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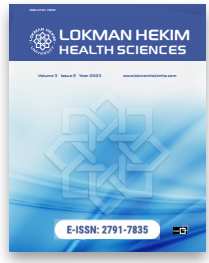

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ORIGINAL ARTICLE

Psychosocial Process in Individuals Quarantined or Hospitalized During the COVID-19 Pandemic Period: A Qualitative Assessment

Pandemi Döneminde Karantinaya Alınan veya Hastanede Yatan Bireylerde Psikososyal Süreç: Niteliksel Bir Değerlendirme

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Abstract

Introduction: The COVID-19 pandemic negatively affected people by creating a social crisis and trauma.

Methods: In this descriptive qualitative study, adult participants were selected using the snowball method and with the principles of volunteerism. People who tested positive for COVID-19 were contacted by phone and informed about the study, and questions were sent by email or WhatsApp.

Results: Participants stated that they were most surprised and disbelieved that they needed to be quarantined or hospitalized; worried about infecting others in the family; and felt fear, stress, anxiety, hopelessness, pessimism, sadness, and guilt. They also stated that they perceived quarantine or hospitalization as "frightening and experienced anger, despair, anxiety about not being able to recover and death, and felt sad, uncertain, and lonely."

Discussion and Conclusion: The pandemic created existential anxiety and crisis in all people regardless of the profession, and mental health was negatively affected. When health care workers became infected with COVID-19, they were worried about both getting sick and infecting their relatives and friends. If mental health preventive care services are planned, psychiatric morbidity is prevented and resources are not wasted.

Keywords: COVID-19 pandemic; Mental health; Psychosocial nursing

The COVID-19 outbreak has been spreading in China and other parts of the world since December 2019. As of early March 2020, the pace of the outbreak slowed down in China, while COVID-19 cases and related deaths increased rapidly in the United States, France, Spain, Britain, Germany, Russia, and Italy. After this rapid transmission, many countries were alarmed and moved to a new world order with restrictions in many areas.[1–3] The name COVID-19 was given by the World Health Organization (WHO), which declared it a pandemic.[4,5] Its high level of contagion and

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characteristic of fatal episodes of pneumonia have made it not only an infectious pandemic but also an urgent public health problem of international importance that causes anxiety and challenges in psychological resilience.[6–8] The lives of all people were turned upside down by the COVID-19 epidemic.

The priority in the fight against COVID-19 is the prevention of transmission routes to avoid contact and contamination. An adequate and balanced diet, quality sleep, and improving lifestyle for strengthening immunity have gained importance for protection.[2] This process causes social, emotional, and psychological problems at a level that requires specialized help for many people. Professionals working in this field also experience insufficiency/despair from time to time in terms of how to plan and operate.[9] To diminish the negative psychological effects and psychiatric signs throughout the epidemic period, there was a need for information as evidence about what happened and what was felt during this period. In this context, it was thought that determining how quarantine or hospital process affects people who are positive for COVID-19 and what kind of help they need would provide a better understanding of their needs and guide in planning and implementing the right practices in such cases. The results of the study can be used to improve the mental health of individuals during the COVID-19 epidemic, to minimize the negative effects on their psychology, and to guide nurses in the management of emotional problems in other acute cases who are quarantined or hospitalized due to an unexpected and unknown disease.

This study attempts to examine how people who are quarantined or hospitalized during the pandemic process are affected, how they feel, what they achieve from this process, and what their recommendations may be to health workers about the service they receive.

Materials and Methods

The study is a descriptive qualitative design and selected adult volunteers using the snowball method. The data were collected by asking participants 8 open-ended questions, except for the questions that included brief sociodemographic (gender, age, profession, education level, marital status, number of children, living place, and reason for quarantine/hospitalization) features. These questions are:

1. What was your first reaction when it was announced that you needed to be quarantined/hospitalized? What did you feel?
2. How does it feel to be in quarantine/hospital?
3. How did being separate from people affect you?
4. What was the attitude of those who tended you/treated you?
5. How did these attitudes affect you?
6. What kind of assistance did you want/need in this period?
7. What has this process taught you, what behaviors have you developed?
8. What would you recommend for health care professionals?

Interviews could not be held face-to-face due to curfew. People who were tested positive for COVID-19 were reached by phone and empathized first. They were informed about the study and asked if they wanted to participate. Individual interviews were conducted with those who volunteered to participate. Because it was a period during which everyone was home, participants reported that they would respond to questions via email or WhatsApp. It was emphasized that participation in the study depends entirely on the principle of volunteerism and that the information they will provide will not be shared with anyone else. The study was carried out between March 20 and May 20, 2020, and the data were collected via email or WhatsApp. When it was understood that the data collected were repetitive, the process was terminated with 20 participants. It was the period the pandemic was experienced acutely and people stayed home. There was no need for repeated interviews to collect data, but emotional support was given to those who were anxious by the researcher over the phone. This study was written according to the COREQ checklist criteria.[10]

Data Analysis

To analyze and interpret data, content analysis was used. The purpose of content analysis was to reach concepts that could explain the collected data. In the research, the themes were not defined beforehand; they were formed from the answers given to each question. The answers given for each question were coded by the researcher, the codes were reexamined, and themes were created. The themes were separately evaluated by two experts in terms of suitability, and a final consensus was reached.[11] Descriptive features are given in Table 1 as numbers and percentages.

Ethical Statement

During the pandemic, the ethics committee could not be gathered due to curfews and work from home, but given that it would be important to start the study immediate-

ly, first, verbal and then written permission (approval no: 2021023, 2021/022, date: 16.02.2021) were obtained from the Non-Interventional Clinical Research Ethics Committee of The Lokman Hekim University. The procedures of this study complied with the provisions of the Declaration of Helsinki regarding research on human participants.

Participants who were thought to have much emotional burdens and problems were consulted by phone after collecting the data.

Results

The introductory characteristics of the participants are given in Table 1.

Table 1. Characteristics of the participants (n=20)

Characteristics	n	%
Gender		
Male	9	44.4
Female	11	55.6
Age		
26–30	5	28.
31–40	4	22.
41–50	6	28.
>51	5	22.
Education		
Secondary education	3	16.7
University	8	44.5
Postgraduation	3	16.6
PhD	6	22.2
Marital status		
Married	16	77.7
Single	4	22.3
Number of children*		
1	6	33.3
2	8	33.3
3	3	16.4
Profession		
Health worker	8	44.6
Officer, teacher	7	33.3
Lower	2	5.5
Housewife	3	16.6
Living place		
In Ankara	7	27.7
Outside Ankara	13	72.3
Reason for quarantine/hospitalization		
Return of Umrah	2	11.11
COVID-19 positive	18	88.89

*: Three persons have no children.

1. What was your first reaction when it was announced that you needed to be quarantined/hospitalized? What did you feel?

When the participants were needed to be quarantined or hospitalized, the most common responses were: they were surprised and disbelieved (5 participants); they were anxious to infect the family members (5 participants); they felt fear, stress, anxiety, and restless due to unknown (4 participants); hopelessness and pessimism (3 participants); sadness, stress, and guilt (3 participants). In addition to those who experienced anxiety (2 participants) and anger (1 participant), a few participants attempted to seek information and advice and solve their problems (1 participant).

Confusion and disbelief

> My first reaction was confusion, I didn't think my test would come back positive.
>
> (26 years old, M, doctor)
>
> I was surprised, I panicked, …You're not kidding, are you? I asked.
>
> (49 years old, F, lecturer nurse)

Worrying about infecting the family members

> My first reaction was the anxiety I experienced because of the risk have infected my wife and two children at home.
>
> (34 years old, M, nurse)
>
> I was very worried if I had infected my mother, father and friends.
>
> (28 years old, M, doctor)

Experiencing fear, stress, anxiety, and restlessness due to unknown

> I was afraid and anxious because I did not know how the disease would progress.
>
> (30 years old, F, housewife)
>
> I experienced fear and anxiety. many things were uncertain.
>
> (27 years old, F, midwife)
>
> …I feared, there was a lot of fear of unknown.
>
> (51 years old, M, civil servant – return of Umrah)

Hopelessness, pessimism

> I fell into despair and pessimism.
>
> (48 years old, F, housewife)
>
> I realized that I was at the last exit before the bridge.
>
> (55 years old, M, teacher)

I thought I was going to die, it seemed like there was no hope.

(49 years old, F, lecturer nurse)

I realized at that moment the seriousness of the situation and that I was at the last exit before the bridge.

(55 years old, M, teacher)

Sadness, stress, guilt

It was sad that I couldn't meet some of my needs.

(30 years old, F, nurse)

Unfortunately, I found out that my wife was positive, and I was very upset. I felt guilty wondering if I had infected anyone else.

(29 years old, F, officer)

Anxiety about not being able to recover

...and I was worried that I wouldn't get better.

(35 years old, F, nurse)

I said to my wife and daughter, "calm down, don't come near me, let's prepare for hospitalization immediately." I felt like I couldn't recover for a moment and I couldn't come home again.

(49 years old, F, lecturer nurse)

Anger

When the filiation team started asking me some questions…I felt like I was guilty. They didn't give about the disease information, they said you will not go outside for 15 days.

(51 years old, M, imam – return of Umrah)

Information, advice, and problem solving

When I got sick, I started thinking about how to get rid of this disease without panicking.

(30 years old, M, officer)

2. How does it feel to be in quarantine/hospital?

Participants described what it was like to be quarantined or hospitalized with the following statements: they stated that they mostly thought it was frightening and felt angry (5 participants); they were anxious about not being able to recover and dying (4 participants); they felt sad (2 participants); uncertain (2 participants); and lonely (1 participant). Two participants who came from Umrah complained about the frustration of not meeting with their relatives (1 participant) and of not being able to fulfill their longing (1 participant).

Frightening, perception of frightening, experiencing anger

Being in the hospital was scary and creepy. I felt hindered and labeled, I felt angry.

(49 years old, F, lecturer nurse)

Anxiety about not being able to recover and dying, despair

I experienced great turbulence in my emotional state during intensive care...The feeling of inability to breathe and suffocation and the deaths I witnessed in the hospital due to COVID has inevitably made me anxious too.

(55 years old, M, lecturer)

In the hospital ...the first thing I experienced was a worry about whether I would die or get better.

(49 years old, F, judge)

Sadness

It's sad that everyone is trying to stay away from you, now with the suspicion of COVID.

(34 years old, M, nurse)

...but you feel like you are going on a long journey.

(55 years old, M, lecturer)

Uncertainness

Fear of unknown because I don't know the stages of the disease.

(32 years old, M, police; 49 years old, F, nurse)

Loneliness

I felt lonely because I was away from my family in the hospital.

(30 years old, F, housewife)

The frustration of not being able to meet relatives

…I wanted to meet with our relatives, I could not accept...there was the frustration of not being able to meet them.

(51 years old, M, civil servant – return of Umrah).

Inability to fulfill the feeling of longing

Although I came from a beautiful place, I wanted to fulfill my longing with my children and relatives, but I could not experience that feeling.

(42 years old, F, housewife – return of Umrah)

3. How did being separate from people affect you?

The participants stated how being separated from people as a result of quarantine or hospitalization affected them as follows: they most often express it as "I was upset (8 participants); I was anxious about infecting others (4 participants); I felt labeled (4 participants); I confronted myself, I discovered the beautiful sides (3 participants); I felt longing (2 participants); I followed the rules, I hold on to life (2 participants); and I felt reliant and hindered (1 participant)."

I was upset

> It made me so sad to be alone when I needed it most.
>
> (30 years old, F, housewife)
>
> I'm so upset, as a health worker's mother, we're talking from two feet away, we can't touch, we can't hug.
>
> (48 years old, F, housewife)
>
> It made me feel bad that people were running away from me.
>
> (49 years old, F, lecturer nurse)

Anxiety of infecting family members or others

> I also had concerns about family members and neighbors getting sick.
>
> (49 years old, F, lecturer nurse)
>
> When I was in the hospital, I thought, as if some of my family members were sick and they wouldn't tell me.
>
> (34 years old, K, nurse)

Labeling

> ... I felt stigmatized as if people were looking at me with pity, thinking like they were saying "pity, she got sick.
>
> (49 years old, F, lecturer nurse)
>
> ...They bring your necessities to the door and leave. I feel like I'm guilty like I've committed a crime against them.
>
> (51 years old, E, civil servant – return of Umrah)
>
> I noticed I was labeled "contagious" in the apartment.
>
> (34 years old, F, nurse)

Confronting yourself, discovering the good things

> I'd say it felt a little good. I had alone with myself.
>
> (34 years old, M, nurse)
>
> ...I confronted myself. I got to know myself.
>
> (27 years old, M, doctor)

Longing

> I miss spending time with my loved ones and hugging.
>
> (27 years old, F, midwife)

An effort to hold on to life

> You can't even make eye contact with anyone in the hospital. Especially the intensive care is like a space base… The effort to hold on to life was superior to all other emotions. feeling the possible consequences of facing a deadly disease to your bones.
>
> (55 years old, M, lecturer teacher)

Feeling reliant and hindered

> During my isolation, I felt reliant on others and hindered.
>
> (49 years old, F, lecturer nurse)

4. What was the attitude of those who tended you/ treated you?

The responses to the attitudes of who tended you/treated you were mostly as follows: I was given sufficient attention, I was supported (7 participants); I didn't get sufficient information, I wasn't attended properly (4 participants); They were concerned about whether I infected them (1 participant); and I was labeled (1 participant).

I was given sufficient attention, I was supported

> The health care professionals were very helpful to us, they explained what should be done in a very friendly and supportive way.
>
> (30 years old, M, officer)
>
> The filiation team made us feel that they had a very good control over the disease, they were interested and respectful.
>
> (32 years old, M, police)
>
> …we had a deep admiration for nurses in the intensive care unit, where there is a psychological burden due to several deaths almost every day.
>
> (55 years old, M, lecturer)

I didn't get sufficient information, I wasn't attended properly

Views on health workers not meeting expectations are as follows:

> There was limited communication. Their first sentence was the question of "Where did you get the virus?" If you have a problem, contact us by phone.
>
> (51 years old, M, civil servant)

They did not come to treat, did not call, did not ask.

(55 years old, M, officer)

Those who do not receive enough concern from their relatives:

They just called and asked me on the phone with the fear that it would infect me too. That wasn't enough.

(49 years old, F, housewife – return of Umrah)

Their concern about if I had infected them

Everyone had a state of sadness and anxiety. I felt that questions such as, "When was the last time I met, did I ever sit without a mask?"

(30 years old, M, nurse)

Labeling

They look at those coming from Umrah as diseased.

(55 years old, M, imam – return of Umrah)

5. How did these attitudes affect you?

When asked how attitudes in this process affect them, there are positive influences such as mostly feeling valued (4 participants); they have hope (4 participants); they discovered their positive aspects (2 participants); as well as negative influences like experiencing sadness (3 participants); feeling neglected (2 participants); and ignoring the disease (1 participant).

I felt valued

I felt important myself.

(53 years old, M, lawyer)

I felt valued.

(60 years old, F, retired nurse)

…I think I am very lucky and value.

(55 years old, M, lecturer teacher)

Hope

…Their professional approach to an unknown disease has increased my hope for recovery.

(32 years old, M, police)

Being cared for made me feel valued, who loved me, and it gave me strength.

(35 years old, F, nurse)

Discovering the positive aspects of yourself

I was able to handle many things on my own, I finished the tasks that I did not have the opportunity to complete.

(26 years old, M, doctor)

…I learned that I am strong and that made me happy.

(30 years old, F, housewife)

Feeling insignificant

The explanations were insufficient for me and caused me to be confused. I felt that I was unimportant.

(49 years old, F, lecturer nurse)

Sadness

There were not many who asked if I needed anything... I was very affected, I was sad.

(55 years old, M, imam)

The long recovery period, uncertainties about the disease, not knowing how my health will be affected in the future make me think and upset.

(49 years old, F, teacher nurse)

Neglection

I felt like I was hospitalized for normal pneumonia, not COVID.

(27 years old, F, midwife)

6. What kind of assistance did you want/need in this period?

Statements about what kind of help participants needed the most in this process include a desire to receive support from relatives (10 participants); a desire to conduct a psychological assessment, a desire to be understood and receive emotional support (2 participants); the request for follow-up from a doctor (1 participant); and a request for their families to be monitored regularly for their health (1 participant).

The desire to receive support from relatives

We waited for moral help, we waited for our relatives to come and support us because we couldn't go out, but…. we were already hesitant to ask and embarrassed when we needed something.… this feeling was enough for us.

(51 years old, K, housewife)

I had a hard time catering my basic needs, I needed help.

(30 years old, F, housewife)

…… I have my anxiety about running out of food at home.

(35 years old, F, nurse)

…As my general condition deteriorated, I especially wanted my wife and son to be with me.

(55 years old, M, lecturer teacher)

Desire to conduct a psychological assessment, to be understood and receive emotional support

> I would like to be informed and psychologically evaluated. I was just asked how I felt physically. But I was never asked about my feelings. They said," Keep your moral high to get better, if your mental state is not good, your immune system will collapse. But they weren't saying how that would happen. It was very severe while the emotions I experienced were not addressed and my mental health was ignored, but also to be given such responsibility. What I needed most was to be understood.
>
> (49 years old, F, lecturer nurse)

7. What has this process taught you, what behaviors have you develop?

Looking at the behaviors learned and acquired in this process, participants stated that they questioned their life, confronted their past (7 participants), and replanning/restructuring life (24 participants).

Questioning of life, confrontation of the past

> You are suddenly getting out of an intense pace and starting to envision your whole life... it feels a little cold and chilling to be in a process that could end with death.
>
> (53 years old, M, lawyer)
>
> ...the more you think about whether you'll ever see them again. I think I wish I'd spent more time... The regret of not living those moments more aware collapses on you.
>
> (30 years old, M, nurse)
>
> In the days where I witnessed death, experienced illness, and was reborn, life was like playing chess. A game that requires reason, logic, patience, attention. COVID-19 made its moves, so did I. It seemed as if it had the advantage because he had defeated my immune system and made me sick. But I was still fighting, I did not quit the game, I learned to defend against his moves.
>
> (35 years old, M, nurse)

Replanning/restructuring life

> ...I started thinking about how my family can make a living if something happens to me. If I get better.
>
> (30 years old, M, nurse)
>
> I felt strongly that I was coping with the challenges I had experienced up to this time of my life. But it empowered me to know that some love and think about me...And it made me set my priorities in my life once again.
>
> (49 years old, F, lecturer nurse)
>
> It contributed a lot to me morally. I saw once again that everything comes and goes.
>
> (27 years old, F, midwife)
>
> I learned that death is very close to us.
>
> (60 years old, M, retired)
>
> I realized how vacant the world is. I realized how helpless we were in the face of a tiny virus. I learned to look at life more positively.
>
> (51 years old, F, housewife – return of Umrah)
>
> The process showed me to devote time to myself, that there is always hope in life, no matter what.
>
> (35 years old, F, nurse)
>
> Illness teaches you a lot, during the illness, I saw myself so close to death. Coming back from the brink of death and recovering from this illness was like "suddenly sun showing itself when it was snowing." When I left the hospital, I felt on top of the world.
>
> (55 years old, M, lecturer teacher)

8. What would you recommend for health care professionals?

As for recommendations for health professionals, the participants stated they need to provide descriptive information (6 participants); to treat people as a whole and evaluate them psychologically and emotionally (1 participant); while expressing that health workers should also protect their health (2 participants); fulfill what they legally deserve (5 participants); be valued (2 participants); they shouldn't be subjected to violence (1 participant); they should be provided with adequate equipment (1 participant); the future of their families should be secured (1 participant); they should be rested, and it is essential to raise awareness of the society (3 participants).

Providing explanatory information

> I suggest that patients be informed about the disease and the treatment process at a level that can be understood.
>
> (49 years old, F, nurse)

In the first place, we expect them to make discoveries about the treatment of this disease.

(55 years old, M, imam)

Treating people as a whole and evaluate them psychologically and emotionally

I recommend to health care professionals to ask the patient how it feel to being ill, how it affects the person, how they feel, they should listen to patients, they can engage in to avoid boredom while in isolation and quarantine.

(49 years old, F, lecturer nurse)

To protect their health

I advise them to pay much, much more attention to themselves. I cannot forget my colleague who lost her life today; her baby will spend a life without a mother...I feel like we went to war with that nurse, even though I never knew her, and I became a veteran, and she's a martyr.

(30 years old, M, nurse)

Fulfillment of what they legally deserve

…we deserve the law and regulation in which our rights are protected, and the duties and authorities are fully expressed.

(55 years old, M, lecturer)

…I hope we continue to see the necessary importance and respect as all health care professionals after the pandemic.

(27 years old, F, midwife)

...Those who lost their lives in the pandemic should be accepted as duty martyrs and COVID-19 should be accepted as an occupational disease.

(55 years old, M, lecturer)

Value health care professionals

We realize the value of our health care professionals as we have business with them, but when this process ended.

(30 years old, M, officer)

Not subjecting health care professionals to violence

I learned how wrong it is to inflict violence on health care professionals…they should be treated with the respect they deserve.

(51 years old, F, housewife)

Securing the future of their families

When something happens to us for this or a similar reason (occupational disease, etc.)... I am sure that all my colleagues who were infected with this disease and who were hospitalized had thought of this.

(30 years old, M, nurse)

Providing rest, raising awareness in the main society

Health care professionals also need… to rest. because fighting the epidemic is the basic responsibility of society.

(35 years old, F, nurse)

Health workers ... working with heart and soul to control the epidemic are at much greater risk... health care professionals and prioritize community participation should be supported.

(53 years old, M, lawyer)

Discussion

Following the emergence of the COVID-19 disease in Wuhan, Hubei province of China, social isolation and quarantine measures were increasingly applied after it was understood that the disease was viral and contagious.[12] Social isolation is the adoption of partial or complete contact measures between the individual and society, and it is a rule that all age groups must follow to protect themselves from some epidemic disease.[13] For this reason, to slow the rate of spread of the COVID-19 epidemic, there were some statements made by the Chinese government officials and then by the World Health Organization on this issue, and the measures expected to be taken in this direction were implemented by the countries.

When the participants were required to be quarantined or hospitalized, the first reaction was that they were confused and disbelieving the most; they were anxious about infecting their family members; they experienced fear, stress, anxiety, and worry due to uncertainties; and they felt despair, pessimism, sadness, stress, and guilt. In the first stages of the COVID-19 outbreak, an online study was conducted using snowball sampling techniques with 1210 participants from 194 cities in China to better understand the psychological impact, anxiety, depression, and stress levels and to determine the strategies that can be done in this regard. The study investigated physical symptoms, contact history, level of knowledge about the virus, anxiety/stress status, and mental problems in the last 14 days. More than half of the participants (53.8%) observed the psychological im-

pact of the epidemic at a moderate or severe level; almost one-third (28.8%) of symptoms varying from moderate to severe anxiety; 16.5% of them reported depressive symptoms ranging from moderate to severe. Most of the participants (84.7%) spent 20–24 h a day at home; and 75.2% of the participants stated that they were worried that their family members would catch COVID-19. In those who experienced severe specific physical symptoms (muscle pain, dizziness, and cough), the greater psychological impact of the outbreak was observed, and the levels of stress, anxiety, and depression were found to be statistically significantly higher. When people have the correct health information about the treatment and prevalence of the epidemic, a lower psychological effect was observed in taking measures for protection from the epidemic (hand hygiene and wearing a mask), that is, lower levels of stress, anxiety, and depression were detected.[8]

A study of medical students at a university in China selected by cluster sampling method found using the General Anxiety Disorder Scale that 0.9% of the participants experienced severe levels, 2.7% had moderate levels, and 21.3% experienced mild anxiety. The study found that the majority of the participants live with their family, and although the family is a protective factor, a quarter of them experience anxiety. Besides, a negative correlation was found between social support and anxiety level. Having relatives or acquaintances infected with COVID-19 has been interpreted as a risk factor in increasing anxiety.[7]

As a result of being quarantined or hospitalized, the participants stated that they mostly thought it was frightening and felt angry; they were anxious about not being able to recover and dying and despair; and they felt sad, uncertain, and lonely. At the same time, the participants expressed negative impacts such as "I was upset, I was worried about contagion, I felt labeled, reliant and hindered and I had longing" and also positive impacts such as "I confronted myself, discovered the beautiful sides, followed the rules, hold on to life."

The expectation that people with high vulnerability levels in the face of any threat of harm or illness will not be able to be protected in the event of disasters, the belief that they cannot survive without the support of others, the belief that they are unsuccessful in developing individual identity and that they will not be able to achieve their important goals will lead to exaggerated and unrealistic perceptions. In cognitive theory, there are three negative schemes related to the individual's self. These are schemes of despair, dislike/abandonment, and worthlessness. Also, "people harm-are unreliable" and "the world is dangerous" schemes related to others and the outside world have also been defined.[14,15] These negative basic schemas that are formed in the person increase the tendency of the individual to negatively evaluate self, others, their world, and their future in the long term. Thus, it facilitates the emergence of mental problems by perceiving the situations that pose significant risks more exaggerated.[16–18]

In our country, those who go to Umrah only to perform their religious duties, which are not considered to be the experience of any disease, are quarantined on their return. Sharing experiences and feelings with socially close relatives of people after the pilgrimage is an established ritual in our culture. However, during the pandemic process, people were unable to meet their needs due to quarantine, complained about their frustration at being unable to meet their relatives and could not satisfy the sense of longing, and felt labeled. Of the responses to the attitudes of the caregivers/treaters, the most "I was given sufficient attention, I was supported" was said. Negative attitudes like "I didn't get sufficient information, I wasn't attended properly, they had concerns about whether I had infected them, and I was labeled" were also mentioned. When asked how these attitudes affect them, they stated mostly positive effects such as feeling valued, hopeful, discovering positive aspects of themselves, and less negative effects like "I felt sad, I felt neglected, and I ignored the disease."

In this process, among the expressions about what kind of help the participants most needed to be provided, "the desire for support from their relatives" statement was the first one. Failure to provide the necessary attention and support due to the isolation from the epidemic or the concern of being sick by relatives have also prevented and restricted family support, which is the biggest social support. This may have made the patients feel unsupported and lonely. They asked the treatment group to provide psychological and emotional support as well as physical care.

Looking at the behaviors learned and developed in this process, it was stated that "participants stated that they questioned their life, confronted their past, and replanning/restructuring life."

As for recommendations for health professionals, the participants stated they need to provide descriptive information, to treat people as a whole and evaluate them psychologically and emotionally while expressing that health workers should also protect their health, their rights should be fulfilled as they legally deserve, they should be valued, they should not be subjected to violence, they should be rested, and it is essential to raise awareness of the society.

Because, in practice, most of the time, only physical assessments are made and the psychological dimension is not reflected in the practice. To cope up with the pandemic, there was a need to change the health service, and the priority has been directed to the control and prevention of the disease. Participants also evaluated the employees positively in this process, but they also wanted the emotional problems they experienced to be addressed.

At the time COVID-19 disease became widespread, the selfless and appreciated overtime work of medical personnel once again emphasized the importance of the medical team and increased the visibility of the professions.[19] However, unfortunately, the fact that in almost every country, the medical team suffered from the disease and lost their lives in this process caused the team members to be uneasy and to exhibit defensive attitudes from time to time. Considering the high transmission routes and contagiousness of the disease, the changes in the rules regarding the coexistence of societies, the emergence of a life that prioritizes individualism, and closed loneliness, this difference in social ethics can have profound and different effects on societies.[20]

To manage a crisis, careful attention should be paid to the implementation of interventions when the event first occurs. Medical/physical interventions are more easily planned and organized, but psychological intervention activities can be postponed or delayed until later. When an outbreak occurs, planning in the physical context is not sufficient in general. Planning should be done by taking the event in an integrative way. Thus, if mental health preventive services are planned before the appearance of psychiatric morbidity, resources are not wasted, and success is achieved. Therefore, after the evaluation of mental health, the rapid provision of mental treatment by professionals in the relevant departments according to the severity of the individuals affected by the epidemic is also an important responsibility in terms of community health services. Due to the lack of professionals, the establishment of psychological intervention teams may not be applicable in many areas. However, in such cases, services can be provided by teams of experienced psychiatrists, psychologists, psychiatric nurses, social workers, psychological counselors, volunteers of professional associations, or experts in other related fields.[19–22]

In this process, telehealth interventions for individuals who are sick and professional support lines for frontline health workers can be accessed to mental health protection services. In this context, mental health nurses prevent psychiatric morbidity with their stigmatizing and leadership roles.[23]

Limitations of the Study

This study has some limitations. This study could not interview patients face to face due to the COVID-19 pandemic. Only answers were received to the questions via email or WhatsApp.

Conclusion

In this study, how people affected by COVID-19 were quarantined or hospitalized, what they felt, what they overcame, and what they learned were examined. Participants stated that they were most surprised, were worried about infecting the family, felt fear, anxiety, hopelessness, and guilt due to the unknown. They also stated that they perceived quarantine or hospitalization as "frightening and experienced anger, despair, anxiety about not being able to recover, and death." They also stated, "felt labeled, reliant, and hindered, and also confronted myself, discovered the pleasant sides and held on to life." It was also discovered participants questioned their life, confronted their past, and learned to reconstruct their lives during this process.

The results of the study will guide nurses in the management of the crisis and emotional problems experienced in the acute process due to COVID-19 quarantined or hospitalized due to an unexpected and unknown disease.

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