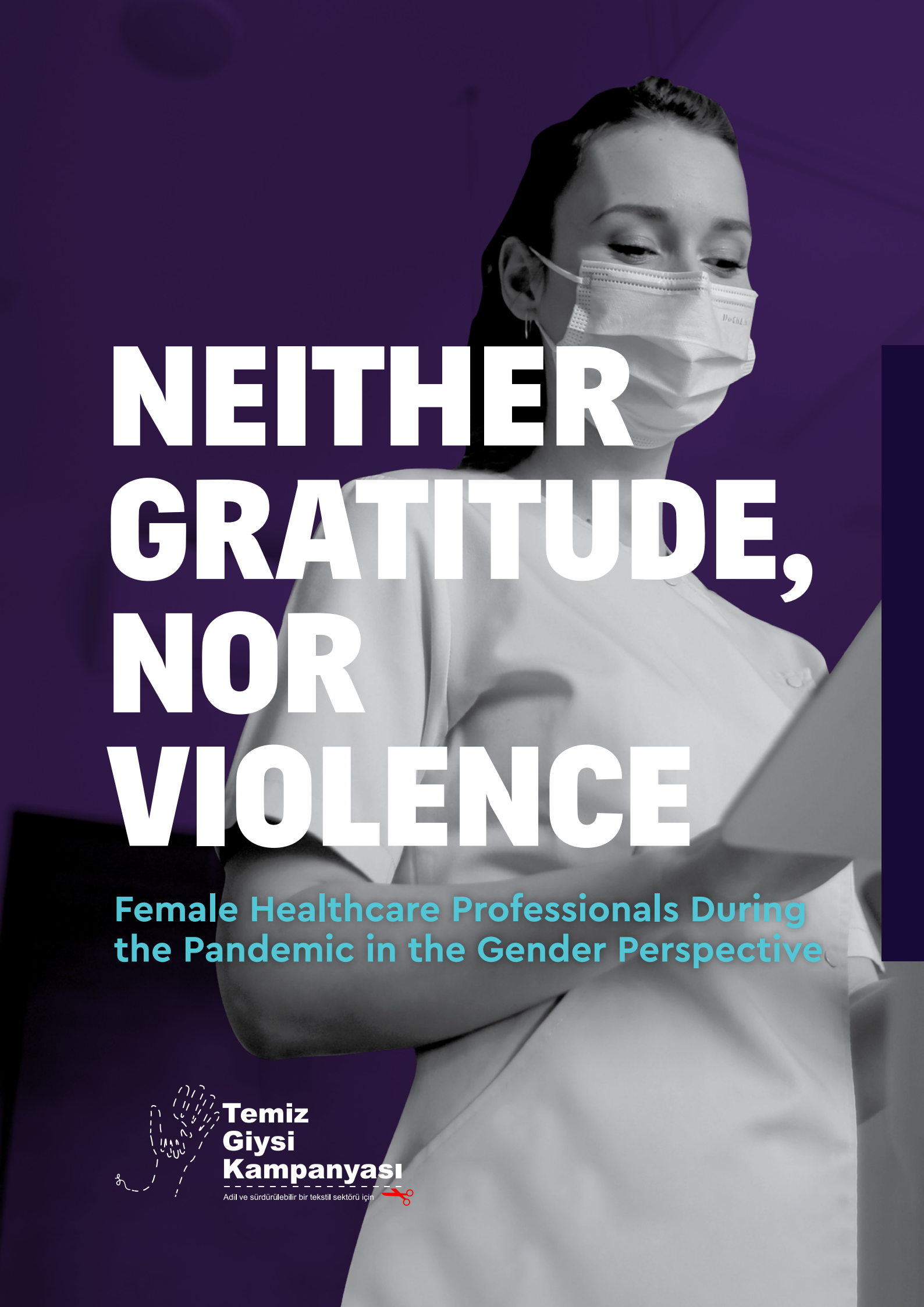

NEITHER GRATITUDE, NOR VIOLENCE

Female Healthcare Professionals During the Pandemic in the Gender Perspective

Temiz Giysi Kampanyası

Adil ve sürdürülebilir bir tekstil sektörü için

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CONTENTS

NEITHER GRATITUDE, NOR VIOLENCE

INTRODUCTION AND THE SCOPE OF REPORT

The pandemic not only brought out the existing inequalities in our society, but also increased the vulnerabilities by making certain groups socio-economically more fragile through unprecedented fault lines.

The declaration of the COVID-19 epidemic as a pandemic by the World Health Organization in March 2020 has made drastic changes in the social lives all around the world. In its early days, it was assumed that the virus did not individuate, and in a sense, even equalized people. However, it soon became clear that this assumption was a mistake. The pandemic not only brought out the existing inequalities in our society, but also increased the vulnerabilities by making certain groups socio-economically more fragile through unprecedented fault lines.

It has been widely observed that women are among the first to be mentioned when it comes to these vulnerable groups in the pandemic. Women's employment, which is concentrated in the informal sector, namely, in precarious, service and care–oriented jobs, was the first to be affected by the economic fluctuations. The participation rate of women in business life was already low before the COVID–19 pandemic, and this picture has gotten worse. On the other hand, women's invisible, unpaid domestic labor has also increased. Along with the pandemic, the care of sick, disabled, and elderly members of the family has been a major obstacle for women to enter the paid–employment or to maintain their existing jobs. Moreover, the caring family members has also turned into a health risk during this period. (King, 2020) In addition, because of the long–term closure of kindergartens and schools, the time spent at home with children has increased and this situation has created a much greater workload for women than before. (King, 2020)

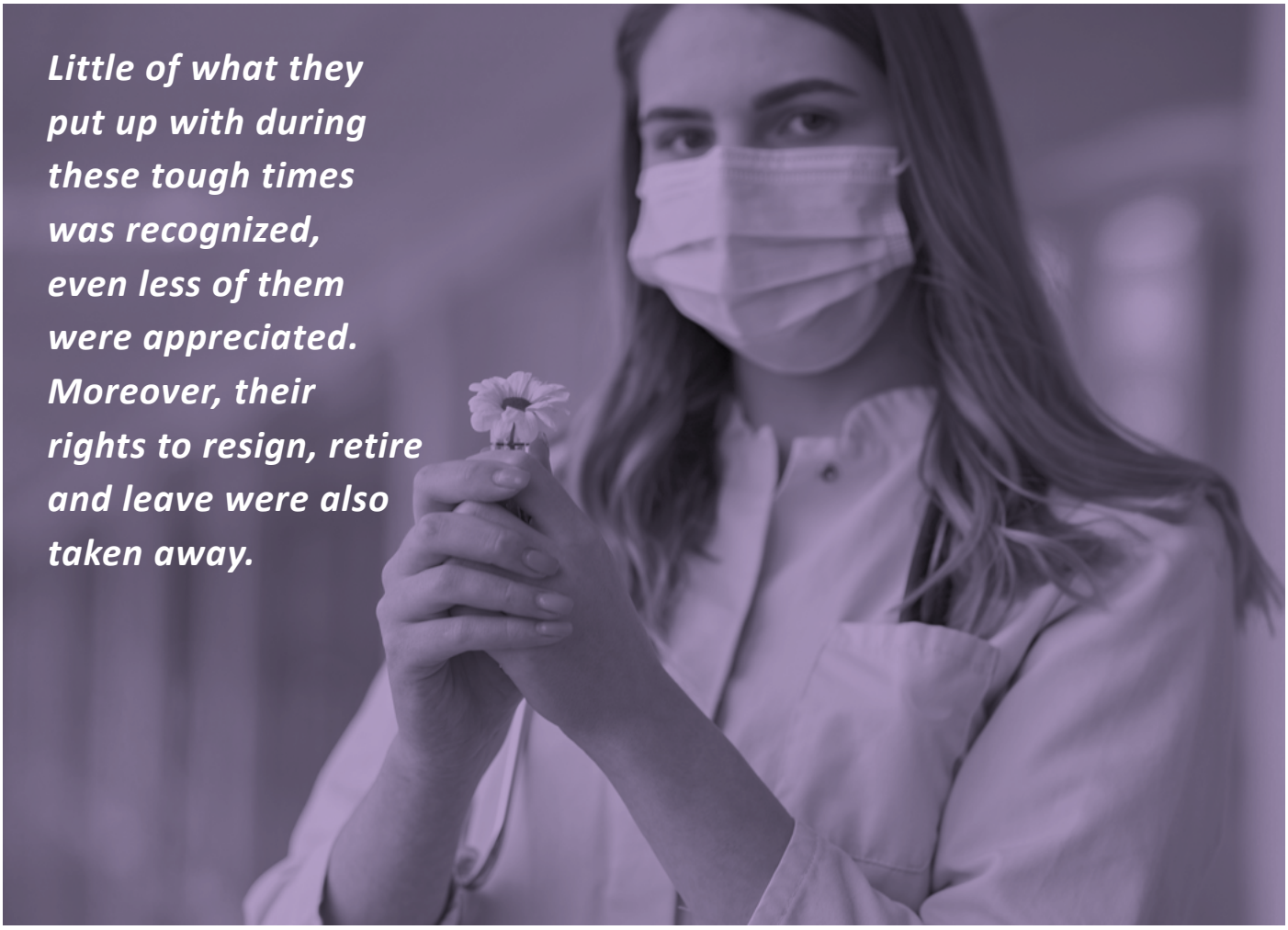
During the peak of the epidemic, most countries had been forced to implement strict isolation policies. These isolation periods led to an increase in cases of domestic violence and abuse. (Cousins, 2020; Gausman, 2020; Burki, 2020) On the other hand, the chances of being away from home or fleeing for the women who are exposed to violence and abuse have decreased significantly because of the curfews, the closure of community centers and shelters, and the fear of becoming infected. (Gausman, 2020; Cousins, 2020; Balkay, 2020) Another negative effect of these curfews is the increase in unwanted pregnancies and sexually transmitted infections. (Cousins, 2020; Burki, 2020; Gausman, 2020) When these restrictions on travel combined with prioritizing the urgent health problems, there occurred significant disruptions in services related

Most of the time, people applying to a medical institution seeking any medical service encounter primarily, and even sometimes only, female professionals. Female healthcare professionals, especially nurses, are at the forefront of healthcare services.

to sexual and reproductive health and needs in this regard have been either postponed for an indefinite period or not thoroughly considered. Interruptions and limitations in the provision has become an important problem in terms of safe sex, unwanted pregnancies, and the protection from sexually transmitted infections. Especially the inadequacies in voluntary termination of pregnancy/abortion practices have stood out as one of the most problematic issues. (Bayefsky et al. 2020) Pandemic measures have meant a serious risk to the health of pregnant women and their newborns. (UNICEF, 2020; Gausman, 2020; Cousins, 2020) On the other hand, it is stated that pregnant health professionals do not have positive experiences with the support they receive from the institutions they are working until and after the child–delivery. For example, a study conducted in the U.K. revealed that some of the pregnant health professionals could not receive any support from the management of the institution they are working, and it was even reported that there were health professionals whose pregnancy resulted in miscarriage in this period. (Regenold and Vindrola-Padros, 2021) Moreover, it has been observed that pregnant healthcare professionals are exposed to discrimination on the claims that they are disrupting the working order.

At this point, female healthcare professionals need to be addressed separately. On the global scale, women make up 70% of the health and social care labor force. (Boniol M et al. 2019) While this rate is 78% in the United States, it reaches up to 90% in Hubei Province of China, which became well-known as the epicenter of the pandemic. (Wenham, Smith, & Morgan, 2020) However, despite their dominance in the industry, the representation of women in leadership positions in the global health industry is only around 25%. (WHO, 2020) Moreover, they are paid, on average, 28% less than their male colleagues holding similar positions. (Boniol M et al. 2019) In other words, while the health services around the world are provided by women, men manage them. Apart from physicians, midwives and nurses, women provide most of the community healthcare professions such as secretariat, cleaning, laundry and cooking in the medical institutions. Most of the time, people applying to a medical institution seeking any medical service encounter primarily, and even sometimes only, female professionals. Female healthcare professionals, especially nurses, are at the forefront of healthcare services. However, despite such a dominancy which can be expressed as the “feminization” of healthcare services, all medical instruments and personal protective equipment, especially surgical masks, are designed based on the “male body”. Even worse than that, it is assumed that medical equipment and applications designed for men with the understanding of “one size fits all” can be also used by women without any problems.

In a sense, COVID–19 served as litmus test for a better understanding of the medical services on the global scale. During the pandemic, female healthcare professionals were the ones who dealt with the most of patients, spent the most time with patients, and therefore were the one mostly infected. While the 69% of all infected healthcare professionals in Italy were female, this rate reached to the 75.5% of all professionals in Spain. (UN Women, 2020) Thousands of female medical professionals lost their lives. In addition to this heavy price, having to work wearing a personal protective equipment which often does not fit well and makes breathing difficult, non-stop shuttling between home and work, being held responsible for the types of healthcare, which is previously non–existent, and increasing number of patients and their increasing need of care are added to the burden of female professionals. They also lived with the physical and emotional burdens such as witnessing ingravescence of patients and their death day by day, getting exhausted and unable to rest, the fear of getting infected and infecting their loved ones. One can also add psychological problems such as the decrease of job satisfaction, inadequacy anxiety, anxiety and depression,



feelings of worthlessness, eating disorders, hopelessness, insomnia, menstrual problem, and burnout syndrome.

Little of what they put up with during these tough times was recognized, even less of them were appreciated. In a sense, healthcare professionals, especially female ones, could not be protected and were left in the lurch. Moreover, their rights to resign, retire and leave were also taken away. With three separate circular orders which published on 27th of October 2020, 19th of January 2021, and 3rd of March 2021, in order, "all personnel operating at the central and in the provincial organizations of the Turkish Ministry of Health" were prohibited from resigning "for any reason". The last prohibition was lifted as of July 2021. Despite the insistent demands of the Turkish Medical Association and other professional organizations, COVID–19 was not recognized as an occupational disease until December 2020. In fact, there was a public expectation that a new law would be enacted in which COVID–19 would be recognized as an occupational accident or disease "without looking for a causal connection" when it comes to the medical professionals. However, these expectations were failed, and COVID–19 has been added to the list of diseases in the 2nd Annex of guidelines for the loss of the earning capacity in the profession. In order to benefit from this regulation, an obligation period of 30 days is defined. And even this development was not publicized enough; most of the healthcare professionals remained unaware of it.

This report has been written with an aim to understand what the healthcare professionals serving during the pandemic in Turkey are going through. At first, a general framework regarding gender will be drawn, and then, the incidents and problems that female healthcare professionals in various levels of health institutions have witnessed, and the physical and psychological difficulties they have gone through will be mentioned. In addition, for the sake of comparison, the examples from different countries will be included. In the conclusion, gender–sensitive policy recommendations with a solution–oriented approach will be presented.

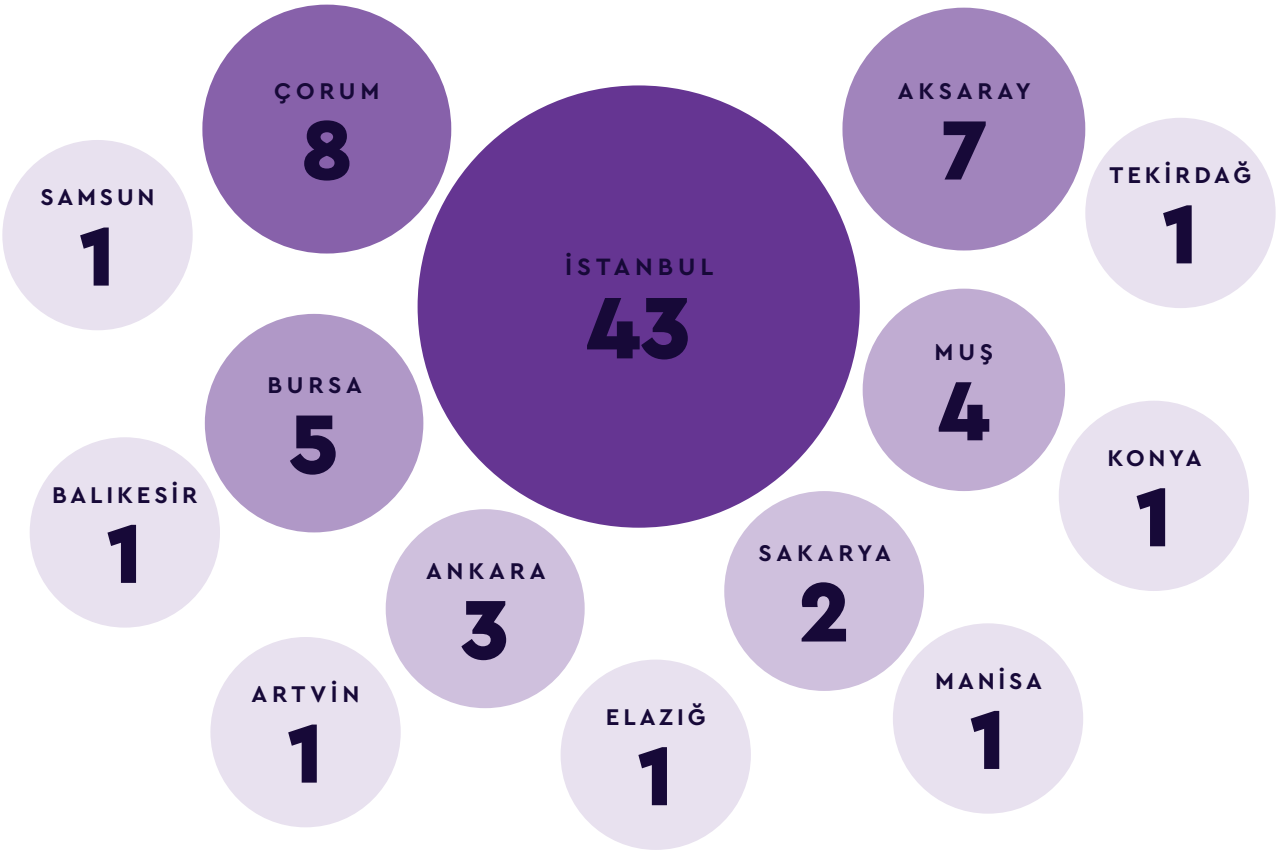
THE RESEARCH METHOD AND ITS INSTRUMENTS

The data were collected via one-to-one video interviews with 79 female healthcare professionals working in primary, secondary or tertiary healthcare institutions in the country between May and July 2021.

This study was designed as a qualitative field study. The data were collected via one-to-one video interviews with 79 female healthcare professionals working in primary, secondary or tertiary healthcare institutions in the country since 11th of March 2020, which is the date of the first officially reported COVID-19 case in Turkey. In May and July 2021, the medical professionals who were interviewed, were operating both in public and private health institutions in İstanbul and other provinces of Turkey, namely, Aksaray, Ankara, Artvin, Balıkesir, Bursa, Çorum, Elazığ, Konya, Manisa, Muş, Sakarya, Samsun, Tekirdağ. The purpose of the study was mentioned before the interviews and with those who gave verbal consent, semi–structured interviews lasting an average of 1-1.5 hours were conducted.

Number of Participants – Cities

Totak: 79



The sample was selected by the snowball method. Only female healthcare professionals who worked during the pandemic and voluntarily agreed to participate in this study were included. All interviews through the online platform were conducted by a single researcher who is experienced in qualitative research, and the interviews were recorded under the permission of the participants. The researcher has no previous acquaintance with any of the participants. Out of all the participants, only two of them did not allow their interviews to be recorded. In these interviews, the researcher took notes, and the data of both interviews were included in the study. All audio recordings were transcribed by the same researcher.

In the interviews, the researcher used a semi–structured interview guide with a total of 48 questions. This guide consists of four parts, some of which are designed with interconnected questions. In the first part, there are questions about the basic demographic information of medical professionals. While the second part was about the labor conditions during the pandemic, the third part inquires about the difficulties the pandemic caused for female professionals. The final part of study is focused on the personal rights of medical professionals.

The data were analyzed in a method akin to a qualitative analysis called as 'thematic analysis.' Since this study is a report funded by a non–governmental organization rather than a scientific publication, a more flexible approach was adopted in the analysis.

In the interviews, the researcher used a semi–structured interview guide with a total of 48 questions. This guide consists of four parts, some of which are designed with interconnected questions.

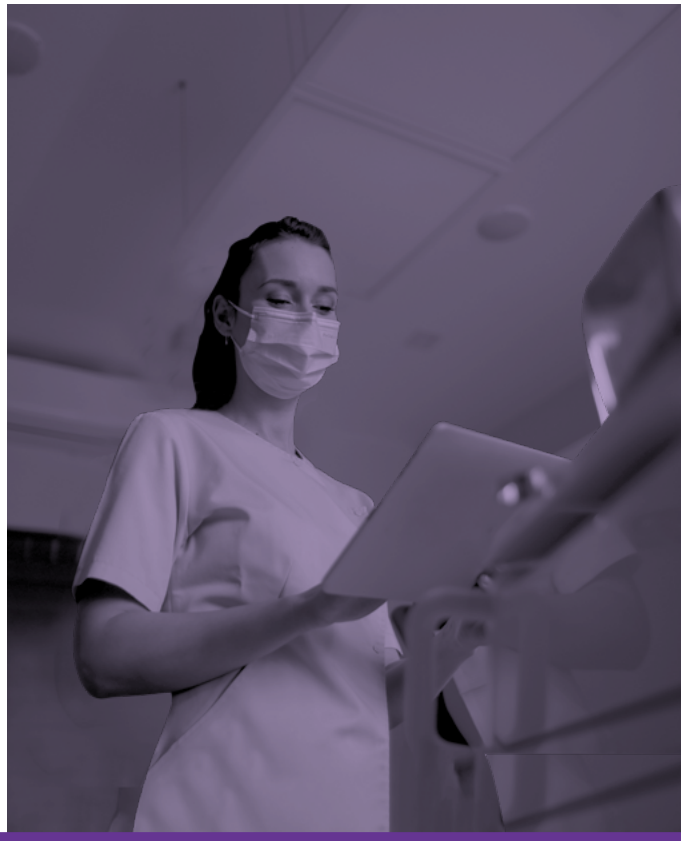
ALL INTERVIEWS WERE MADE THROUGH THE ONLINE PLATFORM

THE INTERVIEWS WERE RECORDED UNDER THE PERMISSION OF THE PARTICIPANTS

INTERVIEW GUIDE WITH A TOTAL OF 48 QUESTIONS

THE PANDEMIC THROUGH GENDER READING

It has been found out that women are paid less than their male counterparts in the same jobs and they have less control over their working day.



In biological terms, sex can be defined as the anatomical and phenotypic differences between a woman and a man. On the other hand, gender can be defined as the psychological and social meanings attributed to being a woman and a man; therefore, it is not natural but fictional. Gender roles can be described as the expected performance from a person in a certain society. While biological sex is static because it is based on external genitalia which is determined at birth, patterns of gender are dynamic, differing between countries and even within different societies within the same country. Thus, these patterns are neither fixed nor absolute.

Gender roles emerge in all forms of sociability, so healthcare professionals are not an exception. Since in the medical sector, labor is taken to be difficult and demanding, it is thought that its employees should be responsible and self–sacrificing. Especially in the countries in which healthcare professionals constitute a minority in comparison with the other professionals, the burden of healthcare personnel is heavier, and this weight also affects their private lives. Whence taking on this heavy responsibility, women are expected to establish a balance that will not disrupt their home and work lives. This is the main reason there are very few women in surgical branches, while it is up to 90% in nursing. (UN Women, 2020) It has been found out that women are paid less than their male counterparts in the same jobs and they have less control over their working day. (McMurray et al., 2000) The invisible barriers (aka “the glass ceiling”) in front of the advancement and promotion of female healthcare professionals and the lack of a mentor that may be important for their careers are among the problems mentioned in the scientific literature. (Hoff and Scott, 2016)

Even though the inability to establish a balance between home–work for female healthcare professionals was a genuine problem before, the situation became evident during the pandemic. It has become clear that having children and living with a family has become a direct source of stress, especially for female medical professionals. (Yildirim et al., 2020; López-Atanes et al., 2021) On the other hand, women outnumbered men in terms of time allocated to housework during the pandemic. (López-Atanes et al., 2021) Another stressful situation occurs when both parents are healthcare professionals within the same family. According to data from the research conducted in 2009, the half of all medical workers are married within their profession. (Soares et al., 2021) A study concerning the couples both of whom

are doctors, reveals that women spent more time doing housework and childcare than men, and women were more concerned about their job security, financial issues, and the health of their partners, their children, and their own. All of this results in which the female healthcare professionals lagging behind their male colleagues in the field of academic medicine. (Austin et al., 2020; López-Atanes et al., 2021) This problem also has different implications. While women in many countries participate in the medical sector at extremely high rates, in Japan, female participation is exceptionally low, which is thought to reflect the prevalent concern that the medical career and motherhood cannot easily go hand in hand. (Ramakrsihnan et al., 2014)

It has been determined that female healthcare professionals in Russia can only get 65% of the salary that their male colleagues earn. It is claimed that this gap comes from the difference between the work shifts, that women work 10 hours shorter than the male colleagues, and the thought that for woman, their home and children always come first. (Ramakrsihnan et al., 2014) In a study conducted with 1712 female healthcare professionals in the USA, it was observed that women were solely responsible for domestic chores, and from these women which are responsible for five or more household chores were more willing to change their careers. (Lyu et al., 2019) Again, according to a nation–wide study in the USA, married female healthcare professionals with children spend 8,5 times more time on housework. Another finding from the same research states that among the married couples or partners working full–time, women are more likely to take a break from work and take care of the child if there occurs a problem with childcare. (Jolly et al., 2014) In a study conducted in Norway, one of the countries prominent in gender equality, it was observed that there is an inverse relation between the probability of specialization in medicine for women and the number of their children. On the other hand, there is a direct correlation between delaying the birth of the first child and the specialization in medicine. Also in Norway, switching from full–time employment to part–time work is used as a strategy for fulfilling family duties. (Gjerberg, 2003) In a study conducted in Hungary, it has been shown that

not only the work stress but also the gender roles are effective in the feeling of burnout in female healthcare professionals, in other words, the disruption in work-life balance contributes significantly to burnout. (Adám et al. 2008) It is seen that female medical professionals experience burnout 1,5–2 times more than the male ones. (McMurray et al., 2000; Shenoi et al., 2017)

In a study conducted in Hungary, it has been shown that not only the work stress but also the gender roles are effective in the feeling of burnout in female healthcare professionals, in other words, the disruption in work-life balance contributes significantly to burnout.

(Adám et al. 2008)

It is not added information that women face different forms of discrimination in the medical system. However, it can be said that this discrimination has deepened with the pandemic. According to a study conducted in England, nurses are seen as a group that is under a particularly heavy workload during the pandemic, and most of the nurses are women. (Regenold and Vindrola-Padros, 2021) Nurses whose assigned positions have been changed are thought to have gone through the most severe conditions. Many of these nurses stated that when they are assigned to the emergency care unit, where they have no previous experience; on the one hand they are under heavy stress, and on the other hand, they have difficulty in learning many things from the scratch, applying them properly and making the right decisions. And the nurses whose assigned positions was not changed, considered themselves lucky. (Regenold and Vindrola-Padros, 2021) Interesting enough, a considerable number of female healthcare professionals think that they do not face discrimination because they are women, due to the predominance of women in the medical sector. (Regenold and Vindrola-Padros, 2021; Austin et al., 2020: 9) However, another group also stated that with the pandemic, they were exposed to a discrimination that has occurred never before, as if they are back in the 90s, the time when sexual discrimination was very common. It is stated that the initial

tasks are usually directed to female professionals and the management of the institutions puts their own ideas into practice without taking women and other stakeholders into account. (Regenold and Vindrola-Padros, 2021)

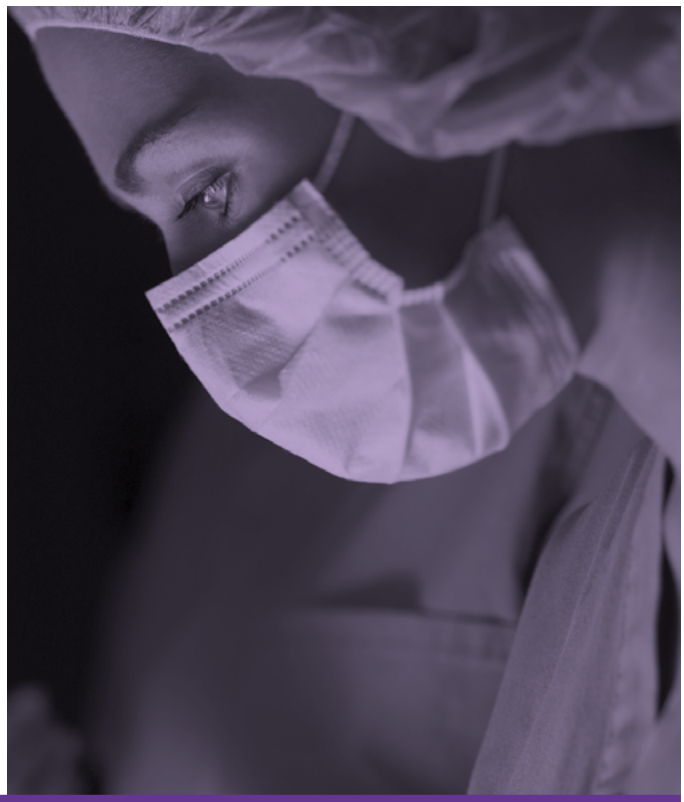
Numerous studies reveal that female healthcare professionals are at greater mental risk due to conditions aggravated by the pandemic. In a study conducted with female professionals under difficult conditions and severe psychological pressure, the rate of menstrual irregularity was found to be 28,7%, which is higher than the rate of irregularity found in the general population. (Takmaz et al., 2021) It is a known fact that women who have irregular menstruation problems are more likely to encounter health problems such as cardiovascular diseases, diabetes, chronic kidney failure, infertility, early menopause, breast and/or ovarian cancers in the future. Irregular menstruation does not only cause physical diseases, but it also affects the quality of life. During the pandemic, the risk of losing both physical and psychological health of female medical professionals has increased significantly since they must cope with problems such as the pressure on the medical sector, the disparity of the time spent at work and the time spent with family, and the fear of transmitting the virus to their loved ones.

The heavy burdens of healthcare professionals were also noticed by the public, and many events were held around the world to show solidarity with them in the initial stages of the pandemic. The best known of these was the applause that was given in the streets and on the balconies at a certain hour every evening. However, news of the discriminatory and humiliating behavior against healthcare professionals began to come from countries all over the world, regardless of their level of development. In India, medical professionals were spat on and threats of sexual harassment were reported. In Mexico they were thrown with eggs and chlorine. In the Philippines, a group of men poured bleach on a female healthcare professional. According to a study conducted in Canada and the USA, 42% of the participants did not want to be near healthcare professionals, 39% of them said that healthcare professionals had viruses, 29% of them said healthcare professionals should have limited freedom, and 28% of them stated that healthcare professionals should not be allowed in the community. In Japan, Pakistan, India, and Mexico, healthcare professionals have been evicted from their homes and not even allowed to use public transportation and to enter markets. (Qazi M et al., 2021). Moreover, it has been observed that these unacceptable behaviors are experienced more negatively by nurses, which are mostly women. It is reported that even the children of healthcare professionals suffer from this discrimination, they are bullied, excluded, and even not admitted to their schools. (Qazi M et al., 2021) Briefly, the results show that female medical professionals are affected by these negativities more, both psychologically and physically.

Female healthcare professionals cannot be protected from the epidemic at the optimum level since PPEs do not fit their bodies. Thus, they are exposed to a higher risk of catching the coronavirus disease.

In addition to these physical and psychological aspects, there are also more practical problems. One of the most essential elements protecting from the COVID–19 virus is the personal protective equipment (PPE). There are many types of PPE with varying qualities on the market. While standard surgical or cloth masks, visors, and gloves may be sufficient for ordinary workers, healthcare professionals should work with PPE such as surgical masks, white gowns, coveralls, gloves, and eye protection that are suitable for their specific sizes. The development of protective equipment in accordance with the differing sizes of healthcare professionals increases their protection from the coronavirus and is of immense importance in the fight against the epidemic. Even in such a critical issue, female healthcare professionals cannot be protected from the epidemic at the optimum level since PPEs do not fit their bodies. Thus, they are exposed to a higher risk of catching the coronavirus disease. According to a study conducted in England, fitting test of PPES were found to be more successful when they were tested on male healthcare professionals than the female ones. Even so, PPEs tested on males were found to be more successful in their first attempt. (Carvalho et al., 2021) The success mentioned here means that the PPEs perform their functions without any weakness, which can be interpreted as much better protection of male healthcare professionals against infection. Female face and body proportions differs from the male, and considering their hold in the industry, they need PPEs that are produced in accordance with their anatomy so that these can provide a higher level of protection and comfort for female professionals during their work.

FINDINGS

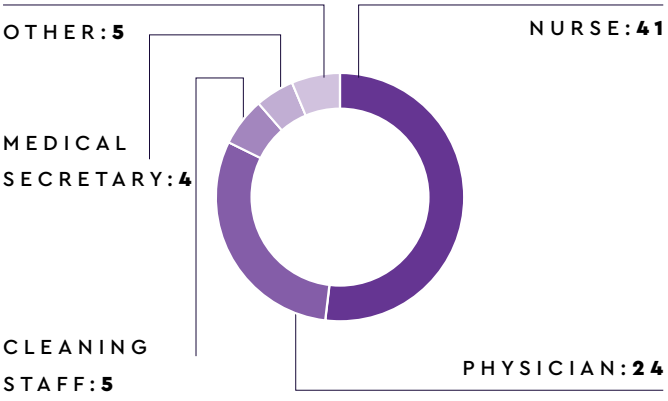


a.Demographical Qualities of Participants

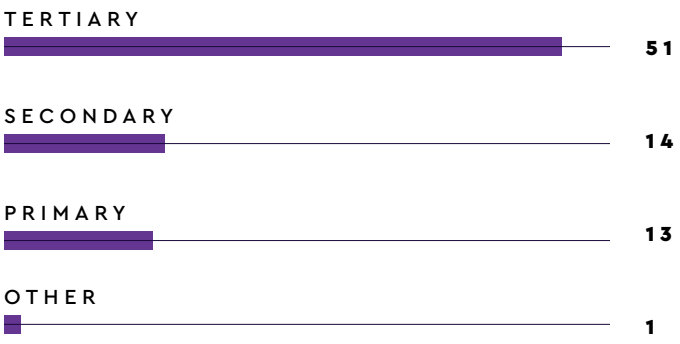
Out of all the healthcare professionals participating in this research, 41 of them work as nurses, 23 as physicians and one as a dentist. In addition, there are five cleaning personnel, four medical secretaries, two paramedics, a physiotherapist, a dietitian, and a nurse. Out of the physicians, while 13 of them are assistant physicians, seven are general practitioners, and three are specialist physicians.

Of these participants, while 51 of them stated that they worked in tertiary institutions such as universities or teaching and research hospitals, 13 worked in primary care institutions such as primary care clinic ("Aile Sağlığı Merkezi / ASM" in Turkish), emergency medical service ("Hızır Acil / 112" in Turkish) or District Health Directorate. Seven of the participants worked in public hospitals, four of them in city hospitals and three in the private hospitals. A healthcare professional also works in a prison.

RANGE OF PARTICIPANTS BY THEIR PROFESSIONS



RANGE OF PARTICIPANTS ACCORDING TO THE LEVEL OF THEIR INSTITUTIONS IN HEALTHCARE SYSTEM



Of these participants, the youngest one is 22 years old and the oldest one is 54 years old. The mean age of participants is 34,6 ± 9,21 years and their median age is 32. 43 of the participants (54%) stated that they were either single or divorced. While the number of women with children was 33 (42%), one interviewee also declared that she was pregnant.

The number of interviewees stating that they work in Istanbul is 43 (54%). Employment is mainly in the public sector; 76 of the participants (96%) stated that they work in a public institution.

THE YOUNGEST PARTICIPANT

22

YEARS OLD

THE OLDEST PARTICIPANT

54

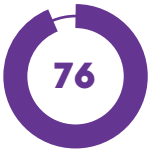
YEARS OLD

PARENTAL STATUS OF PARTICIPANTS

WITH CHILDREN

WITHOUT CHILDREN

TYPE OF EMPLOYMENT



PUBLIC SECTOR

PRIVATE SECTOR

MARITAL STATUS OF PARTICIPANTS

b. Working Conditions

While talking about their working conditions, healthcare professionals underline that even though the pandemic is predicted, they were caught unprepared. Most of them mention that basic occupational health and safety and infection control trainings are given, although these are not very comprehensive, and therefore they panic less at first. It is mentioned that training is given by an infectious disease specialist or an infection nurse. And hygiene and personal protective equipment (PPE) centered trainings are planned. Their training focused on which PPEs are the best, how to use them, in what order to put them on and off and how often they need to be changed. Some of their statement recorded during the interview are below:

"... The head of the department of anesthesia and the head of the department of infection had a meeting. We were given a detailed course on how to put on and take off your PPEs, and how to use them. ... On the first day, they told us how to protect ourselves. 'Learning on the job' was never the case. So, we got rid of the uneasiness thanks to these courses."
(Assistant physician, 27, Teaching and Research Hospital)

"Yes, we received training, an orientation training. We received this training on the service information for about a month. In this training, general aspects about healthcare service, the types of drugs, and the use of protective equipment are given in order to provide orientation in general."

(Nurse, 25, University Hospital)

In the early days, there encountered problems, especially about the deficiencies of PPEs and confusing job definitions. It is stated that there is a chaotic situation in institutions in the initial period of the pandemic. Depending on the nature of the work they do, healthcare professionals state that they sometimes must work without a coffee break, eat their meals late while standing, and avoid drinking water because they can't even find time to go to the restroom. Some also complain about making hygiene an obsession.

"I came home at two o'clock for about four months, including the weekend. It took four months for the system to settle in. Then we started to set up a system. I work at the coordination now. I have coordination shifts, when I'm on a call, I leave work at around nine o'clock. Even when I'm not on a call, I work from 8 am till 5 pm in my regular shifts. We didn't calculate the shifts, but if we did, everyone would probably owe me."

(Specialist physician, 37, District HD)

"I know that we can't have breakfast in the morning, that we can't eat at lunch, that we want to order dinner in and when it arrived, but we didn't eat him since we finished the shift and left already."

(Specialist nurse, 32, University Hospital)

"When I work, my breaks are noticeably short. If I need to go to the restroom, I can't even find time for it."

(Specialist physician, 26, University Hospital)

"It was exceedingly difficult at first. I lost seven kilograms at that time. After that, there were tense times from time to time since I have the authority to decide which patient should be hospitalized, which one will be discharged, and which one will rest at home."

(Specialist, 31, Manager, District HD)

"...the whole place seemed dirty. There was a constant urge of cleaning something and spraying disinfectant all the time, but I suppose we got used to it after two years. It feels more normal right now."

(Nurse, 28, Public Hospital)

"In the beginning, we had a tough time. Safety goggles or a visor, there were warning about this equipment like 'This is debited on you, don't lose it, you will always use it'. There were times when we avoid harming the equipment for a long time, or like 'Don't let an N95 get lost', 'Don't request for a new one before this many hour'. There were times when the equipment was extremely limited, but after that, we did not have such problems with the increase in production."

(Assistant physician, 27, University Hospital)

"The N95s we used in the first place were much better. Then, after the break of the pandemic, we could not find them anywhere at all, these surgical masks suddenly disappeared. Afterwards, FFP2 type masks were distributed. They were also duckbill-like masks which did not fit the face properly. In fact, when we couldn't find them for a while, we used the surgical masks provided by our nurse friend's acquaintance. In other words, we had a serious shortage of surgical masks during the early days of pandemic. We had to use a mask for two days, sometimes, for three days."

(Nurse, 25, Private Hospital)

30 of the participants (38%) stated that they were infected with COVID–19. In fact, two of them had the disease twice. From their statements, it is understood that the standard practices written in the guidelines for returning to work when healthcare professionals get sick, especially when the number of patients starts to increase or at the peak, are violated.

"For example, my wife was diagnosed as positive while working in COVID-19 ward and was on the call while she was positive, that is, she left the hospital in the morning after her shift was over. I was on the call when I found out, everyone in our clinic was on the call when they found out. Imagine you are working in such a busy environment. And you're trying to trade your shift with somebody else, but it's impossible. If you are both doctors as a married couple, even if your spouse is diagnosed as positive, there is no quarantine for you, you still continue to work".

(Assistant physician, 27, Teaching and Research Hospital)

"In the early days, we were subjected to a 14–day isolation, in the following days, that isolation period was reduced to one week for medical personnel. Right now, if the person has been vaccinated even if there is somebody at your home diagnosed with COVID-19 and you have a direct contact with her, that person still continues to work."

(Hemşire, 50, Üniversite Hastanesi)

"Since we are already working at the same environment, we receive the news of our friend's catching COVID-19. Two days later, we take a PCR test. Our friend is already isolated and at her home. Other than that, there are no other precautional measures. Before someone who went on leave returning to work, her PCR test result wasn't waited. They came back after a week off."

(Nurse, 36, Teaching and Research Hospital)

"The one catching COVID-19 was using her leave. Apart from that, we made personnel disinfect his room, washed it, and disinfected every part of his room. The leave period was 14 days at first, then they reduced it to 10 days. We were not expected to have negative test result. Even if we were diagnosed as COVID-19 positive, we commenced working."

(Nurse, 28, Public Hospital)

RANGE OF PARTICIPANTS CATCHING COVID-19

"After my test came out as positive – I was even on the call – I left my shift and returned home and locked myself in. When I left, an adjustment was made in order to replace my position. After 10 days of isolation, I returned without taking a PCR test, because they don't want it."

(Assistant physician, 27, University Hospital)

"Citizens were in isolation for 10 days or 14 days, but they said that we only had a week. Of course, you need staff to work in the medical service. But of course, there were some whose return took a longer time because their test result didn't turn out as negative."

(Nurse, 54, City Hospital)

"It was like this; If someone had symptoms, it was taken more seriously at first, but lately, we make them take COVID-19 PCR test, but if the results haven't come up yet, and if it is not 100% compatible, that person continues to work. Because there is currently a shortage of healthcare personnel in Turkey. They are made to shoulder too much responsibility. If someone is unavailable to work, there really is no one who can fill her gap. That's why there were colleagues working until their PCR test turned out to be positive, but usually if the symptoms are there, we tried to replace each other. Let's say I have worked with someone showing symptoms, your test status is up to your decision. If you want, you take the PCR test or you don't."

(Specialist physician, 26, University Hospital)

The healthcare professionals have been paying utmost attention to the implementation of physical distance rules in places where people gather such as cafeterias and shuttles. Because of that, several regulations were put into action, and everyone easily complied with them. There was a brief period when cafeterias especially were closed, as surgical masks would be taken off during meals, therefore increasing risk of infection. After a while, the cafeterias were opened for short times allowing little groups of healthcare professionals take turns to eat their meals. Sanitation measures such as the use of disposable materials, removing salt–pepper shakers or bread baskets from the tables, encouraging people to eat the packaged food or to eat alone on their own offices or to bring their meal from home were temporarily put into action.

"Our meals come in single-use plastic cases. We do not enter the cafeteria; our meals brought here to the shuttles. As a group of twains, we eat leaving a little space. We don't sit all together, but our meals don't last long anyway."
(Nurse, 30, University Hospital)

"The salt and pepper shakers were all removed in the dining hall, these tiny unimportant things happened. Second, they increased the space between the dining table. And many of my friends stopped going to the cafeteria, they brought their meals from home."
(Nurse, 54, City Hospital)

"At first, our dining hall was closed to prevent infection. While they were normally serving dishes like soup, packaged food was served to the shift between 8 am – 16 pm. Later, the dining hall was re-opened. And it has been gotten under control like this; one person per table and single entry to the dining hall. You need to wait outside when all the tables are occupied. And capacity of the dining hall has dropped to its third. For a while, we did not go there by our own decision. Still, after a while, we sometimes went to there for our meals, sometimes went outside depending on which one would be safer that day."
(Nurse, 42, University Hospital)

Since there is a serious risk of infection in shuttles, some of the seats were left unoccupied, and the number of people to get on the shuttles was limited. In fact, there were times when HES codes were checked before getting on the shuttles.[1] However, it is also stated that the tendency to loosen such rules, which were strictly enforced in the early days of pandemic, became a widespread practice over time.

"Occupation capacity has been cut in half. The seats are arranged in such a way that only one person can sit. The air conditioner won't turn on even in summer days. Instead, they left the windows open. Surgical masks are being worn. A warning is given about not drinking water and you can get on the shuttles only showing a valid HES code. If you had a direct contact with a COVİD-19 patient, you are prevented from getting on the shuttle."
(Nurse, 42, University Hospital)

"For a while, we used to need to show the HES code, then we could get on the shuttles. They gave up this practice after a while. The shuttles are just as full as any other day. I also try to use the shuttles rather than public transportation because if you take the bus or subway, you can see that one in every three people, they are wearing their surgical masks loosely, hanging under their nose or mouth."
(Nurse, 38, University Hospital)

Turkish Ministry of Health announced that physicians and non-physician healthcare professionals working in healthcare facilities affiliated to the Ministry of Health are getting additional payments for their 'active working time'. These additional payments will be calculated by considering the test–diagnosis–treatment–follow-up procedures of patients carrying COVID–19 with different coefficients. It is announced that the first of these payments will be made for a period three months from 1st of August 2020, and the second payment will be made for a period of four months, effective from 1st of April 2021.

[1] HES (Hayat Eve Sığar – Life Fits into Home) code is a regulation put into action by Turkish Ministry of Health. It helps someone safely share their COVID-19 risk status with institutions and individuals for activities like transportation or visit.

The healthcare professional received these payments mentioned above. However, the amount was paid both late and in parts and there was no fair distribution. Moreover, they think that these payments are exaggerated. They led to a public misunderstanding and even paved the way for verbal violence. Most of the healthcare professionals are expecting improvements in their personal rights and equity instead of these additional payments. In fact, there are those who think that they wish COVID-19 would have been accepted as an occupational disease for healthcare professional rather than these additional payments.

"We are having problems with the additional payments. We're having the problem of inequality. Those working at the facilities of Ministry was paid ten times higher than those working at the university hospitals, although both were doing the same job. They made statements suggesting that everybody received a profoundly large payment in the eyes of the society, but this was not the case in reality"

(Assistant physician, 27, University Hospital)

"If you worked busily and still couldn't receive recompense of your work in this period, it won't happen any other time. I mean, it's nothing like they talk about on TV, it's a perception operation. There is no profit. I hear that the parents of most of colleagues say that 'Look, my daughter, the government gave you more than enough'. 'Oh,' she replies, 'even our own parents don't have an idea of the reality'."

(Nurse, 39, Teaching and Research Hospital)

"... they made statements that these were wonderful news for healthcare professionals, additional payments hit the wage ceiling. But they didn't even pay our shares from the revolving capital. What they did was advertising. While working here, we also experienced this. Normally, assistants at the primary care clinics here (Sakarya) didn't receive their shares from revolving capital, however we were still working at the COVID-19 wards all the time. Later, thanks to the efforts of the chief assistant, we were, on paper, working at the infection wards. Therefore, we could receive those additional payments at last. These payments were not hitting the wage ceiling or anything."

(Assistant physician, 25, PCC)

"I never received that additional payment. I was already working at a private hospital in the early days of pandemic, I didn't receive it because of it. The public university benefited from the additional payments at the early days. But after that, additional payments will be made only in hospitals affiliated to the Ministry of Health. Even if they were made, the university hospitals didn't receive these additional payments."

(Assistant physician, 27, University Hospital)

"... They have announced that they would pay additional payments. I'm checking at someone's payroll sheets, with coefficients etc., her salary is more than nine thousand liras. But we earn two thousand liras. The rest of payments listed uwnder the revolving capital, taxes, etc. In other words, they proudly announced there were additional payments due to COVID-19 in the news, but all this uproar is in fact for only two thousand liras. Reality and the way which was advertised are quite distant from each other."

(General Practitioner, 24, District HD)

"I am shouldering a very heavy responsibility here, it mentally tiresome, but physically, a nurse working in the intensive care unit does not get her money's worth. ... What I received was a sufficient payment considering the institution I work for, but as far as I know, there was a very unequal distribution between hospitals. It changes a lot whether I work actively or not in COVID-19 wards. For instance, while an obstetrician who has never worked in the COVID-19 wards before, could receive an additional payment of 25 thousand liras which is the ceiling when she gave birth to a pregnant woman infected with the coronavirus disease. Another one, 800 liras was paid to the practitioner working in the ED, while 10 thousand liras could be paid to someone who has never treated any COVID-19 patient."

(Specialist physician, 37, District HD)

"Since cleaners and drivers are not considered as medical personnel, they could not benefit from these additional payments. Since they are simply seen as workers. However, both groups were exposed to the coronavirus at the same rate as any other medical professionals. This made me sad, yet there was nothing we could do."
(Specialist physician, 31, District HD)

"They said, 'We will pay for three months,' but we received the payments for one month of these three. That additional payment of one month was very unequal. As I said, I received 76 TL. Petitions of appeal about this issue were written and submitted, but there was no response. ... COVID-19 should be considered as an occupational disease. While people are confined to their homes, even avoiding each other, we are here in direct contact with the coronavirus patients and there is no way we can avoid this. That's why COVID-19 should definitely be considered as an occupational disease."
(Nurse, 26, University Hospital)

The inequalities among medical professionals about the additional payments have disturbed some these professionals so much that they have tried to partially correct these inequalities and come up with solutions that they think are fairer.

"We work as a team here. We really experienced the team spirit here. We work equally, whether you are a doctor or the cleaning staff. So, none of us are superior to each other. Because if any one ring of the chain gets missing, one cannot talk about health at all. We received an additional payment for three months at first, but we do not benefit these payments now because we are a university hospital. Hospitals of the Ministry of Health benefit, instead of us. I wish these payments could be distributed equally among everyone, regardless of his or her title. This is how we did it in the first month. Since these payments were not made to our staff members, including the cleaning workers and security guards, we collected what was paid to us among ourselves and shared that amount with them. I mean, we owned this small kindness, at least. I mean, we were ashamed to receive the payments while they weren't paid."
(Nurse, 42, University Hospital)

c. Personal Protective Equipment

The deficiencies and inadequacies of the Personal Protective Equipment (PPEs) distributed to healthcare professionals at the outbreak of pandemic shows how short the health system got caught. While there was a problem in the supply of PPE such as surgical masks, bonnets, visors, medical gloves, and coveralls at the beginning, this equipment became abundant after a while. Regardless of its quality, access to the surgical mask was the most genuine problem. Although supply problems have been resolved over time, thanks to both overproduction and donations, concerns about compliance with standards and quality have continued. For that reason, some health professionals state that non–standard PPEs may have played a role at the infection of their colleagues. There are those who prefer to use what they have bought instead of the useless, torn out PPEs which they think is not suitable, even though these PPEs are for free. Although it was not a quite common complaint, it was also stated that the equipment that did not fit their body and face properly and this caused discomfort while working for long hours. Although there is an alternative size for medical gloves, it is not the case when it comes to the surgical masks. Therefore, sometimes, these surgical masks do not fit the face properly, and either slip down or hurt the nose or ears considering they are too loose or too tight.

"Some types of masks still don't fit our faces properly. Surgical masks are produced in one size and standard."
(Assistant physician, 27, University Hospital)

"The surgical masks don't fit. For example, I have a small face. Surgical masks are usually loose. Air is coming in between the string hangers. That's why we put one mask on top of the other."
(Nurse, 25, University Hospital)

"Sometimes the surgical masks were loose, of course, there were times when they weren't comfortable. It also depends on how it is manufactured. ... Other than that, it is common thing that surgical masks don't fit our faces well, or they are of poor quality."
(Assistant physician, 27, University Hospital)

"... I wear a white coat. I put on my surgical mask. I put on my medical gloves, two times. The hospital provides the surgical mask, the medical gloves and everything else. They are generous in that sense. The masks were of decent quality before, but the string hangers or something else breaks now, so we put it on two or three masks at a time. It's just not superior quality. So, I don't think they are very protective."
(Laboratory Technician, 54, Teaching and Research Hospital)

"... The surgical masks were scandalous in Turkey. There were so few masks that we, the managers, did not wear masks in the institution, so that a debate would not break out. They could have said 'Sir, you put on the surgical masks, but why not us.' After all, there was no procedure for contact tracing back then, we were just working over the phone. But these masks were not sold so you can buy one. The directorate sends you a box, but they are awful, like made of tarp. Whether you put on it or not, it is still a problem since you work with 100–120 people in the same institution. Well, if you change your mask every 4–5 hours every day, it is not possible since there are not enough supplies even for a day. That's why we didn't put on any. Unfortunately, we couldn't at that time. There were no contact tracing teams back then, we borrowed PPEs from hospitals. The surgeons from the operating rooms gave white coats. We were supplying our PPEs with our own personal relations. Then the contact tracing teams arrived. They said that we need to change coveralls every day. Sometimes, there were not enough coveralls.

Hospitals were prioritized at donations and so on, but we were always ignored. We are still in a lot of trouble now. For example, the directorate buys small size medical gloves, but most people wear medium and large size gloves. Let's say, she finishes a day's work using only one medical glove. But do you think that it is healthy for this person from the contact tracing team go from door to door using the same glove? We are still in trouble. Back then, we were able to afford safety goggles for our personnel, I mean we collected money among us and bought visors etc. ... N95 type surgical masks are of poor quality again, when you put them on your face, the string hangers snap off, it never fits to your nose. I have seen the N95 type masks that can only cover the lips! ... The visors are awful. Their string hangers snap off easily. I still do not put on the surgical mask from which were delivered to my institution. It's an uncomfortable one."
(Specialist physician, 37, District HD)

"I use the surgical mask I brought with myself, there is the specific brand I prefer. The one hospital provides is thinner and has no wires within the fabric."
(Nurse, 30, University Hospital)

"For example, in the tough times of the pandemic, the number of cases in Samsun was very high. All my doctor friends caught the coronavirus disease at the same time. They say that the N95 type surgical masks (which were recently arrived) used at back then had no effect against the infection. Once the brand of surgical masks had changed, all of my colleagues caught the coronavirus disease."
(Assistant physician, 29, Teaching and Research Hospital)

In addition to those who bought their own PPEs with themselves, those working in the primary level healthcare institutions and especially the ones in the contact tracing teams had to give their own private phone numbers. Many female health professionals state that they have different problems in this regard:

"... at the very beginning of the pandemic, we were calling patients from our own phones. Whether male patients or their relatives, I had to face with serious phone scatalogia. I would say that is my biggest problem. As a woman, I experienced that kind of perversion. It had been a major issue. For only he could see my private phone number on his cell phone. It took months to get rid of that pervert, let me tell you."
(Dietitian, 28, District HD)

"...we couldn't always call from the District Health Directorate's phone desk, sometimes we required to call the patients on private phone. That's why we got a lot of calls in the middle of the night, it was really tedious for me. They called and asked out by saying 'Do you want to drink lemonade?', you know. There were no major harassments." **(Midwife, 27, PCC)**

On the other hand, working with PPEs all the time has been a difficult and frustrating experience. Women healthcare professionals talked about this issue in several ways:

"They (PPEs) are not manufactured considering neither all sizes, nor all sexes. Well, there are two sizes, large and small. We put on as protective equipment, since it is already baggily, and we do not have any aesthetic expectations. Of course, there are also those who do not prefer to wear this equipment. It is large and rough fabric. Most of my physician friends do not prefer to put on those, they feel bad because they already have surgical masks on their faces, bonnets over our heads, medical gloves on our hands, and when you wear those clothes, it is difficult to work in it for 16 hours."
(Assistant physician, 29, Teaching and Research Hospital)

"... if you are working, the summer especially becomes tough. With those white coats, surgical masks, N95 type mask, visor. Our back, our body integrates with our uniforms, and we sweat a lot. There is not a lot of rooms where we can rest inside since we are only a few people working. Frankly, when we want to take off our surgical masks, we can't take it off easily."
(Nurse, 25, University Hospital)

d. Different Facets of Gender

In fact, the studies focusing on gender in the medicine and healthcare sector has a long history. It is noteworthy that in our study, statements like those found in the earlier studies continue to appear. This situation makes one to think that even after all these years, there hasn't been any change regarding the sexist approach to the division of labor and the prevailing gender roles in the healthcare sector.

The first thing that stands out in our findings is the tendency of patients to see female physicians more as nurses, since care work is coded as "women's work".

"... for most patients and their relatives, you are already a nurse, not a doctor. No matter how much you say, they don't take you seriously. What a male staff member says to the patient is more effective. Because he is a man, he looks at him more like a doctor and takes his words seriously. Somehow, I accepted it, so I don't even have the luxury to take it personally. When someone call 'Hey, nurse!', I turn around, I try to help in any way he asks."
(Assistant physician, 27, University Hospital)

"... As a woman, even if you are working at an outpatient clinic, they come in and ask, 'When will the doctor arrive?'. Your name is written on the door, you are sitting at the table inside, he comes to you and asks when the doctor will come. ... There was a male doctor with whom I wore the same color outfit. We both wearing stethoscopes. They call out to him, 'When will we be discharged from the hospital?' Then they turned to me and asked, 'Nurse, could you pull out this serum' or something. Same outfit, same equipment, but just because I'm a woman, it's like I'm not good enough to be a doctor. One day, we are three female physicians, making rounds in the ward. We ask about the patients, their drugs and write prescriptions, do everything as usual. And the patient's relative next to us says something while talking on the phone, 'we have been waiting for the doctor since the morning, we will see him if he can find the way'."
(Assistant physician, 27, University Hospital)

"Well, when patients see me, they think I'm a secretary. They say, 'call the doctor,' or something like 'hey, nurse!' in the ward, so that's the first thing that comes to my mind. But I mean, it's been six years since I was appointed,

and in these six years, I used to be very offended by this situation, but now it works for me. For example, if he doesn't think I'm a doctor, I say 'There is no doctor'. I'm not kidding, I say 'I'm not a doctor, I wouldn't know about it'. I turned this to my advantage a little. Because they want to see a doctor."

(Assistant physician, 30, Teaching and Research Hospital)

"If we think in terms of status, the status of male personnel is lower than me. Yet, his word is more effective than mine."

(Dietitian, 28, District HD)

"... Based on patients, they approach male nurses more seriously. Or to men... They see them like a male doctor, not a male nurse. They see them as tougher... they have different perspectives on treating a man and a woman."

(Nurse, 42, University Hospital)

"Some of patient's relatives still have the understanding that 'if they are a woman, they cannot be a doctor.' I examine the patient, and then they say, 'Will the doctor also examine us?'"

(General Practitioner, 30, Public Hospital)

"Unfortunately, when patients see women, they put them in the secondary importance just as women are put in the traffic. If male colleagues are heavyset rather than quite one, the perspective of patients become quite different. Women are already in the secondary importance. Obviously, women are viewed as a little servant in healthcare sector. They think that women need to attend everything. Unfortunately, we have patients who dare to say such things".

(Nurse, 31, Public Hospital)

"... nurses aren't our subordinates anyway, so I don't mind being mistaken for a nurse, but, on the other hand, I'm uncomfortable. For example, there's a male paramedic. I'm with him, we are doing something together. And it's obvious that I am calling the shots. For example, I am in fact doing the suture, he helps me. He sees what we are doing, still, he addresses him as doctor, and me nurse. I usually don't answer much because whatever you say, they still don't change their attitude. Also, sometimes it can be a little disrespectful to the nurses. As if being mistaken for a nurse is a dreadful thing. ... I've already worked in the same place for an exceedingly long time and the nurses know me, so I say it if I see it necessary. Something important happens, for instance, the patient's relative goes to the health officer instead of me. However, he should let me know about it. In such cases, I warn them. They usually apologize. I say, 'Don't apologize about it, it's not a sad thing to think I'm a nurse'. You say that I'm a nurse because I'm a woman, so that's the problem. They don't take you seriously, they call you names like darling, honey, dear."

(Assistant physician, 33, Teaching and Research Hospital)

"Men are more likely to be employed in the academic fields than women. Although the number of female professionals who are assistant physicians is high, male physicians are still more likely to be employed in the academic positions."

(Assistant physician, 27, University Hospital)

"When I came to the first unit, I heard that they get upset when the woman is assigned. I was upset to heard that, too. ... We went to a female patient who fell in the bathroom. I introduced myself as 'Doctor Ş.' and examined her. I said, 'Your hip is dislocated.' Then I called the ambulance driver to carry her to the hospital. When the driver came, the woman said, 'Thank God, the doctor has arrived.' When I said I am a doctor, she said, 'Is this girl also a doctor?' I've never treated with disrespect within my team. However, people call me names like my darling, dear. They think that I am a nurse. ... From my teammates, I've heard a lot of things like, for example, our colleagues were advised like 'Pass the promotional exam, this is not a suitable place for women'. But I know that there are a lot of women working at the stations, too."

(General practitioner, 27, EMS)

An analogous situation may appear regarding the administrative hierarchy in the medical institutions. In this context, a manager expressed his own experiences with the following words:

"... I experience this when commanding a subordinate about the work. My superiors aren't the issue. But if you command to subordinate personnel, especially if these personnel are male, they feel offended. It doesn't matter whether these personnel are doctors or specialists, men mostly have such a complex. It becomes much easier for them to communicate with a man, they want to communicate with a man. He doesn't want you to teach his job if you are a woman. I had a tough time going through with this, making the male personnel working under my command believe that I am not an ill-intentioned person. Because as if we are living in the medieval time, they see like a witch. I had a tough time expressing myself in a warm, friendly manner. They think that a woman should not work in a superior position."

(Specialist physician, 37, Manager, District HD)

It is observed that women are more dominant in certain branches than men and vice versa. In the branches dominated by men, women are not wanted, therefore many obstacles can be put before them. Gender–based labor division in the practice of medicine brings different forms of discrimination with itself. A cardiology assistant described her case below:

"It is very androcentric, very male-dominated branch. Let me put it this way, if we include the whole team, that is, if we have 20 people, there are 3 women as physicians in the team. The rest are all men."

(Assistant physician, 27, Teaching and Research Hospital)

An ear–nose–throat (ent) assistant gave analogous statements:

"These are predominantly male professions. Branches of surgery are a little more challenging in terms of working and shift conditions. Therefore, women do not prefer many branches of surgery. We are a group of 14 assistants, 4 of us are female. ... There are already sexist people in our community. Our clinic chief is in the lead. Some of them are medical specialists. Some of my colleagues see and treat me and my colleagues as hysterical solely because we are women."

(Assistant physician, 30, Teaching and Research Hospital)

There are similar distinctions not only for physicians but also for nursing:

"For example, there were no male nurses in the pediatric clinic, yet there were quite a lot of men in the intensive care unit."

(Specialist nurse, 32, University Hospital)

The same nurse continued her words as follows:

"In our society, they do not see women as equal to men. In the male world, men underestimate women. They think that women can be easily defeated, easily manipulated, and easily managed. This is just a small reflection of society. Communication with male nurses is different than communication with female ones, their communication with male doctors is different, they take them more seriously. Interesting, remarkably interesting."

(Specialist nurse, 32, University Hospital)

i.Special Conditions of Nurses

At this point, nurses require special consideration. The nurses are both physically worn out and their psyche is not good at all. First, they try to cope with the 'compassion fatigue' prevailing in the profession. In short, this concept means witnessing the long–lasting pain of the patients, show empathy with their patients, and trying to support them emotionally. It is thought that one of the most crucial factors that cause nurses to feel extremely tired, depressed and even exhausted after a certain point is this 'compassion fatigue' they experience while treating their patients. During the pandemic, nurses are the group of healthcare professionals who have the most frequent and longest

contact with patients. While the care they provided was physically exhausting enough, the rapid deterioration of the patients and their death alone in their beds was a traumatic experience for them.

"... I lost my father to cancer. I recall myself springing out of my seat so many times. The patient is moaning, I spring thinking that something terrible has happened. These people did not have a hospital attendant with them in the early days of COVID-19, because they were not allowed to be accompanied. These were people waiting to die. On the one hand, I thought that I was able to be with my father through every phase of his disease, but there was no one next to these people. People are waiting to die staring at the ceiling, and this has affected me very negatively."

(Nurse, 38, University Hospital)

"I go to the patient's room on purpose. I remember feeding the patient. Without leaving their side up for half an hour. ... You are not a healthcare professional, could you do that? I do this for the people I don't even know. I do this regardless of whether they are young or old, male or female, head-scarfed or laical."

(Nurse, 32, University Hospital)

"The hardest part is that sometimes you can be helpless like that. There is this system in Cerrahpaşa Medical Faculty when you work all by yourself at day shifts sometimes even in the night shifts. For example, the geriatrics clinic where we are working can be like that. You know, something happens, you must deliver everything they need, it's unbelievably bad. You are breathing a vein, but you cannot establish this vascular access because our patients are old. ... My sleep pattern is messed up. My eating schedule is messed up."

(Nurse, 26, University Hospital)

In addition, nurses who are interviewed complain that they do not receive the value they deserved despite their effort against a superhuman workload in the pandemic. Moreover, they say that they are not paid enough for their work. The feeling of worthlessness is the most articulated feeling among the nurses. It is observed that they are dissatisfied and unhappy. They express that they are more professionally worn out and have difficulties because their assigned positions are changed temporarily if there is any need, and they are forced to work at the fields where they are not very competent.

"First of all, nurses are not valued and ignored by both our administrators and the big boys in our institution. The second, nurses are not respected. I mean, a nurse doesn't worth a dime. It doesn't matter whether there is a nurse or not... It doesn't matter whether a team includes a nurse or not. ... We are always unfavored like that. We are not cared for, are not thought to be doing his job well enough..."

(Emergency nurse, 54, City Hospital)

"For example, 2020 was declared as the year of nursing. I want to say it on behalf of my profession, so far, our profession is thought like that we only measure blood pressure, give an injection, and that's all. However, it's quite the contrary. We also have a lot of evidence-based research... nursing is a whole other profession. After the epidemic, people can see it from a distinct perspective."

(Intensive care nurse, 29, University Hospital)

"... I think that most of our friends want to quit the profession because people really lost their temper during the pandemic and saw that our profession is not important. The reason I want to quit the profession is as follows: When I first started my profession, I did not think that health was taken not so unimportant or that people were so ungrateful. I have been working for six years. Frankly, I did not think that people were so ungrateful and that they were so blind that they did not comprehend the value of the work we have done. ... This includes everyone working in the hospital, including the doctors. People behave so badly that we deem ourselves worthless. They say, 'Nurses are bad, doctors are bad'. People get what they sow. I think that

they treat us awfully. They don't have to love nurses, but there is no respect or tolerance for them at all. Attitude of this man from yesterday, he said, 'You are my slave, I pay you money, you will do what I say'. And he is not the only one. ... Frankly, I don't think we are valued throughout this epidemic."

(Emergency Nurse, 28, Private Hospital)

"Nursing is an unclaimed profession. How can I say, it's not protected enough by law. Therefore, it's open for attacks. In fact, I can say that it is a profession that can easily put under pressure. Someone constantly tries to get us to do what they can't force their subordinated, and they insist on their commands. I'd say it's an in-between profession."

(Nurse, 44, University Hospital)

"... But if we think in terms of profession, of course, the approaches of our doctors and professors to us can vary from time to time. We are treated like second-rate people. It's not because we're women, it's because we're nurses."

(Dialysis nurse, 50, University Hospital)

"...maybe because we have seen as 'sisters' or they want to feel closer, I'm not sure, but that sometimes they cross the line, and they forget that we are members of an ordinary profession rather than the patient's sister. Maybe because we couldn't make them feel that way most of the time. Frankly, I don't want to continue working at my profession."

(Nurse, 25, Private Hospital)

"Our nursing colleagues are more worn out than us. For example, they cannot make too much drastic changes in our department, so they cannot employ someone who does not know the profession. But that's not the case with nurses, some of the nurses were assigned on a temporary duty during the pandemic, in here and at other institutions. They didn't have the chance to say 'No!'. They didn't have the right to do so."

(Radiology technician, 48, City Hospital)

"I am tired not by the patient, but by their relatives. More truly, the lack of communication is tiresome. Not being understood and not being appreciated is tiring me."

(Nurse, 52, University Hospital)

"To be frank, I saw that nursing was worth less throughout this epidemic. After seeing this, I'm doing my PhD and I suspended my studies in this period and I thought a lot about whether it is worth or not. Both about my profession and about my life. ... No matter whether you finish your master's degree, and even if you are seen as an expert, no one knows. You cannot break out of this pattern, your professional status. And no matter how much you learned about your profession, even at the hospitals, your colleagues still ask questions like 'Is there a professor nurse?' In this respect, what I've been through this epidemic made me think a lot and disinclined me from practicing my profession."

(Nurse, 32, University Hospital)

"I don't like this profession, yes, I don't like it at all. This is a strange, backbreaking profession that does not really get its due. When he come in front of the doctor, he cannot open his mouth, but when he comes across me, he swears unreservedly. We are a very uneducated, culturally deprived nation. I am being twisted at the tip of the patient's finger. A doctor isn't like that. The patient presses the button, beckons me to close his window. This profession isn't a respectable one. If I had a daughter, I would never want her to be a nurse. I don't believe that this profession is a holy profession. I think it's been used up and worn out."

(Nurse, 44, Teaching and Research Hospital)

"... I have taken the university entrance exam this year, at the age of 38! If I pass, I will study in a department I want and quit nursing."

(Nurse, 38, University Hospital)

ii. Other Healthcare Professionals

Of course, apart from physicians and nurses, many employees are also vital parts of the healthcare team. Caring for someone's health requires a team effort. Therefore, other members of this team must also have a sense of belonging and compathy. However, this does not seem to be the case in practice. From the medical secretary to the technician, from the physiotherapist to the nurse or cleaning staff, they complain about their labor being ignored and insufficient personal rights if they have an occupational disease mostly due to the heaviness of their work.

"Well, the cleaning job is quite different. When you defend your right, they relocate you. Sometimes you can't talk back even if you're right on something. You need accept anything without questioning and this consumes you. You cannot defend your rights. So, it's exhausting. I mean, you can't say you can't do this, and when you say so, they go and complain about you. I don't know, it's though. … But I generally have this fear. I wonder if I do this, will they relocate me? I wonder whether they will complain about me. This fear's always inside of me. Relocation is also unbelievably bad, you know. Whether you're right or wrong on something when you are relocated, you're always wrong. There are strange people everywhere. You need to be vicar of bray, but you also have your own problems. For instant, no one care about you. That makes human, well,… You always must be the most productive person at the work, but you're human too. Sometimes you get exhausted, too. And after a certain age, your body stalls."

(Cleaning staff, 55, University Hospital)

"We go to work by bus. There is no shuttle. Do you know how they use shuttle, it goes to Fatih from here. Three people, look, they let three people get on it, and they don't let us because we are the cleaners. … But I mean, why are you discriminating the cleaners? Just think, think about how low they see the cleaners. Now, for example, when I stand against the manager and talked about it, he says 'My sister', 'you are not allowed, but the drivers can make an exception for you'. For example, he underestimates you. And now I'm working at the hospital, aren't I a ring of the chain? For example, if I do not clean, we were supposed to be a team. So why are you treating people like that, right? That hurts, too."

(Cleaning staff, 55, University Hospital)

"(On whether her effort is rewarded or not) Of course, I don't think so. As a caregiver I don't think I am appreciated. I find it insufficient, because there is not even a sign that we are worth of something. We are shouldering a great responsibility. Things are not going to be smooth sailing without a nurse in the hospitals, but no one appreciates your effort. No one sees you as a crucial member to the team. They take you granted. … that no one sees the difficulty we go through as healthcare professionals, nobody cares about what we do, because we received applause every evening at a certain hour… I used to love my job, now I don't like it. I don't enjoy working at all, I just work to deserve the money I get. So, there's nothing left to say, because if you don't feel yourself valuable, you just accept it that way."

(Caregiver, 33, University Hospital)

"The hardest part of working is wearing surgical masks. And they don't respect you. They pile the doctor's work on us, we put data in the Patient Information System. As a secretary, I also work on the computer. So, I need to work without a break. I work sitting down, so it may not be seen that way, but they pile all the work done on the computer on us. We are even responsible of what the doctor has to do."

(Medical Secretary, 37, Teaching and Research Hospital)

"The government does not make you happy either! There is also discrimination here. The cleaning staff, the security. Didn't they go through the same process? If something is done,

it is done for everyone. … Auxiliary healthcare personnel are very unhappy in that sense. Doctor, our superiors are privileged in any way possible. Subordinate professionals are ignored. At least, if they were supported financially or in other ways considering their families are down. They don't care about it."

(Specialist Nurse, 39, Teaching and Research Hospital)

e. Psychological Burden of Pandemic

As much as they are afraid of being infected, healthcare professionals are also worried about infecting their loved ones. Those who could afford, have chosen to live in distant places. Hospitals, municipalities, district governorships or governorships, some nongovernmental or private organizations have arranged lodgings, dormitories, guesthouses, or hotels for the healthcare professionals. However, a small group of the healthcare professionals interviewed stated that they were accommodated in such places.

"First of all, everyone has this fear, the fear of infecting your own family. I had to send my family to my hometown for a long time, and they were able to go because we had the opportunity, what would we do otherwise? We live in the same house now, but we dine in separate rooms, I cannot see them. You are under pressure because of that. In case he gets infected from me."

(Nurse, 26, University Hospital)

"I work in shifts, sometimes my mother takes care of my child. What if my mother gets infected from me, or what if I infect someone else at home? But especially infecting someone who helped you when you have a problem… it was something that made me very sad and tired me. Other than that, I had rashes on my arms. I still have, I think it's due to stress."

(Nurse, 32, University Hospital)

"For my family, it is a disease we never knew, I stayed in the hospital, in its lodging in order to protect them. I never went out, so I was in the hospital all the time."

(Nurse, 38, University Hospital)

"They wrote down the names of the people who wanted to stay in hotels, dormitories or lodgings. They replied to us within 10 days, I was in the hospital during that time, I was staying in the unit where I worked all the time. I didn't go home, so when the pandemic hit its peak, I never went home because I knew I wouldn't be able to stand it if they infected with coronavirus from me, and God forbid, I lost one of my family members to the disease, and that's why I never went home. … I stayed at the facilities for over three months. … There was a question of re-opening the dormitories for students, they wanted us to vacate, I returned home then. After I returned home, I locked myself in a room. I didn't spend time with my family."

(Nurse, 38, University Hospital)

"… Although it isn't chronic, I experienced shortness of breath due to anxiety, especially during the initial period of COVID-19 pandemic, for 10 days in a week. It was due to this for a little bit, I had a wife with a chronic illness at home and some old people were living with me. I was anxious that I would infect them. I realized that later."

(Nurse, 43, University Hospital)

While trying to treat patients and save lives during the pandemic, female healthcare professionals had to quit their jobs and work at home without a break. Gender–based division of labor requires being primarily responsible for daily chores at the home and all other care work, especially the childcare, no matter whether a woman is a physician, a manager, or a specialist. In a sense, women worked uninterruptedly shuttling between their homes and their jobs. They internalized that their initial responsibility is in unpaid care and housework so much that good examples always include the narrative of how "helpful" and "supportive" their spouses are to them, because these chores are "naturally" women's responsibility... The lives of women with children are especially difficult because many of their children have had to attend school from home in

some way because schools were closed. Their assistants and nannies have quit working or have been away for a while. Therefore, they could not benefit from the support mechanisms existing before the pandemic. Some of the lucky ones were able to get support from their mothers, mothers–in–law, or other female relatives. In addition, the lack of nurseries in the workplaces led to additional risks and difficulties. Moreover, their children, who were adversely affected by the pandemic conditions, have also become a source of anxiety and sadness for healthcare professionals.

"House chores are really hard, endless work. Write down just like I said, if you want to (she laughs). It never ends, but my husband is helping me. We are trying to deal with it somehow."

(Medical secretary, 42, Public Hospital)

"... On the one hand, the state burdens you with this responsibility, on the other hand, your nanny quits the work. On top of that, they also closed the schools. Okay, there was an epidemic, but they do not provide anyone to take care of my child. In short, they cut me off, and I did not receive any support from my family. At that time, I was left alone as a woman. ... If men took the hit during the pandemic, women were knocked down!"

(Nurse, 39, Teaching and Research Hospital)

"Of course, I worked during the COVID-19 pandemic. Here, my child besides. Inside the next room, he followed his online classes."

(Nurse, 47, University Hospital)

"As a wife, as a mother. We already live in a patriarchal society. The responsibilities brought by this are noticeably though for us. In other words, we have responsibilities like cooking, cleaning the house, washing and ironing the clothes, and washing the dishes since men are exempt from these responsibilities unlike the ones in foreign countries. Other than that, we work outside, we work at home."

(Nurse, 31, Teaching and Research Hospital)

"My husband helps me a lot. When kindergartens are closed, there is no one to look after my children. They are twins. I called a babysitter, no one wanted to take care of them because they are the children of a paramedic. Back then, for example, I encountered such things. My husband is a shopkeeper. There were times when he couldn't open the shop while I went to work. Well, they said that there will be 'flexible working hours', but the healthcare professionals never experienced that."

(Nurse, 30, Teaching and Research Hospital)

"... at the time when the kindergarten was closed, we could not ask from our mother-in-law because she was chronically ill. The nursery was closed for a month and a half. My mother couldn't visit me. My sister's daughter is 13 years old. I left my child to the hands of a child."

(Nurse, 33, University Hospital)

It is not difficult to predict that working under such harsh conditions will have many psychological repercussions. Moreover, it should be kept in mind that there was a period in which violence against medical professionals did not slow down. It is possible to encounter a wide range of psychological problems from insomnia to anxiety disorders, from depression to burnout syndrome, from panic attacks to post-traumatic stress disorder among healthcare professionals. Menstruation patterns of a group of women were disturbed. In addition to the periods when they couldn't menstruate, irregularities in menstruation have also been encountered a lot.

"I haven't had any psychological issues, but I have friends who live thanks to the Prozac."

(Assistant physician, 29, Teaching and Research Hospital)

"... It doesn't matter whether it is summer is or winter. We went through inconvenient situations in winter, we got stuck in snow so many times. You know, they call it 'burnout syndrome', we are having that syndrome. I can't take it any longer if I speak for myself. I'm already doing a job unrelated to my expertise, I'm a dietitian. Now, they push my limits, I can say that.

... I mean, I started using Prozac, I went to the primary care clinic, I did not want to see a specialist (since they are from the same community, she hesitated to see the specialist). I use Prozac, because of overthinking. I use it because it just reduces my anxiety a little. I started feel better, so I use it."
(Dietitian, 28, District HD)

"In the second month at my last job, I was under a lot of stress, and I didn't get my period for a long time. I've come to the point where I'm looking at the wall with blank eyes."
(Assistant physician, 27, University Hospital)

"I am in a better place right now, but especially when I was working in the intensive care unit, I mentally depressed. I started to question my profession."
(Assistant physician, 27, University Hospital)

"I started to have epileptic seizures after this process, I was diagnosed as epilepsy. There were no symptoms before. I was already under a lot of stress. I had insomnia and migraine. I used medicines. There were times when we were under very intense and terrible pressure from our administrators. I don't think I will ever forget that the stress and the chaos created by our administrators who has no idea about the field and the medical system. It caused exceedingly demanding situations which cannot be reversed, both physiologically and psychologically. ... I will never forget them for the rest of my life. Of course, we all have anxiety disorder, obsession, sleep disorder..."
(Specialist physician, 37, District HD)

"I was very busy while working (for 10 months!) in the COVID-19 intensive care unit. I didn't my meals regularly during that time. I had menstrual irregularity. My sleep pattern was disturbed. There were times when I did not sleep at all for two days in a row."
(Assistant physician, 27, University Hospital)

"I had reflux in the early days, I think it was due to stress. Apart from that, it is difficult to find a restroom, etc., since we are outside during menstruation. It gets very though."
(Dietitian, 28, District HD)

"I had a very heavy bleeding. Its reason was not found, so pieces almost the size of a palm fell out, but it was thought to be due to stress." **(Nurse, 44, Teaching and Research Hospital)**

"Some of my colleagues had menstrual irregularity, I heard from a colleague. I didn't have it, but I get psychological help and I use anti-depressants."
(Nurse, 52, University Hospital)

"I got psychiatric help. I am on medication (anti-depressant)."
(Medical secretary, 41, University Hospital)

"My periods are irregular during the epidemic. Because we really come face to face with stressful situations. Every case comes with a surprise. Sometimes you are in an open field to save a life at 3 am, sometimes you come face to face with the danger of violence in the middle of the city. Secondly, we are exhausted. Because we work while standing in our unit."
(General Practitioner, 26, EMS)

"You get acne due to stress. You gain weight because the cortisol is secreted."
(Assistant physician, 25, University Hospital)

"I gained weight, I put on 10 kilograms in the pandemic."
(Nurse, 42, University Hospital)

Healthcare professionals, who were applauded, appreciated, and indebted in the initial months of the pandemic, started to encounter discriminatory behaviors, sometimes even from their closest relatives, when the number of coronavirus patients started to increase. However, most of them have deliberately tried to isolate

themselves socially from their relatives. And yet, on top of their physical fatigue, the exclusionary practices that they encounter at unexpected moments have added to these feelings that they are not understood, isolated, stigmatized – even their relatives are stigmatized and marginalized because of them (which is coined as "secondary stigma" in the scientific literature).

"Especially you know, this is happening in elevators, normally eight people get on the elevators, but you enter there wearing your uniform, press the button of COVID-19 floor, for example, they are running away from you. For example, there were people who said, 'Oh my god!'. … He asked to the others and then asked me at which floor will I get off. When I took the elevator, and I said I was going to the COVID-19 floor, he said, 'Oh my God!' and got off the elevator"

(Assistant physician, 27, University Hospital)

"… I live on the same street with my mother-in-law. Her neighbors told her 'Your bride was working in COVID-19 ward' or something like that, and there were some people who tried to stay away from her. Apart from that, although I worked at the hospital, even our colleagues started to avoid me after I was assigned to the COVID-19 unit in the initial days of pandemic. Even though it decreased afterwards, there was still such a reactional attitude. Even though they didn't talk to my face, there was always a cold attitude."

(Nurse, 43, University Hospital)

"People who always suggested dropping me off wherever I want to go, have stopped suggesting that."

(General Practitioner, 24, District HD)

"For example, when I go to official institutions and say that I am a healthcare professional, they always spray disinfectants into my hands, at first. Or they wear another surgical mask. We went through this in early times. Other than that, I could never comfortably say that I was working in COVID-19 unit, as if we were going to infect them, but in fact, we were more protected than them."

(Nurse, 22, University Hospital)

"When they come here (to the hospital), they don't want to hold the pen, they don't want to hold the disinfectant. You know, they don't realize that we live here and spend all our time here, but they came here just for two seconds, and they are protecting themselves. They say 'Oh, I won't touch it, why does this place look like this'. We are always here, you know, there is an attitude as if you are disregarding the life of the other person. I think that attitude is very disturbing."

(Assistant physician, 25, University Hospital)

"… in the simplest case, even the hairdresser did not accept me. Some my family didn't want to visit me. I don't say anything to them since they are right anyway, everyone thinks for themselves. For example, my neighbors. While I got on the elevator, they avoided using it."

(Nurse, 30, Teaching and Research Hospital)

"Sometimes I noticed at my relatives. Well… One day, for example, one of my relatives is supposed to drop by to leave a key. She said something like 'I will leave it by the door'. I mean, she was afraid to see me."

(Assistant physician, 26, University Hospital)

"When I went to my boyfriend's hometown last time, well, we were supposed to meet his relatives. They said that we didn't need to come upstairs, they talked to us without leaving the balcony or something. Because they know that I was working at the intensive care unit. Well, it was like that. I haven't experienced something like that in my apartment. For example, a friend of mine had rented a flat, the owner changed his mind because his elderly parents were staying in the opposite flat. The girl got homeless."

(Nurse, 29, University Hospital)

"When we assigned with contact tracing, there were many people who said, 'Don't go into the apartment, call the patients down.' when they saw us in coveralls. There were people who didn't want us to enter their houses, so there were a lot of complaints like 'we are stigmatized in the village, no one comes to our house anymore'.

(General practitioner, 27, PCC)

"... my babysitter quit the work, I did not find a new one for a month and a half. We worked without paying any attention to our children. The private teachers of my friends' children quit tutoring. These children are preparing for the university entrance exam. They didn't even take private lessons because the private teachers said that your parents are healthcare professionals. ... this woman quit because her husband did not allow her saying that they work at the hospital."

(Nurse, 39, Teaching and Research Hospital)

"For example, even when we get on a public transport, I say something about the hospital while I am talking on the phone, people will understand that I am a healthcare professional. Then, they get up and leave my side."

(Nurse, 25, University Hospital)

Fortunately, there is at least one (single!) positive example. This nice gesture is told below:

"For example, the apartment management did not receive my monthly dues. My dues are 500 liras. They have decided that we will pay your dues this month as apartment residents because of your efforts."

(Assistant physician, 33, Teaching and Research Hospital)

Since negative examples were so much, there were those who thought of quitting their jobs or resigning when fatigue and psychological weariness had become unbearable. On the other hand, there are those who do not think of resigning (or do not have a chance to do so because it is prohibited) but wish to 'catch the coronavirus disease' as a 'coping strategy'.

"I wished if I could catch the coronavirus disease for a lot of times. Because resignation is prohibited, leaving is prohibited. Very sincerely, I don't think there is no one who does not wished for it in the clinic."

(Assistant physician, 27, Teaching and Research Hospital)

"Most of the professionals would probably have resigned if they hadn't introduced a serious ban. Well, sometimes we really said 'at least if we were infected with COVID-19, so we could avoid working' a lot. I used to think about resignation then, I would have done it if it wasn't forbidden."

(General Practitioner, 32, PCC)

"I have said 'I wish I could have caught the COVID-19' for so many times. Well, I can say that I was depressed. I considered a lot about taking a leave, but it was not possible. Our reports were presented to the commission. Even if you were sick, you need to come to work anyway. I dreamt a lot about being infected, but still."

(General Practitioner, 27, PCC)

"There were times when I said, 'I would get rest if I could enter quarantine for a bit,' but I did not think about resigning."

(Specialist physician, 31, District HD)

"I mean, I wished 'I get infected', 'It would have been nice if I had a direct contact to a coronavirus patient'. I'm that much exhausted."

(General Practitioner, 24, District HD)

"I wished I was infected. Even though I took PCR tests and CT scans several, it always turned about to be negative. I got upset, really upset."

(Assistant physician, 30, University Hospital)

"I have never considered resigning, but I cannot lie that the idea of being infected came to my mind."

(Assistant physician, 30, Teaching and Research Hospital)

Mobbing became one of the themes that female health professionals complained about, even though no direct questions about it were asked in the interviews. Mobbing, which can be described as a psychological form of violence, can be defined as harassment, intimidation, bullying, pressure, or constant discomfort applied by a group of people to an employee in the workplace. Women healthcare professionals, especially by emphasizing their 'being a woman', state that they are exposed to mobbing and that they are distressed by this situation.

"So, it's exceedingly difficult to be a female doctor. And it gives the reason for mobbing. I have not seen a female doctor who has not been mobbed or discriminated against. The medical system is already awful, it's even worse for women. Since the medical system does not care about the well-being of any doctor, the state also does not care about the well-being of women anyway. When these two come together, it is really, very, very backbreaking. I'm going to quit the job anyway."

(Assistant physician, 33, University and Research Hospital)

"In other words, when I compare myself with other professionals, I think that we have been subjected to great inequalities, that we have definitely not been paid for our work and that we have been very worn out. I feel like there is mobbing. If I speak on behalf on medical professionals, I can definitely say that 10% of what the Ministry of Health told was put into practice."

(Nurse, 50, University Hospital)

"We are subjected to psychological mobbing in the hospital. The manager is mobbing, the doctor is mobbing. Professor is mobbing. Everyone is mobbing. The patients are whole other... If I were a man, there wouldn't be so much mobbing."

(Nurse, 42, University Hospital)

"Regarding the occupation by sex, one of the most heterogeneous departments is the emergency care unit (ECU). However, there is one thing, and it is not only specific to the ECC, but it is common in every department. Except for dermatology, physiotherapy, ophthalmology and psychiatry, no clinic chief wants a female assistant, because you can take parental leave and maternity leave. That's why there is a lot of mobbing, especially in surgical branches, for instance. For example, if a woman has assigned to orthopedics, a few women were in fact assigned in Ankara, the chief of the clinic says, 'Don't start working' he says, 'because I'll humiliate you here, you can't work here'. He says, 'I need a man'. He says, 'When you take maternity leave, who will replace you.' When I first started working in the emergency care unit, when I wanted to meet my colleagues, I went into the professor's office. The professor asked me, 'Are you going to have children?' I said 'No'. Then he asked, 'Are you going to get married?' I said 'No'. 'Okay, welcome then,' he said. For example, I have a colleague who has just given birth. Right now, for example, three months on her parental leave have just ended, she went back to work. She can work only during the day because she must breastfeed her baby every three hours. For example, before writing names down on the shift list, that professor said my colleague, 'Assign her with more shifts so that the other female assistants will learn not to give birth'. Apart from that, there is this conviction in the surgical branches, female professionals are incapable of doing things. For example, in general surgery, there are five-hour operations. For example, you cut open the patient's stomach. There is thing equipment looking like spoon to keep the patient's stomach open during the operation. The youngest doctor in the operating room holds this spoon with both his hands. For example, they always want male interns and male assistants to use this equipment. For instance, when I was an intern, and then I wanted work at the general surgery department at the future, they needed someone to hold this equipment, and I said, 'I'll do it'. They said, 'No, you can't do it'. There was one male intern in our group. They asked from him, well, he passed out after half an hour, so I went

instead. I held it for four hours, but nobody said 'Thank you' afterwards. There is no such thing as 'F. fainted and H. managed it, look so men aren't so stronger'. No one even said thank you. But if I passed out, I'd be teased for a week. No one learned about that F. has fainted in the operating room."

(Assistant physician, 33, Teaching and Research Hospital)

And violence in general! Violence against healthcare professionals is among the most important problems of the country and this has been escalating over the years. Despite all the ambiguities and inadequacies in the pandemic's initial days, there was a hope that the violence against the healthcare professionals working with superhuman effort, would decrease and they started to being appreciated. However, this effort, which were appreciated by standing ovation for months, has gotten used to over time. Then, we started to hear the news of violent conduct again. Sometimes an angry relative of a patient, for finding a vaccination appointment or waiting in line for the PCR test were the reasons for violence. The saddest thing is that violence has been internalized by healthcare professionals. Expressions such as "You mean, the violence... it is common occurrence" or "Oh, it (assault on medical workers) happens all the time" are told as if it was not a significant issue. In particular, 'verbal violence' has become commonplace, as if it were part of the work routine. However, the existence of a constant threat of violence causes them to both question their profession and feel anxious about their future.

"... Most importantly, because there is this idea in the minds of patients or their relatives as if we have infected the patients with COVID-19, or because COVID-19 is a kind of flu, as if patients died due to the malpractice, we've been exposed to verbal and physical violence too much. Especially, my colleagues working in the intensive care unit, they had to call the police too many times. Because so many medical professionals have died because of that. When young patients died, we were exposed to physical or verbal violence from their relatives since their death were unexpected or unusual."

(Nurse, 25, Private Hospital)

"There was an attack on our contact tracing team. This guy said, 'Because of you, my relative died from coronavirus disease, and you are going to do a PCR test to me, I will kill you!' He was pointing us a knife. You go to a stranger's house, think about it, and deal with psychopaths and such. For instance, they cannot visit their relatives because of COVID-19 in our hospital, they go up to the administration and complain. Some people can't just get it."

(Nurse, 39, Teaching and Research Hospital)

"There is this oncology patient who was receiving treatment. Usually, it isn't necessary for their PCR test turned out to be positive in order to be admitted to the COVID-19 unit. If there is an abnormality in their lung or thorax seen at the X-ray, the doctor can decide accordingly and transfer them. However, yesterday, this patient's relative, her husband, told me 'We took the test three times, all of them turned out to be negative. We weren't infected. You finally got what you wished for on the fourth time, our results were positive. You made my wife sick.'"

(Nurse, 28, University Hospital)

"There are insults and verbal abuse. There's even a kick mark behind this door, you can see it while you are leaving."

(Medical secretary, 41, University Hospital)

"There is no security at all in the hospitals. No police, no detectors. We got into a fight once. Two gendarmeries were assigned on duty at our hospital, because there were many incidents. An argument started, I called out for the gendarmerie. The man who started a fight broke the arm of the gendarmerie. We put his arm in a plaster cast! If I tweeted about it, on one would believe it. And there aren't enough punishments. I mean, when you complain about it, they usually get a fine of five thousand liras. If he doesn't have a criminal record, this fine is also postponed. Even if he has a criminal record, if he is well-connected, they cover it somehow.

If you kill the doctor, you spend 5–6 years in jail, and that's all. So, anyone can beat any medical doctor they want, and they are beating them already."
." (Assistant physician, 33, Teaching and Research Hospital)

"During the triage, one of the patients said, 'Why are you doing this? COVID-19 is a lie. It is all fiction. You are the true viruses.' He made a lot of noise. Even now, they still say something when we visit people for contact tracing, they don't believe the coronavirus disease is real. We go to the hospital because of the flu, you diagnosed us with COVID-19."
(Midwife, 27, PCC)

"... For example, in the private hospitals, even if the patient is going to die, there is this opinion that 'I paid you money, he should not die'. 'I paid you money, he must get better', whereas the treatment is the same in everywhere. Even if you go to the public hospital, the doctor ask you get an analysis. The price of these analyses seems too expensive. He makes a lot of noise, but no one bends your arm to get this analysis'. He accepts it and complains about it."
(Nurse, 23, Private Hospital)

"I went through a lot when I worked in the intensive care unit. Relatives of the patients pulled a gun because I warned someone for smoking near the patient. He said, 'I will put out both the spark in your eyes and this cigarette'. While I was pregnant, another patient scratched all over my body and kicked me. As medical professionals, we have witnessed violence a lot."
(Nurse, 47, University Hospital)

"I don't think anyone has a pity on doctors. This attitude of looking down on physicians must end at some point. I hope it ends."
(Assistant physician, 27, University Hospital)

They think that "the situation is getting worse" and say, "A wild goose never laid a tame egg". And for this reason, there are those among health professionals considering quitting their job, starting to work in another profession, or settling abroad. They are not very hopeful because they believe they are not appreciated.

"Two colleagues resigned from here, an investigation was conducted against them, but we do not know what its result will be. There are healthcare professionals waiting for the resignations to be allowed again for a long time."
(Specialist physician, 31, District HD)

"... but the resignation ban came. I would resign if it's not illegal. The resignations slow down, but of course, there will be the news of resignation again, changing jobs, many of my colleagues did so. Because the system is completely on the shoulders of the medical personnel. Physicians received some payments for their effort, while nurses did not receive that, even though how many hours they had to deal with a patient one-on-one. Many of my colleagues resigned because of that. ... Although nursing was my dream job, if I went back to studying right now, would I have studied at a different department? Definitely."
(Nurse, 25, Private Hospital)

"I considered resignation all the time, I still think about it, but I don't dare because of financial concerns. I need a year or a minimum of six months of rest."
(Nurse, 50, University Hospital)

"I definitely recommend not to be a healthcare professional in Turkey. I often think of moving abroad. Of course, they attach significant importance to our profession abroad."
(Nurse, 35, Public Hospital)

"Yes, I considered resigning. I thought about it when I first started to work at the intensive care unit. At first, I worked in the COVID-19 intensive care unit. Since it was newly opened, the treatment was overly complicated. It was exceedingly difficult for me to work in this field without knowing much about intensive care."

(Nurse, 25, Teaching and Research Hospital)

"I wish I hadn't been a doctor every day since the pandemic broke out. I mean, nobody will respect medical professionals. We are currently the ones working the most. But still, as if it has not been 1.5 years since the pandemic broke out, there are serious abuses by the public and the administration. COVID-19 still could not officially be accepted as an occupational disease. I look at my friends from other professions, they all work from their homes. There are no changes in their wages, whether they are engineers or teachers. I mean, I became a doctor of my own free will, but at least there should be a little compassion. I don't expect a raise or something, I just want to work in a safe environment, in an environment where people don't insult me, but I can't. People don't show respect for us, the ministry makes the decisions without consulting to us. Those general managers, including the minister of health himself, are all doctors, but they show no empathy. Apart from that, I would not say that they give us hope by announcing that they will make additional payments on TV in four months, but they are giving the wrong messages to the public. There are no additional payments, but people think that we are working for high salaries. They tell us, 'Don't you already paid high salaries right now' etc. So, it is. I hadn't thought about it until now, but I thought for a while if I should study for the university entrance exam again.

(Assistant physician, 30, Teaching and Research Hospital)

"...but I said, 'I will not make my children choose medicine or something like that.' Because I do not think that neither the public nor the government appreciate the healthcare. On the contrary, exceptional people are coming from down, but what are they seeing, only violence!"

(Nurse, 39, Teaching and Research Hospital)

"We are not getting the return of our arduous work. Neither financial, nor spiritual. People don't care about you. She should have known a healthcare professional to understand it. Even when they know somebody, they categorize people, 'Specialists like this, doctors like that'. I think we are not appreciated. It's about being undervalued. We are stigmatized."

(General Practitioner, 32, PCC)

"Anyone who wants to be a healthcare professional, whether she is a friend or a foe, should think twice. While there are other options before them, I am recommending them to choose to work in a different profession. Apart from that, I pray that, my child does not become a medic. Heavens no! I'm talking them out already, brainwashing, that's what I'm doing. 'Oh, my baby, think twice! Oh boy, choose something else!' That's awful. Frankly, look, studying medicine is too difficult, I don't want them to study medicine. Because they study so hard, but they end up worrying about speaking to culturally deprived people. On top of that, they give their one hundred and ten percent. You studied that hard, but you get beaten up, you receive death threats, you even get killed! Having studied that much if my children are clever enough to study medicine, I'd rather want them work in a more respectable profession."

(Nurse, 31, PCC)

The CONCLUSION *and* SUGGESTIONS

In the pandemic, female healthcare professional from all over the world are struggling with similar obstacles, troubles, and problems.

This study aims to evaluate the experiences and difficulties of female healthcare professionals working in different fields and positions in Turkey, after the declaration of COVID-19 as a pandemic from a gender–oriented perspective. The problems mentioned here show similarities to the findings from studies conducted in foreign countries, although there may be minor differences. Therefore, it has been observed that our results are compatible with the scientific literature. In the pandemic, female healthcare professional from all over the world are struggling with similar obstacles, troubles, and problems.

Considering that policy–making is one of the initial components of the public health and a solution–oriented approach to these problems is a social responsibility, our suggestions are as follows:

1. The barriers in front of the institutional and academic promotions and the promotions of female healthcare professionals should be removed. The principle of equal representation should be prevalent in the management.
2. Public and civil platforms monitoring the increase mobbing and overtime working should be organized.
3. Nursery and childcare services should easily be accessed in medical institutions, and financial support mechanisms should be effective in the case where these services cannot be provided.
4. A fair payment plan should be offered to medical professionals working at all levels of the medical system, which makes them feel genuinely appreciated.

5. The policy of "zero tolerance against violence" should be prevalent in healthcare institutions and the "The Law on the Prevention of Violence in Medical Institutions" should be passed and be effective immediately.

6. COVID-19 should be considered as an occupational disease 'without looking for a causal link' for healthcare professional, and the necessary legal arrangements should be made in this regard.

7. Free psychiatric support should be provided to healthcare professionals working in extraordinary times and under severe conditions.

8. The job descriptions of the nurses who are predominantly female among all the healthcare professionals should be revised, and the new regulations should be put into practice immediately so that they can receive the right of initiative in the professional sense and the salaries they deserve.

9. PPEs should be diversified according to the anatomical and physiological needs (in case of menstruation, pregnancy, etc.) of women. Their production rate should also be increased. If necessary, industrial incentives should become prevalent in order to accelerate their production.

10. Due to the excessive workload and stress, a depreciation margin should be defined and the working time for each healthcare professional during the epidemic should be counted as double shifts.

11. Lectures on 'gender' should be put among the compulsory courses in the curriculum of all institutions providing higher education in medicine, nursing and other fields related to the healthcare professions.

The future is unsettled, there is a long way to go. Despite the emergence of effective vaccines against the COVID-19, we haven't seen the daylight at the end of the tunnel yet. So, here's our final remark:

> "LET THIS PANDEMIC BE OVER, REALLY!"

LIMITATIONS OF RESEARCH

It is a widely known fact that in the private sector, performance expectations from healthcare professionals are higher and their working conditions are more competitive.

This research was carried out with healthcare professionals working in Istanbul. Istanbul is a cosmopolitan city with demographic features from which one can have impressions from all over Turkey. It is both the cultural and commercial capital of the country. Therefore, by looking at Istanbul, the interpretations and the hypotheses can easily be developed about the situation of female healthcare professionals during the pandemic. However, as it is the cases with rest of the qualitative research, this study does not represent Turkey. From the point of view of the healthcare system, it is observed that the participants of this study work in all stages of the medical system. However, a balanced distribution was not observed between Istanbul and other cities of Turkey.

Another limitation of the study is the weak representation of the private sector and the specialist physicians. It is a widely known fact that in the private sector, performance expectations from healthcare professionals are higher and their working conditions are more competitive. Therefore, those working in the private sector may have gone through additional problems during this period. Similar to that, the limited participation from the specialties such as pulmonary diseases, clinical microbiology and epidemiology, public health and anesthesiology and intensive care all of which worked most intensively in the pandemic, may have caused the some of the problems to be overlooked in this study.

Finally, the participants of this study were mostly young, single, and childless. This situation may result in an insufficient representation of problems of female healthcare professionals in terms of the establishing a balance between work and home and dealing with their own psychological problems.

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