SGD Sosyal Güvenlik Dergisi
Journal of Social Security
E-ISSN: 2148-483X

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Satı GÜL KAPISIZ
Ankara Üniversitesi, Sağlık Bilimleri Fakültesi
Sosyal Hizmet Bölümü

Elif GÖKÇEARSLAN
Ankara Üniversitesi, Sağlık Bilimleri Fakültesi
Sosyal Hizmet Bölümü

Aybüke BÜYÜKKAĞNICI
Ankara Üniversitesi, Sağlık Bilimleri Fakültesi
Sosyal Hizmet Bölümü

Aralık 2025, Cilt 15, Sayı 2, Sayfa 123-138
December 2025, Volume 15, Issue 2, Page 123-138

E-ISSN: 2148-483X

2025-2

e-posta: sgd@sgk.gov.tr

SGD
Sosyal Güvenlik Dergisi
Journal of Social Security

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Research Article - *Araştırma Makalesi*

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Satı GÜL KAPISIZ*
0000-0002-5714-9944

Elif GÖKÇEARSLAN**
0000-0001-8627-5985

Aybüke BÜYÜKKAĞNICI***
0000-0003-0383-7546

Sosyal Güvenlik Dergisi / *Journal of Social Security*
Cilt: 15 Sayı: 2 Yıl: 2025 / *Volume: 15 Issue: 2 Year: 2025*
Sayfa Aralığı: 123 - 138 / *Pages: 123 - 138*
DOI: 10.32331/sgd.1844725

ABSTRACT

Pandemics are multidimensional crises that profoundly affect healthcare systems and professionalscworldwide. The COVID-19 pandemic has created significant disruptions in the lives of healthcare workers, not only through its medical consequences but also through its economic, social, and psychological impacts. This study employs a phenomenological approach to examine the illness experiences of healthcare personnel working at Ankara Bilkent City Hospital who tested positive for COVID-19. Semi-structured interviews were conducted with 15 participants aged 27–55 from various healthcare professions, and the data were analyzed using MAXQDA Analytics Pro 2020. Participants' experiences were categorized under four main themes: emotional reactions upon receiving their test results, challenges during the illness process, post-illness effects, and overall evaluation of the experience. The findings indicate that healthcare workers experienced substantial stress due to heavy workloads, the risk of infection, and fear of transmitting the virus to their families. The study concludes that the pandemic's psychological effects may persist in the long term and emphasizes the need for psychosocial, workplace, and economic support for healthcare workers. The critical role of the social work profession in addressing these challenges is underscored.

Keywords: Pandemic, healthcare workers, medical social work, psychosocial intervention

ÖZ

Pandemiler, küresel ölçekte sağlık sistemlerini ve sağlık çalışanlarını derinden etkileyen çok boyutlu krizlerdir. COVID-19 pandemisi, yalnızca tıbbi sonuçlarıyla değil, aynı zamanda ekonomik, sosyal ve psikolojik etkileriyle de sağlık çalışanlarının yaşamlarında önemli kırılmalara yol açmıştır. Bu çalışma, Ankara Bilkent Şehir Hastanesi'nde görev yapan ve COVID-19 PCR testi pozitif çıkan sağlık çalışanlarının hastalık sürecine ilişkin deneyimlerini fenomenolojik bir yaklaşımla incelemektedir. Yarı yapılandırılmış görüşmeler yoluyla 27–55 yaş aralığında farklı meslek gruplarından 15 katılımcıdan elde edilen veriler MAXQDA Analytics Pro 2020 programı ile analiz edilmiştir. Katılımcı deneyimleri dört ana tema altında değerlendirilmiştir: test sonucunu öğrenme anındaki duygular, hastalık sürecinde yaşanan güçlükler, hastalık sonrası etkiler ve genel süreç değerlendirmesi. Bulgular, sağlık çalışanlarının ağır iş yükü, enfeksiyon riski ve aile üyelerini bulaştırma korkusu nedeniyle yoğun stres yaşadığını ortaya koymaktadır. Sonuç olarak, pandeminin ruh sağlığı üzerindeki olumsuz etkilerinin uzun vadede devam edebileceği; sağlık çalışanlarının psikososyal desteğe, iyileştirilmiş çalışma koşullarına ve ekonomik desteklere ihtiyaç duyduğu belirlenmiştir. Çalışma, bu süreçte sosyal hizmet mesleğinin kritik rolüne dikkat çekmektedir.

Anahtar Sözcükler: Pandemi, sağlık çalışanları, tıbbi sosyal hizmet, psikososyal müdahale

Önerilen Atıf Şekli: Gül Kapısız, S., Gökçearslan, E. ve Büyükkağnıcı, A. (2025). The Illness Experiences and Psychosocial Support Needs of Healthcare Workers During the Pandemic: The Importance of Social Work Intervention. *Sosyal Güvenlik Dergisi (Journal of Social Security)*.15(2). 123 - 138.

● Geliş Tarihi/*Received*: 03/11/2025 ● Güncelleme Tarihi/*Revised*: 20/11/2025 ● Kabul Tarihi/*Accepted*: 23/12/2025

* Dr., Ankara Üniversitesi, Sağlık Bilimleri Fakültesi, Sosyal Hizmet Bölümü, kapisiz@ankara.edu.tr
** Prof. Dr., Ankara Üniversitesi, Sağlık Bilimleri Fakültesi, Sosyal Hizmet Bölümü, egokcearslan@ankara.edu.tr
*** Dr., Ankara Üniversitesi, Sağlık Bilimleri Fakültesi, Sosyal Hizmet Bölümü, aybuke.kaplan@saglik.gov.tr

INTRODUCTION

Throughout history, pandemics have significantly influenced social structures and human life, particularly during the 18th and 19th centuries when societies endured severe health, economic, and social crises. Since the mid-20th century, however, no global health crisis has matched the scale and impact of COVID-19. Often described as a "new enemy," the pandemic has generated profound uncertainty, increased the demand for scientific knowledge, and placed substantial responsibility on national health systems and healthcare professionals. While millions lost their lives, survivors have been confronted with long-lasting psychosocial consequences, making the COVID-19 pandemic a critical area of inquiry across multiple disciplines, including social work (Yanardağ and Selçuk, 2020).

COVID-19, first identified in December 2019 in Wuhan, China, was declared a pandemic by the World Health Organization due to its rapid global spread (Liu et al., 2020). Beyond its severe physical health outcomes, COVID-19 disrupted individuals' economic, social, and psychological well-being on a global scale (Aykut and Soner Aykut, 2020). Measures implemented to contain the virus, including border closures, flight restrictions, quarantines, and the abrupt transition to online education, created widespread fear, anxiety, and uncertainty. These disruptions, compounded by prolonged social isolation and economic instability, have resulted in long-term psychosocial effects. Healthcare workers experienced these impacts more intensely due to heightened exposure risks, fear of infecting their families, stigmatization, and extended periods of separation from loved ones. Recent studies also highlight the persistent consequences of the pandemic on healthcare professionals, including long-COVID symptoms, chronic stress, and increased burnout rates that continue into the post-pandemic period (Perez-Gonzalez et al., 2023; Moss et al., 2024).

Within this challenging context, the social work profession has assumed a crucial role in addressing the psychosocial consequences of the pandemic. Social workers have contributed to strengthening individuals' coping capacities, supporting mental health, and facilitating social adaptation during periods of crisis. Through interdisciplinary collaboration, particularly with mental health and occupational health teams, social workers have played a key role in community-based interventions, improving communication, coordination, and access to psychosocial support services. Their involvement in hospitals and public health settings has underscored the essential role of social work in crisis management, the continuity of care, and the protection of healthcare workers' psychological well-being on the front lines of pandemic response efforts.

I- CONCEPTUAL FRAMEWORK

A- Being A Healthcare Worker During The Pandemic

Healthcare workers have been at the forefront of the global COVID-19 response, providing essential care while facing substantial occupational, psychological, and physical risks. Prolonged exposure to infectious environments increases allostatic load, resulting in toxic stress and physiological or psychological overload (Fava et al., 2019). Countries such as China and Singapore have emphasized the critical contributions of healthcare workers, yet severe shortages of personal protective equipment (PPE) in nations including the United States, the United Kingdom, and China have compromised their safety, forcing many to rely on suboptimal forms of protection such as surgical masks (Misra, 2020).

The intense workload, increasing patient numbers, and persistent fear of infection have placed significant strain on healthcare systems and staff (Adams and Walls, 2020). Intensive care unit workers in particular have endured extended work hours, physical discomfort, and allergies stemming from prolonged PPE use (Liu et al., 2020). Additionally, pharmacists and pharmacy technicians have struggled with drug shortages and disrupted supply chains, complicating treatment processes (Misra, 2020). The pandemic's psychological burden has been equally profound. Healthcare workers have reported experiences of fear, grief, social isolation, and increased substance use as coping

mechanisms (Aykut and Soner Aykut, 2020). Social and occupational pressures have contributed to heightened anxiety and stress, while declining social solidarity, especially in urban settings, has intensified feelings of insecurity (Furedi, 2014; Beck, 1992). In this context, medical interventions alone remain insufficient, making psychosocial support indispensable for alleviating individual and collective distress (Karataş, 2020). Recent studies further indicate persistent long-term risks such as chronic stress, burnout, and long-COVID symptoms among healthcare workers, underscoring the ongoing need for supportive workplace policies (Gordon et al., 2023).

B- Psychosocial Impacts Of The Pandemic On Healthcare Workers

The COVID-19 pandemic has significantly influenced the mental health and well-being of healthcare workers, contributing to emotional exhaustion, anxiety, depression, and burnout due to increased workloads, prolonged shifts, and continuous exposure to suffering and death (Vagni et al., 2020; Shanafelt et al., 2020). A large-scale study in China revealed that healthcare professionals exhibited higher levels of insomnia,depression, and obsessive-compulsive symptoms than non-medical workers, emphasizing the urgent need for tailored psychological support (Zhang et al., 2020). Nearly one-quarterof healthcare workers reported intense fear of infecting family members, highlighting the personal dimension of occupational stress (Dong et al., 2020). Identifying the psychosocial risk and protective factors affecting healthcare workers during pandemics is essential for designing effective intervention programs (Enli Tuncay, Koyuncu, & Özel, 2020).

Elevated psychological distress has also extended to workers' families, who experienced increased anxiety and depressive symptoms, demonstrating the broader social impact of the pandemic (Ying et al., 2020). Research conducted in Iran identified frequent PTSD-related symptoms such as nightmares, heightened anxiety, and hyperarousal, which were further exacerbated by structural challenges such as delayed wages and inadequate resources (Ardebili et al., 2020). Similar findings from Singapore and Italy reported intensified psychological strain caused by infection risks, extended working hours, and overwhelming patient mortality (Wong et al., 2020; Vagni et al., 2020). Gender-based disparities have also been observed, with women reporting higher stress and emotional burden than men (Lai et al., 2020; Zhu et al., 2020).

Moreover, social support has emerged as a key protective factor, reducing stress levels and strengthening resilience among healthcare workers (Xiao et al., 2020). This body of evidence demonstrates the need for comprehensive, context-specific psychosocial interventions to promote the well-being and sustainability of the healthcare workforce, both during and beyond pandemic conditions.

II- METHOD

This study employed qualitative research methods to explore the illness experiences of healthcare workers diagnosed with COVID-19. A demographic information form and a semi-structured interview form were used for data collection. MAXQDA Analytics Pro 2020 software supported the qualitative analysis process.

A- Significance Study

The COVID-19 pandemic has significantly affected the professional and personal lives of healthcare workers. Heavy workloads, the constant risk of infection and transmission, uncertainty, and prolonged exposure to suffering have contributed to elevated psychological distress, anxiety, and burnout (Lai et al., 2020; Greenberg et al., 2020). Emotional exhaustion and role strain highlight the need for targeted psychosocial interventions to support healthcare workers' mental health and resilience (Shanafelt et al., 2020).

Medical social services play a key role in this context, offering psychosocial assessment, crisis

intervention, and emotional support while helping mitigate risks of long-term psychological harm (Pines and Maslach, 2016). Strengthening support mechanisms, improving working conditions, and ensuring sustained psychosocial assistance are essential for preparing health systems for future crises (Mache et al., 2018). Accordingly, this research contributes both to the academic literature and to the development of policy recommendations aimed at reinforcing healthcare workers' psychological well-being and professional functioning.

B- Research Design

A phenomenological research design, one of the primary qualitative approaches, was adopted to gain an in-depth understanding of healthcare workers' experiences following their COVID-19 diagnosis. The study examined participants' emotional reactions upon receiving test results, the individuals with whom they shared the news, the challenges they faced during their illness, how they addressed their needs, the sources of support they received, and the overall impact of the illness on their family, work, social, and personal lives.

Additional areas explored included media influence, coping strategies, perceptions of healthcare systems, and the implications of being a healthcare worker during the pandemic. The sample was determined through purposive snowball sampling and finalized based on data saturation.

C- Participants of the Study

Participants included volunteer healthcare workers who tested positive for COVID-19 and were actively working at Ankara Bilkent City Hospital. The sample represented various healthcare professions, including physicians (4), nurses (2), social workers (4), psychologists (2), a medical secretary (1), a physiotherapist (1), and technicians in physical therapy and anesthesia (1). Purposive snowball sampling was employed to recruit participants.

Participants ranged from 27 to 55 years old, with an average age of 34. The study group consisted of 3 men and 12 women; 6 participants were single and 9 were married. Their work experience varied between 5 and 34 years, with an average of 18 years. Eleven participants held bachelor's degrees, while four held master's or doctoral degrees. The number of children ranged from one to three. Among married participants, one spouse was retired, while the remaining spouses were employed.

Many participants and their cohabiting family members experienced chronic health conditions, including diabetes, thyroid disorders, familial Mediterranean fever, thrombophlebitis, chronic arterial disease, hypertension, COPD, bronchial asthma, and bronchiectasis. One participant's mother was undergoing breast cancer treatment during the study period.

D- Data Collection and Analysis

A semi-structured interview form was developed in accordance with the study's objectives. The form included demographic questions and items related to participants' experiences during their illness, as well as questions addressing the support mechanisms they utilized to manage adverse emotional and psychosocial experiences. All participants had received social service support prior to the study.

Data were collected through in-depth, face-to-face interviews, each lasting between 40 and 75 minutes. Participants granted permission for audio recording before the interviews. Both audio recordings and field notes were taken during the sessions. The interviews were transcribed and reviewed multiple times for accuracy. The data were then imported into MAXQDA Analytics Pro 2020, where inductive coding was performed. Codes were grouped into themes and interpreted accordingly. Participants reported that sharing their illness journeys provided emotional relief and comfort.

i) Ensuring Trustworthiness of the Study

To enhance the trustworthiness of the qualitative data, several strategies were employed: Credibility: Prolonged engagement with the data, member-checking through follow-up interviews, and detailed documentation of the research process strengthened the credibility of the findings. Transferability: Rich, thick descriptions of the context, participants, and processes were provided to enable readers to assess applicability to other settings. Dependability: An audit trail documenting coding decisions, researcher notes, and analytic steps ensured consistency throughout the process. Confirmability: Researcher reflexivity and systematic review of codes and themes by two qualitative research experts enhanced objectivity and minimized researcher bias.

ii) Two-Year Follow-Up

Two years after the initial interviews, all participants were contacted again. Face-to-face interviews were held with 13 participants still working at the hospital, while one participant on maternity leave and another who had been transferred to a different institution were interviewed via phone. This phase served as the follow-up component of the social service intervention. Participants were asked about the long-term effects of the psychosocial support they had received. These data were incorporated into the analysis and contributed to the interpretation of research findings. To maintain confidentiality, participants were assigned numbers based on interview order, and these identifiers were used throughout the analysis and reporting of findings.

E- Data Collection Process

All interviews were conducted in a private meeting room at Ankara Bilkent City Hospital, in compliance with institutional guidelines. Interviews were carried out between June and December 2021, following the acquisition of ethical approval and institutional permissions. Each interview lasted approximately one hour, and researcher reports were prepared after each session. For the follow-up phase, participants were contacted again, and interviews were held between December 2023 and February 2024. Notes taken during these interviews were compiled into additional reports. After this stage, the data collection phase was completed and analysis commenced.

F- Ethical Considerations

Ethical approval for this study was obtained on June 16, 2021, from the Ankara Bilkent City Hospital 2nd Scientific and Ethical Review Board for Clinical Research (TABED), under approval number E2-21-574. Participation was voluntary, and informed consent was secured from all participants. Confidentiality and anonymity were maintained throughout the study.

III- FINDINGS

In this study, in-depth interviews were conducted with 15 healthcare workers who tested positive for COVID-19. Participants' experiences related to the illness were analyzed under four main themes: "Experiences When Learning the Test Result," "Experiences During the Illness Process," "Experiences After the Illness," and "Evaluation of the Process." The follow-up interviews conducted two years later were analyzed under a fifth theme titled "Evaluation of Psychosocial Support."

Table 1. *Themes*

Main theme	Sub-theme
1. Experiences When Learning the Test Result	**a.**What They Felt
	b.Giving Up on Themselves
	c.Uncertainty
	d.What Others Said
2. Experiences During the Illness Process	**a.**Being Alone
	b.Who Will Take Care of Whom
	c.Symptoms
	d.Trying to Eliminate Uncertainty
	e.Feeling Responsible
3.Experiences After the Illness	**a.**Feeling Tired
	b.Feelings of Relief and Gratitude
	c.Beginning to Fear Patients
	d.Things I Could Not Share
4.Evaluation of the Process	**a.**Process Management
	b.The Most Challenging Aspects of the Process
	c.Effects on Personal, Family, and Work Life
	d.The Impact of Visual/Written Media
	e.Being a Healthcare Worker
	f.The Healthcare System

A- Experiences When Learning Their Test Results

Upon learning their COVID-19 test results, participants described a range of intense emotional reactions, including shock, surprise, fear (particularly fear of death), anxiety, sadness, helplessness, guilt and a sense of being close to death. While some expected the positive result, others described it as an overwhelming and frightening moment. Married participants most often shared their results with their spouses, while single participants tended to inform siblings or close friends. All participants eventually shared their results with colleagues. Married participants reported receiving the most emotional support from their spouses, whereas single individuals were primarily supported by family members and close friends. Healthcare workers living separately from their families due to work obligations expressed feeling isolated, emotionally distanced and more vulnerable. Some even likened their emotional state to that of cancer patients because of the seriousness and uncertainty of the illness.

Participants described their emotional reactions as follows:

> Shock: *"It felt like boiling water was being poured over my head…"* (P-3)
>
> Guilt: *"I felt guilty for possibly infecting my brother… just thinking about taking the elevator upset me."* (P-5)
>
> Fear of Death: *"I said, 'God, I entrust myself to You; I hope I will come out alive in the morning…'"* (P-1)
>
> Feeling Close to Death: *"I was scared, thinking, 'What will I do alone at home? If I die, no one would know!'"* (P-8)
>
> Fear and Anxiety: *"I was very anxious. My initial feelings were fear and anxiety…"* (P-11)

Participants emphasized that their concerns were primarily for their loved ones, especially their children, spouses and parents, rather than themselves:

> *"I was more worried about my child and spouse than myself."* (P-1)

Many described the uncertainty surrounding COVID-19, including the lack of information about the disease and the absence of a definitive treatment plan:

> *"When your blood pressure rises, you know what to do, but with this uncertainty, you don't know what to expect. It's a new illness with no definitive treatment."* (P-14)

This uncertainty and fear are commonly reported among healthcare workers, given the unpredictable nature of COVID-19 and the absence of clear clinical guidelines in the early stages of the pandemic (Chemali et al., 2022).

Some participants also experienced blame from family and friends or engaged in self-blame:

> *"I was blamed… 'Didn't you take precautions? Didn't you have breakfast with your friends?' Honestly, I felt guilty."* (P-2)

These findings are consistent with research showing that frontline healthcare workers commonly experience fear, anxiety and guilt after receiving a positive COVID-19 diagnosis (Ghozy et al., 2022; Kock et al., 2021).

B- Experiences During the Illness Process

During the illness period, participants reported several psychological challenges, including isolation, fear for loved ones, distressing symptoms, uncertainty and heightened responsibility related to transmission risks.

One of the most difficult aspects was isolation from family members:

> *"Not being able to hug or touch my children, not being able to share the same space was very difficult…"* (P-3)
>
> *"I have never felt loneliness this deeply."* (P-8)

This aligns with findings indicating that workplace isolation and reduced social contact contributed to decreased job satisfaction and increased burnout among healthcare workers during the pandemic (Meese et al., 2024).

Participants noted that when family members also became ill, the emotional burden increased:

> *"Who will take care of whom, who will support whom? This 10-day period is exhausting, but you have to let life flow as it is…"* (P-2)

Participants described troubling physical symptoms, including loss of smell and fluctuating recovery:

> *"I couldn't stand the smell of my clothes… not being able to smell anything was very bad."* (P-5)

Uncertainty about the course of the disease intensified anxiety:

> *"Uncertainty creates tremendous anxiety… you realize that small things are significant, and you no longer care about what will happen in the near future."* (P-11)

Participants also expressed guilt about the potential of infecting others:

> *"Even though I am somewhat relaxed, I worry about my brother and others, which gives me anxiety."* (P-6)

These feelings are in line with studies reporting that healthcare workers frequently experience guilt and anxiety about transmitting the virus to colleagues or patients (Bucaktepe, Akgül and Çelik, 2024).

C- Experiences After the Illness

After recovering from COVID-19, participants described ongoing mental, psychological and physical exhaustion. Although they felt relieved by having developed antibodies, many still feared reinfection and expressed increased intolerance toward individuals who did not comply with mask-wearing rules.

Participants frequently reported feelings of fatigue, burnout, depression and heightened anxiety:

> *"I feel tired and somewhat depressed… the restrictions still heavily impact my psychology."* (P-2)

Healthcare workers described increased irritability with patients who did not wear masks properly:

> *"When providing physical therapy, patients not wearing masks properly makes me worry about catching something from them. Three months have passed, but the psychological impact remains."* (P-4)

> *"I have no tolerance left for people who don't wear masks…"* (P-15)

These findings echo research demonstrating that fear of reinfection and persistent stress contributed to higher rates of anxiety and burnout among healthcare workers (Doğan, 2022).

Participants also reported feeling stigmatized or misunderstood by others:

"My spouse's relatives were more concerned about the risk of me transmitting the illness than my own health." (P-11)

D- Evaluation of the Process

Participants' overall evaluation of their illness process revealed substantial psychological, emotional and physical strain. The most challenging aspect was the intense sense of loneliness and isolation:

> *"This illness makes you feel alone; you know that."* (P-4)

While some participants noted positive personal changes, such as increased appreciation for life, health and loved ones, others struggled significantly:

> *"I learned to say 'myself first, health first'… I understood the importance of health, freedom, my loved ones and being able to hug."* (P-7)

Returning to work provided a sense of social recovery, though participants still experienced lingering fatigue and ongoing symptoms:

> *"I felt terrible; I could barely walk. Even in that state, I tried to work…"* (P-12)

> *"Although I returned to work, the effects of the illness continued to persist gradually. This two- to three-week period became a recovery phase for me with social support…"* (P-2)

Participants also reported that sensationalist media coverage heightened anxiety:

> *"Being a healthcare worker didn't help; it was the news that increased my anxiety. The images of patients dying in the streets of China and the intubation footage… being a healthcare worker and not knowing much about the disease really affects you negatively."* (P-8)

This aligns with research showing that intense media exposure during the pandemic heightened stress and fear among healthcare workers (Garfin et al., 2020; Holman et al., 2020).

Many participants stated that they were putting their lives at risk and argued that COVID-19 should be recognized as an occupational disease:

> *"Given that we are healthcare workers, I anticipated that we could be at significant risk… It should be recognized as an occupational disease."* (P-9)

Participants also expressed frustration with long working hours, inadequate rest and limited institutional support:

> *"I use public transportation, so I'm still at risk… we have to come to work every day while others are at home. It really bothers me."* (P-8)

> *"I can't describe the sweat pouring down my back after an hour in my scrubs. Think about healthcare workers who are pregnant."* (P-9)

> *"Healthcare workers are human too. We've not seen our families for months; we are expected to work 24/7 with no proper support. This is not sustainable."* (P-9)

These concerns are echoed globally, with studies emphasizing systemic challenges faced by healthcare workers during the pandemic (Shanafelt et al., 2020; Akinbode et al., 2021).

E- Evaluation of Psychosocial Support

All participants were referred to the hospital's psychosocial service after their interviews and received consultations with a social worker. They were referred to psychologists or psychiatrists as needed. Participants reported that they continued receiving support from the social worker whenever necessary. Motivational interviewing and supportive counseling helped participants manage distress and regain emotional stability.

Participants described their experiences as follows:

> *"It was such a terrible time; I thought it would never end and always remain this way. I felt alone. The social services unit provided me with significant support in this regard."* (P-10)

> *"The support I received and having someone to talk to at any moment, someone I could share my troubles with, was such a great chance. I overcame many negative emotions with the help of the social worker."* (P-13)

> *"The fact that the social worker was also a healthcare professional in the same institution made me feel better understood. We still continue meeting on various issues."* (P-12)

This section highlights the essential role of social service units in helping healthcare workers cope with the psychological toll of the pandemic. Studies similarly emphasize the importance of accessible psychosocial support for healthcare workers. Özdemir and Kaya (2022) found that social

workers played a critical role in reducing stress and anxiety among healthcare workers during the initial phase of the pandemic. Likewise, Aydoğan and Yılmaz (2021) reported that professional psychosocial support was crucial for managing the emotional burden experienced by healthcare workers.

IV-DISCUSSION

The COVID-19 pandemic has had significant and long-lasting psychological impacts on healthcare workers, extending far beyond the immediate physical health risks of the virus. Although the clinical consequences of COVID-19 have been widely researched, the emotional burden, social challenges, and moral tensions faced by healthcare professionals have often been insufficiently acknowledged. The present study demonstrates that the psychological strain experienced during and after the illness persists well beyond recovery, highlighting the need for institutional and policy-level responses.

One of the key findings of this study is the heightened anxiety reported by healthcare workers following their COVID-19 diagnosis. Fear of death, reinfection, and the potential transmission of the virus to family members emerged as prominent stressors. These results are consistent with previous research demonstrating that uncertainty surrounding the disease, fluctuating clinical trajectories, and unclear treatment protocols intensified emotional distress among healthcare personnel (Zhang et al., 2020; Shanafelt et al., 2020; Greenberg et al., 2020). Additionally, female healthcare workers and those with caregiving responsibilities reported deeper emotional exhaustion and guilt due to their inability to fulfill familial roles during isolation, aligning with findings by Bucaktepe, Akgül, and Çelik (2024). These results are consistent with prior research highlighting that psychosocial risk factors, such as uncertainty, workload, and fear of infection, intensely affect healthcare workers during pandemics (Enli Tuncay et al., 2020).

Loneliness and isolation were among the most challenging aspects of the illness process. Participants who lived alone or were separated from family members reported a heightened sense of helplessness, consistent with Zhu et al. (2020). Conversely, social and familial support served as a protective factor against psychological deterioration, confirming earlier findings that emphasize the buffering role of social support networks (Holmes et al., 2020; Özdemir and Kaya, 2022; Aydoğan and Yılmaz, 2021). These supports appear to mitigate emotional exhaustion, enhance resilience, and reduce the risk of long-term burnout.

Following recovery, many participants continued to experience fatigue, burnout, decreased motivation, and emotional numbness, symptoms aligned with Maslach et al.'s (2012) conceptualization of emotional exhaustion as a core element of burnout. These findings also parallel Doğan (2022), who argues that psychological resilience mediates the long-term effects of pandemic-related stress on healthcare workers. Persistent fear of reinfection and guilt about potentially transmitting the virus reflect experiences of moral injury (Litz et al., 2009), highlighting the ethical and emotional tensions embedded in healthcare work during crises. Moreover, emerging research on post-COVID conditions, such as long-COVID, underscores that many healthcare workers continue to face chronic fatigue, cognitive difficulties, and psychological instability well into the post-pandemic period (Perez-Gonzalez et al., 2023; Moss et al., 2024).

Media exposure also emerged as a significant contributor to psychological distress. Participants reported that sensationalized news coverage, particularly images of overwhelmed hospitals, deaths, and global panic, exacerbated their anxiety. These findings are consistent with Garfin et al. (2020) and Holman et al. (2020), who argue that intense media exposure during crises can produce collective trauma, fear, and emotional overload. Responsible media communication strategies and evidence-based institutional information policies are therefore essential to prevent reinforcing fear and misinformation (Pfefferbaum and North, 2020).

A notable and policy-relevant finding concerns participants' views on COVID-19 as an occupational disease. Many expressed that their constant exposure to infected patients placed them at significantly

higher risk compared to the general population, reinforcing their belief that COVID-19 should be officially classified as an occupational disease. This perspective has important implications for social security systems, workers' compensation, disability evaluations, and occupational health and safety policies. Addressing this issue within social protection frameworks is essential for improving trust in institutions and ensuring that healthcare workers receive appropriate recognition, compensation, and legal protection, an expectation echoed in global discussions on occupational risk during health crises.

Finally, psychosocial support emerged as a critical protective factor. Participants emphasized that ongoing support from social workers, psychologists, and multidisciplinary teams facilitated emotional regulation, reduced feelings of loneliness, and enhanced recovery. These findings reinforce the central role of social work in healthcare settings during crises, consistent with previous studies highlighting the value of professional psychosocial interventions for frontline workers (Özdemir and Kaya, 2022; Aydoğan and Yılmaz, 2021; Mache et al., 2018).

In conclusion, this study underscores the urgent need for structured, sustainable psychosocial support systems that extend beyond the acute phase of pandemics. Strengthening institutional support mechanisms, integrating medical social work into occupational health structures, improving working conditions, and establishing comprehensive policies recognizing occupational risk are all essential steps for protecting the psychological well-being of healthcare workers. These strategies will contribute not only to individual resilience but also to the long-term sustainability of healthcare systems in future public health emergencies.

CONCLUSION

The COVID-19 pandemic has produced profound and long-lasting consequences across physical, psychological, social and economic domains. This study explored the lived experiences of healthcare workers who tested positive for COVID-19, revealing the multidimensional challenges they faced before, during and after illness. Even after clinical recovery, participants continued to experience anxiety, fear, loneliness, emotional exhaustion and burnout, demonstrating that the psychological and social effects of the pandemic extend far beyond the acute stage of the disease. These findings underscore the urgent need for comprehensive and sustainable psychosocial interventions to protect healthcare workers' well-being.

Participants' narratives illustrated the dual burden of fulfilling professional responsibilities while simultaneously attempting to protect their families from infection.This tension, combined with high workloads, uncertainty and the emotional weight of caring for patients, often resulted in moral distress and emotional fatigue. These challenges reflect not only individual struggles but also systemic shortcomings within healthcare institutions. Addressing these issues requires strengthening emotional, psychological and organizational support mechanisms to sustain the functionality and resilience of healthcare systems in times of crisis.

A central finding of this study concerns the pivotal role of medical social services in mitigating the psychosocial consequences of the pandemic. Social workers provided essential support, helping healthcare professionals navigate emotional exhaustion, work–family conflict and heightened isolation (Kılıç and Demir, 2020; Greenberg et al., 2020).

Such interventions were instrumental in preventing long-term outcomes such as burnout, compassion fatigue and chronic stress, while enhancing psychological resilience (Özdemir and Kaya, 2022; Shanafelt et al., 2020). As Aydoğan and Yılmaz (2021) emphasize, tailored psychosocial interventions strengthen coping capacities, reinforce resilience and foster professional sustainability. Furthermore, the World Health Organization (WHO, 2020) identifies psychosocial support as a key component of occupational health and safety during health emergencies. As emphasized in previous studies, strengthening protective psychosocial factors significantly enhances healthcare workers' resilience in crisis conditions (Enli Tuncay et al., 2020).

An important implication that emerged from the participants' statements is the perception of COVID-19 as an occupational disease. Given their constant exposure to infected individuals, healthcare workers consistently reported elevated risks compared to the general population. Recognizing COVID-19 as an occupational disease has significant implications for social security rights, compensation mechanisms, disability assessments and occupational health and safety policies. Such recognition would strengthen institutional trust and ensure that healthcare workers receive appropriate legal and economic protections.

This study also highlights the need to institutionalize coordination between medical social service units, occupational health and safety (OHS) departments and workplace physicians. A more integrated structure could include: joint risk assessment and monitoring meetings, routine psychosocial evaluations integrated into OHS screenings, clear referral pathways from workplace physicians to social workers, follow-up systems to track long-term psychological recovery, peer support and supervision groups coordinated by social workers, crisis-response protocols activated during outbreaks.

Such mechanisms would enhance preventive efforts, emotional support and workplace safety, thereby promoting a more resilient healthcare environment.

While this study offers meaningful insights, several limitations should be acknowledged. Its qualitative design and relatively small, context-specific sample limit generalizability. Participants' experiences were shaped by institutional and regional factors that may differ across settings. Future research should incorporate longitudinal or mixed-method designs to examine ongoing psychosocial consequences, long-COVID symptoms and recovery processes among healthcare workers. Inclusion of diverse professional groups and cross-institutional comparisons would also help illuminate system-level determinants of well-being.

From a practical standpoint, the findings highlight the necessity of developing structured psychosocial support programs across healthcare institutions. Integrating social work services within occupational health units, providing regular supervision and peer support opportunities, and ensuring sustained access to psychological counseling can significantly reinforce healthcare workers' resilience. Ultimately, prioritizing the psychosocial well-being of healthcare professionals must become a central component of healthcare preparedness and crisis-response planning. Strengthening these structures will contribute not only to workers' quality of life but also to the long-term durability, stability and responsiveness of healthcare systems.

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