolation reduced deaths from Covid-19, 8% were unsure, and only 3% stated that they thought isolation could not reduce the number of deaths from Covid-19¹². In our survey, all of the groups preferred isolation. We can see what you do.

During the pandemic period, people stopped their transactions with the community together with the fear of infection. According to a study conducted in Italy, 75.8% of the society, which is a large part of the society, uses the supermarket, 26% from the grocery / market and 9% uses online delivery. 11.8% preferred to have someone else do the shopping. 54%, which is more than half of the society, stated that they now reuse more than 30% of food ¹³. In our questionnaire, we see that most of our healthcare professionals choose the option that states that they reduce it to our question, which evaluates the frequency of grocery shopping.

We thought that even your relatives whom you do not meet frequently because of your health care worker might convey their concerns to you, and we made this a question in our survey. Most of the participants reported that they were sought by their relatives. In addition to putting family relations into the center in creating a buffer against Covid-19 disease and its accompanying vital risks, there are studies to increase resistance to pandemic to family beliefs and close relationships¹⁴. Ideas such as quitting the profession or retiring early, etc., can come to our mind during difficult times. In this period when we, as a country, were fighting the epidemic, it was a gratifying result that most of our healthcare

workers did not want to retire or resign. Intensive care workers following critical Covid-19 patients may show severe depression, anxiety and insomnia symptoms¹⁵. There are studies reporting that healthcare workers have a feeling of burnout, and we think that psychological supports that increase the motivation of healthcare workers will be useful¹⁶.

In our study, it was questioned how the support of healthcare professionals by the society (applause, thanks from social media, etc.) affects healthcare workers, and we observed that the distribution between groups for all options was very close to each other so that there were options to be satisfied, not affected, and inadequate.

The social lives, habits and family relationships of healthcare professionals have been affected by the Covid-19 pandemic. In the light of many publications on this subject, it will be beneficial to increase the support that will increase the motivation of healthcare professionals.

Conflict of Interest

The authors declared they do not have anything else to disclose regarding conflict of interest with respect to this manuscript.

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Ethical approval

Ethics committee approval was obtained from Kastamonu health sciences scientific research and publication ethics committee (Ethics Approval Number: 2020-4/3).

References

- 1- Liu YC, Kuo RL, Shih SR. COVID-19: The first documented coronavirus pandemic in history. *Biomed J.* 2020 Aug;43(4):328-33. <https://doi.org/10.1016/j.bj.2020.04.007>
- 2- Ha JF. The COVID-19 pandemic, personal protective equipment and respirator: A narrative review. *Int J Clin Pract.* 2020 Oct;74(10):e13578. <https://doi.org/10.1111/ijcp.13578>.
- 3- Wu Y, Guo C, Tang L, et al. Prolonged presence of SARS-CoV-2 viral RNA in faecal samples. *Lancet Gastroenterol Hepatol* 2020 May;5(5):434-5. [https://doi.org/10.1016/S2468-1253\(20\)30083-2](https://doi.org/10.1016/S2468-1253(20)30083-2).
- 4- Covid-19-durum-raporu COVID-19 Durum Raporu - Sağlık Bakanlığı (son erişim tarihi : 17.04.2021) <https://covid19.saglik.gov.tr>
- 5- Zhan M, Qin Y, Xue X, Zhu S Death from Covid-19 of 23 Health Care Workers in China. *N Engl J Med.* 2020 Jun 4;382(23):2267-2268. <https://doi.org/10.1056/NEJMc2005696>
- 6- Zhan M, Qin Y, Xue X, Zhu S. Death From Covid-19 Of 23 Health Care Workers In China *N Engl J Med* 2020 Jun 4;382(23):2267-8. <https://doi.org/10.1056/Nejmc2005696>.
- 7- Batirel A. SARS-CoV-2: Bulaşma ve Korunma. *South. Clin. Ist. Euras.* 2020;31(Suppl):1-7 <https://doi.org/10.14744/scie.2020.00378>
- 8- Centers for Disease Control and Prevention. How to protect yourself & others. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>. Accessed Apr 19, 2020.
- 9- González-Padilla DA, Tortolero-Blanco L. Social media influence in the COVID-19 Pandemic. *Int Braz J Urol.* 2020 Jul;46(suppl.1):120-4. <https://doi.org/10.1590/S1677-5538.IBJU.2020.S121>.
- 10- Gao J, Zheng P, Jia Y, et al. Mental health problems and social media exposure during COVID-19 outbreak. *PLoS One.* 2020 Apr 16;15(4):e0231924. <https://doi.org/10.1371/journal.pone.0231924>.
- 11- Chan JF-W, Yuan S, Kok KH, et al. A familial cluster of pneumonia associated with the 2019 novel coronavirus indicating person-to-person transmission: a study of a family cluster [J] *Lancet* 2020; 395 : 514–23. [https://doi.org/10.1016/S0140-6736\(20\)30154-9](https://doi.org/10.1016/S0140-6736(20)30154-9)
- 12- Bezerra ACV, Silva CEM, Soares FRG, Silva JAM Factors associated with people's behavior in social isolation during the COVID-19

pandemic Cien Saude Colet 2020 Jun;25(suppl 1):2411-21.

<https://doi.org/10.1590/1413-81232020256.1.10792020>.

- 13-Renzo LD , Gualtieri P, Pivari F, Soldati L, Attinà A, Cinelli G et.al Eating habits and lifestyle changes during COVID-19 lockdown: an Italian survey J Transl Med. 2020; 18: 229.
<https://doi.org/10.1186/s12967-020-02399-5>
- 14-Prime H, Wade M, Browne DT Risk and resilience in family well-being during the COVID-19 pandemic. Am Psychol. 2020 Jul-Aug;75(5):631-43.
<https://doi.org/10.1037/amp0000660>.
- 15-Soylu VG, Taşkın Ö, Demir U, Yılmaz A The mental health of intensive care unit healthcare workers who care for critical patients in pandemics. Ann Clin Anal Med 2021;
<https://doi.org/10.4328/ACAM.20494>
- 16-Walton M, Murray E, Christian MD Mental health care for medical staff and affiliated healthcare workers during the COVID-19 pandemic.Eur Heart J Acute Cardiovasc Care. 2020 Apr;9(3):241-7.
<https://doi.org/10.1177/2048872620922795>.