



# Problems of Healthcare Professionals in COVID-19 Pandemic

## COVID-19 Pandemisinde Sağlık Çalışanlarının Sorunları

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### Introduction

As is known, the Coronavirus disease-19 (COVID-19) pandemic has started in China in November-December 2019 and then spread to the whole world (1). It was declared as an international public health emergency by The World Health Organization (WHO) on January 30, 2020, and later described as a pandemic (2). The disease has spread all over the world in a very short time. Of the patients, 28.5% were in Asia, 24.1% in North America, 23.7% in Europe, 19.8% in South America, and 3.7% in Africa. In our country, the first patient was announced in March, and the first death on March 18.

The analysis conducted by Amnesty International in September 2020 revealed that at least 7,000 healthcare workers worldwide died due to COVID-19. In this report, the countries with the highest number of health worker deaths were recorded in Mexico and the USA. Turkey was ranked 16<sup>th</sup> on the list. The rate of infection was found to be the highest in the health workers working in inpatient wards of hospitals. This finding showed that healthcare workers in the wards have a higher risk in terms of biosecurity measures than healthcare workers in units such as intensive care unit or emergency services.

As of January 14, 2021, the number of patients infected with the coronavirus in Turkey was 2,364,801, the number of patients recovered was 2,236,938 so far and the number of patients who died was 23,495. A total of 26,899,442 tests were carried out to date. As of January 1, 2021 Turkey was ranked 7<sup>th</sup> among 193 countries in terms of the number of patients and ranked 18<sup>th</sup> in terms of the number of deaths (3). Despite the number of patients was high, considering the mortality rates among health workers

and in the society, it could be concluded that Turkey managed the process successfully. The early implementation of the scientific committee and the guides that were created early were effective in this result. However, the existing problems of healthcare workers, who have played a major role in this success, have increased exponentially.

In Turkey, a medical army consisting of 540,000 soldiers including about 165,000 physicians, 200,000 nurses, and 175,000 other health professionals fights against the pandemic (4). Health professional organizations in Turkey and the world state that healthcare professionals are infected with COVID-19 at a rate of approximately 10 times more than other components of the society. According to the data of the Turkish Medical Association, 282 healthcare workers died because of COVID-19 since the beginning of the pandemic (5). The number of physicians who died while on active duty during the COVID-19 pandemics in Turkey in 2020, was 98.

Physicians and healthcare professionals working in difficult conditions away from their families had to struggle with different problems in the working environment depending on their branch and place of work. In this article, the issues mentioned in a session at the WIHU'20 COVID-19 congress where the problems of healthcare professionals were addressed, will be mentioned, and the problems experienced by healthcare professionals in this process will be discussed.

Addressing the problems of Emergency Service Workers in the pandemic, emergency medicine specialist Dr. Nedim Uzun said in his speech that: "Although the problems of emergency healthcare workers are largely the same as before the pandemic,

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these problems have become more pronounced during the pandemic process. The fight against the pandemic has been tried to be carried out largely through emergency service employees. Emergency room workers are the ones most exposed to the virus load due to the first encounter COVID-19 and due to heavy working conditions. As a result, the increasing violence in health, the deterioration of our physical and mental health, and the insufficient financial and spiritual support in return cause burning out of emergency service workers. Primary health care services need to be made more active and the pandemic burden should be distributed fairly”.

In her speech, Dr. Hina J Shahid, a family physician and the head of the Muslim Physicians Association, who participated as a speaker from the UK, stated that: “As a result of factionalism, racism, and Islamophobia in the UK, COVID-19 has a disproportionate impact on Muslim healthcare workers. We have difficulties in accessing personal protective equipment. It is remarkable that healthcare workers are more likely to get sick compared with the society, and that the mortality rate of minorities among healthcare workers is higher”.

Speaking on behalf of the nurses and the union, Nurse Muhterem Şahin stated in her speech that they had problems in financial, moral and personal rights, and that working conditions were very difficult and tiring, and that healthcare workers could not get the value they deserved.

Speaking on behalf of the infectious diseases specialists who have undertaken the most duties in the pandemic, Dr. Sibel Bollukçu said that considering the fact that COVID-19 resulted in a multisystemic involvement in patients, the approach should also be multidisciplinary, and that in the light of the guidelines set up by the ministry in our country, it was unnecessary to ask for consultation from infectious diseases specialists in outpatient and inpatient clinics, and that additional work such as off-label drug approval increased the intensity of the physicians of that branch who needed to work actively in the field ”.

Speaking on behalf of non-governmental organizations, Dr. Ercan Kurnaz said, “In private health institutions and clinics, healthcare workers suffer financial difficulties due to occupation loss during the pandemic process, they cannot get their salaries and cannot afford their routine expenses, the workload of primary healthcare workers has increased, and their mental health is affected due to the high level of stress and psychological distress experienced by healthcare professionals”.

Explaining the problems experienced in intensive care units, Associate Prof. Dr. Hayrettin Daşkaya stated that the pandemic should not be perceived as a health problem only, that social and economic conditions and the level of individual resistance affected the course of the disease, those possible problems would be predicted in advance with close observation of the field, that it should not be forgotten that all the work and the struggling

were for humans, and that it was very important for healthcare workers to protect themselves in this process.

The pandemic continues in 2021. Phase studies of vaccines, which were initiated with hopes, were completed and vaccination was started in many countries, especially in our country. However, concerns about mutations and problems that may arise in the antibody generation process of vaccines continue to exist.

The pandemic had a multifaceted effect on the social life, economy, education, briefly all vital areas in the countries and caused changes in individual life. Healthcare professionals have suffered and continue to experience serious grievances in this struggle because they are the group with the heaviest burden and having the highest rate of mortality. Physicians experienced victimizations and injustices in their personal rights, life sphere, assignments, and distribution of workload, according to the institution, branch and country they worked. In addition to their lives, physicians had to struggle with economic losses and, rarely, with racism and discrimination in some countries.

How long this process will continue is unpredictable despite recent developments. All healthcare workers, especially physicians, should be given financial and moral personal rights. Their working conditions should urgently be improved, the moral value they deserve should be given, support for healthcare workers in line with their religious and cultural needs should be increased, and safe employment should be ensured. Inequalities in the work environment, injustice in access to vaccines, tests, and personal protective equipment, and discrimination should be ended, and a fraternal work environment should be created, regardless of branch, race, gender and religion.

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