

Knowledge levels, attitudes, and perceptions of individuals with different demographic characteristics on COVID-19: The case of Turkey

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Abstract

Purpose: This study aims to determine the knowledge levels, attitudes and perceptions of people with different demographic characteristics on coronavirus disease 2019 (COVID-19).

Design and Methods: This qualitative descriptive study used snowball sampling technique and to the study take 32 participants. Data were collected via phone interview method between the fifth and the sixth weeks of COVID-19 pandemic.

Findings: Interviews were analyzed under three main themes (Knowledge level/attitudes and behaviors/perceptions) and nine sub-themes.

Practice Implications: Knowledge level of the participants was high. Participants underlined the importance of staying at home during the pandemic and expressed important changes in their life styles and professional life.

KEYWORDS

attitudes, COVID-19, knowledge level, pandemic, perceptions, society

1 | INTRODUCTION

Pandemic, which suddenly occurs with no chance of prediction, may result with the loss of millions of people unless necessary measures are taken.¹ A novel coronavirus, which spread from Wuhan city of China in December 2019, turned into a pandemic in a short time and resulted with the infection and loss of many people around the world.^{2,3} On March 11, 2020, World Health Organization (WHO) declared pandemic for COVID-19, the official name of the disease caused by the novel coronavirus severe acute respiratory syndrome coronavirus 2.⁴

Problems in defining coronavirus disease 2019 (COVID-19), fast spread and delays in taking measures to prevent the spread of COVID-19 resulted with a significant number of patients, who needed therapy and healthcare. The capacity of health care services in most of the developed countries could not meet the increasing need for healthcare.^{5,6} In addition to health care services, rapid behavioral change in society was required to decrease the spread of COVID-19.⁷ Within this context, not only the health professionals but also sensitivity and protective measures adopted by all members of the society were crucial for the management of pandemic.⁸

The first COVID-19 case in Turkey was discovered on March 10, 2020. Education at all levels was stopped on March 13 and distance education program started one week later. During the next weeks, entrance to 31 major provinces was restricted and the first week end curfew was imposed on the fifth week of pandemic. Week end curfew was declared to continue in 31 major cities until the end of May 2020. Additionally, a number of restrictive measures to maintain social isolation and social distance in public places were declared.⁹

Not only the measures taken by the authorities but also understanding the opinions of the masses about COVID-19 and the measures taken is crucial to develop effective control strategies. Perceptions of people about COVID-19 influences their attitudes and behaviors towards the measures to control COVID-19. Due to this reason, knowledge level and attitudes of the people will positively or negatively affect the effectiveness of health programs.⁸ This study aims to determine the knowledge level, attitudes and perceptions of the people with different demographic characteristics so that strategies to control COVID-19 may be effectively planned and implemented.

Research questions:

1. What are the knowledge levels of people with different demographic characteristics on COVID-19?
2. What are the attitudes and behaviors of people with different demographic characteristics towards COVID-19?
3. What are the perceptions of people with different demographic characteristics about COVID-19?

2 | METHODS

Throughout this study, we followed the Standards for Reporting Qualitative Research guidelines.

2.1 | Study design and sampling

This qualitative study was designed as a descriptive phenomenology study. Because although people grow up in the same world and environments, they understand and interpret the same events differently. In phenomenology studies;

*Information about individuals' experiences with the phenomenon;

*Information should be given about the meaning they attribute to these experiences.

The sample of this study consisted of volunteer participants. The study started with one volunteer from the neighborhood that the researcher lived and continued with snowballing sampling technique. By using this technique, we reached 32 participants above the age of 18, who lived in Istanbul and other provinces of Turkey, including Kütahya, Bursa, Balıkesir, Antalya, Ankara, and Kastamonu, and who were either housewife, prayer (imam), worker, retired, teacher, veterinary, artisan, university student, health professional, information technologies specialist, or insurer.

2.2 | Data collection

Data were collected between April 15 and 22, 2020, the fifth and the sixth weeks of pandemic. Due to quarantine measures, phone interviews were conducted for data collection. Each phone interview took about 25–30 min and was recorded. Sociodemographic data collection form and semi-structured in-depth interview form, which were prepared by the researchers in line with the aims of the study, were used for data collection. Data collection was terminated when the same data came as a continuous response and sampling saturation reached. Interviews were conducted by psychiatric and public health nurses, who had worked in the field for at least 12 years.

Sociodemographic data collection form was composed of 10 questions on the sociodemographic characteristics of the participants, including age, gender, education, chronic diseases, economic status etc.

Semi-structured in-depth interview form consisted of 10 general, open-ended, neutral and non-guiding questions, prepared by the researchers to

evaluate the knowledge, attitude, behavior, and perceptions of the participants on COVID-19.

Semi-structured interview questions:

1. How did you learn about the protective measures for COVID-19?
2. Who do you think will have COVID-19?
3. What are the symptoms of COVID-19?
4. What protective measures do you use?
5. Do you think that staying at home during the pandemic is an effective way to prevent spread of COVID-19?
6. What is the seriousness of COVID-19 for you?
7. What did change in your life after the pandemic?
8. How did the pandemic influence your professional life?
9. What are your fears and concerns after the pandemic?
10. How did the pandemic influence your emotional status? What changes happened before and after the pandemic?

2.3 | Data analysis

Systematic text condensation method, developed by Malterud was used for qualitative data. The procedure consists of the following steps: (1) total impression—from chaos to themes; (2) identifying and sorting meaning units—from themes to codes; (3) condensation—from code to meaning; (4) synthesizing—from condensation to descriptions and concepts.¹⁰ For the analysis of qualitative data, we firstly decoded phone conversations. Next, two different researchers coded the text in line with the aims of the research. Codes were classified by the researchers and themes and subthemes were determined. Analysis and evaluation were conducted under these themes. Number, percentage mean was used for the analysis of quantitative data.

2.4 | Ethical considerations

We obtained permission from the Acibadem University Ethical Committee (2020-05/34). Participants were informed about the aim and scope of the research and that the phone interview would be recorded. Informed consent was obtained before the study.

3 | RESULTS

Mean age of the participants was 40.18 ± 12.89 (18–64). Total, 62.5% of the participants were male, 56.2% were married, 13% had a job, and 40.6% were graduates of university or post-graduates. While, 84.4% had a medium income level, 62.5% had at least one child, 84.4% did not live with elderly at home, and 37.5% had a chronic disease (Table 1).

We also used systematic text condensation method of Malterud for the analysis of the interviews, which were conducted to determine the knowledge level, attitudes and perceptions of the participants with different sociodemographic characteristics on COVID-19. We determined three themes and nine subthemes (Table 2).

TABLE 1 Sociodemographic characteristics of the participants ($N = 32$)

Variable		N	%
Gender	Male	20	62.5
	Female	12	37.5
Marital status	Married	18	56.2
	Single	14	43.8
Having child	Yes	20	62.5
	No	12	37.5
Working	Yes	13	40.6
	No	7	21.9
	Works at home	9	28.1
	On unpaid leave	3	9.4
Education	Primary school	6	18.8
	High school	13	40.6
	University and above	13	40.6
Income status	Medium	27	84.4
	High	5	15.6
Elderly living at home	No	27	84.4
	Yes	5	15.6
Chronic diseases	No	20	62.5
	Yes	12	37.5

3.1 | Knowledge level

Under this theme, we analyzed the sources of information about the COVID-19 and protective measures, characteristics of the COVID-19 patient population, symptoms of the disease and the protective measures taken against COVID-19.

3.1.1 | Sources of information

Participants expressed that they mainly learnt about the COVID-19 from the television, statements of the Ministry of Health and other experts, public service announcements, internet, newspapers and social media. However, employed participants, such as worker, engineer, teacher, prayer and health professional, stated that they learnt about the disease from the brochures and briefings of the occupational health and safety experts, guides prepared by the Ministry of Health, calls from the family health centers, procedures and protocols in the hospitals and the information provided by the religious affairs administration.

"I first learnt about the disease from social media, internet, website of Ministry of Health, and public service announcements on TV. I also used internet to search about the disease." P. 3

TABLE 2 Themes and subthemes of qualitative data

Themes	Sub-themes
Knowledge level	Sources of information
	Characteristics of the COVID-19 patient population
	Symptoms of COVID-19
Attitudes and behaviors	Measures
	Change in life style
Perceptions	Change in professional life
	Perception about the seriousness of COVID-19
	Fear and concerns
	Change in emotional status

Abbreviation: COVID-19, coronavirus disease 2019.

"Occupational health experts prepared brochures for us. They put hand disinfectants to the entrance of toilets. Necessary measures about COVID-19 and the points that we should consider at the working environment were taken. We were informed that we should comply with the measures." P. 20

3.1.2 | Characteristics of the COVID-19 patient population

Most of the participants expressed that COVID-19 can be seen in everyone. They also stated that the disease will be severe for patients with higher age, chronic diseases, weak immune system, malnutrition, and smoking and drinking habits.

"I think COVID-19 can be seen in everyone; it is especially related with immune system. People with stronger immune system and without extra chronic diseases will overcome the disease with milder symptoms. On the other hand, people with weak immune system or situations that harm the immune system will have the disease with severe symptoms." P. 23

3.1.3 | Symptoms of COVID-19

Symptoms of COVID-19 were listed nearly by all participants. Some of the participants stated that the symptoms may differ for different patients. Symptoms of COVID-19 expressed by the participants included cough, dry cough, high fever, feeling of drowning, throat pain like having a burning in throat, tightness in throat, burning and pain in lungs, kidney pain, arthralgia, headache, vomiting, nausea, acid reflux, diarrhea, respiratory insufficiency, difficulty in breathing,

fatigue, malaise, decrease in senses of smelling and taste, sweating, back pain, pain in bones, being sleepy, and feeling cold.

“High fever is mostly considered as the symptom of the disease. However, symptoms may not be the same for everyone. Dry cough, unstoppable diarrhea and malaise are mostly expressed during the early stages of the disease. New symptoms are also added in different days until a certain stage.” P. 24

“They come with fatigue, fever, cough and throat pain from the emergency service to us. Of course, there are different stages of this disease. The disease, which starts with fatigue and fever, continues with nausea and breathing problems with the interaction of drugs. Also, we have a drug that came from China. We start to administer it on the 5th day with loading dose; this time, breathing problems decrease and a new stage starts. In this stage, lack of appetite and acid reflux due to the side effects of the drugs can also be seen; but these symptoms can be tolerated with drugs.” P. 26

3.1.4 | Measures

Protective measures expressed by the participants included social isolation, frequent hand-washing for sufficient time (20 s), staying at home, social distance (one-to-three meters), cleaning home, avoiding contact with surfaces, avoiding the use of public transportation, using gloves, mask and cologne, airing things bought and the clothes outside, cleaning external surface of packages, washing clothes at 60°, taking shower after coming home, paying attention to healthy nutrition and washing vegetables with vinegar. Especially housewives and retired female participants cleaned excessively and used disinfections.

“If I am going to shopping, I use my mask and gloves. I protect the social distance outside; I do not allow someone to come near me for more than two meters. If someone comes near me, I definitely look aside. Because, I think something is released to the air by breathing. I do not use public transportation.” P. 27

3.2 | Attitudes and behaviors

All of the participants expressed that staying at home is an important behavior to prevent the spread of COVID-19. Younger participants stayed at home to avoid spreading the disease whereas the elder participants stayed at home to avoid being infected.

3.2.1 | Change in life style

Students, artisans, participants with a more active social life, and the participants, who made sports, stated that the most important change in their life style was the loss of social life. Participants with a less active social life, including the housewives, workers and retired participants, stated that they spent more time with their families during the pandemic. Other statements about the change in life style during the period of pandemic included a boring period, motionless life, interfamily problems (such as being away from the children), restriction of freedom, a state of paranoia about hygiene, leaving the habit of giving a hug, and spending time with repairing and painting things at home.

“Of course, everything is restricted; we cannot go outside. As such, we spent most of the time in the kitchen. We put on weight. These are the changes. I am away from my children; I can only have a video call with them. This is not enough for us, the fathers and the mothers.” P. 16

3.2.2 | Change in professional life

Pandemic influenced professional life of the participants in three ways: transition to remote (online) working system, leave, and losing job due to the closure of the workplace or other reasons. For the participants, good sides of remote working included having more time to spend for personal or family affairs depending on the type of work, whereas bad sides of remote working were the violation of privacy, disappearance of the concept of working hours, adaptation problems, increase in workload and disrespect of the employer to the employee's rights on working hours. On the other hand, leave and losing job were associated with financial problems. Students and some of the parents stated that although distant education during the pandemic was an alternative education method, self-management was on the foreground and distant education, which had ineffective lectures and the loss of the lecturer's control over the course, was not as effective as formal education. Besides, rapid transition to distant education created adaptation problems for the students, whereas the parents defined the transition as a problematic process.

“Face-to-face education at school was better. Now, since education is via internet, I think that it is not effective. This is because of the fact that although the lecturer could control everyone at classroom, now the lecturer cannot. Either visual or audial, the lecturer cannot control everyone. Students can close the camera and do things other than studying. Education is left to everyone's own initiative. People, who want to study pay attention to the courses, whereas those that do not want to study do not.” P. 9

3.3 | Perceptions

This theme dealt with the perceptions of the participants about the seriousness of the disease, concerns and fear caused by the disease, changes in their emotional status and their observations about the extent to which the society was aware of the seriousness of the disease.

3.3.1 | Perception about the seriousness of COVID-19

All of the participants considered COVID-19 as a serious disease. Participants, who did not face with the disease or any infected patient, explained the seriousness of the disease with reference to the rapid and easy spread and wideness of this deathly disease around the world. However, two participants stated that they could not really grasp the seriousness of the disease since there was no infected patient around. Regarding their observations about the extent to which the society was aware of the seriousness of the disease, some of the participants stated that other people took the disease seriously. Other participants stated that the people were not aware of the seriousness of COVID-19 since the perceptions about the seriousness of the disease differed in major and minor cities due to different number of COVID-19 cases in these cities and since the people did not conform to the protective measures and restrictions and did not pay attention to social distance and isolation.

“I see many people outside. Some of them are walking without masks, some of the do not pay attention to social distance. Sometimes, they act with the mentality that “nothing can happen to me.” I witnessed such situations. Due to this reason, if the majority of the society conforms to the measures, the others do not obey the rules.” P. 31

3.3.2 | Fear and concerns

Fear and concerns of the participants varied individually. Younger participants were afraid of spreading the disease to their family members and friends rather than being infected. Elder family members had fears about infection and death and were anxious about their children. Fears of the participants that had problems with their job were related with economic issues and they were anxious about their future due to the risk of being unable to earn income for their families. Single participants with active social life had fears about the inability to return to their former life style. Health professionals were concerned about death and spreading the diseases to the beloved ones. On the other hand, the prayer and the participants, who stated that they employed all the protective measures, did not state any fear or concerns. In general, participants expressed their concerns about humanity, uncertainty about the future of COVID-19, increasing social distancing, food shortage, deterioration in economic conditions and rise in crime rates.

“I have the fear that nothing will be like the former, and we will not be able to return back to our former life

style. I am sad that this will create some psychological problems in the society and people will be housebound. Given that working life will be shaped by this and the economy will shrink, I am hopeless about the future. Although vaccine may be discovered, it is not certain how effective it will be. Consequently, all of these create a negative image that the disease will be a part of our life for a long period. Especially, if the economy deteriorates, even the social order will be negatively affected. Robbery and crimes will increase. People will wander hungry. All good and service sectors will collapse. Of course, these are highly negative scenarios, but they are not beyond the realm of possibility. They are possible. These are the developments that are evident in many countries now.” P. 2

3.3.3 | Change in emotional status

Effect of pandemic on the emotional status of the participants, who work in health sector (including the veterinary) or visit hospitals due to chronic disease frequently, are different than the others. Health professionals and the participants that frequently visit hospitals had fears and concerns from the first weeks of the pandemic and stated that their emotional status during the first weeks were worse compared to the recent situation. Recent emotional status of these participants was better since they learnt how to cope with the disease and control the process. Only two participants, who recovered from the COVID-19, expressed that they felt as if a microbe or plague-stricken during the illness, and had severe fears of death and spreading the disease to the beloved ones. On the other hand, emotional status of other participants during the start of the pandemic was better. However, as the process and the quarantine period extended, these participants had psychological problems, doubts about the information provided by the authorities, and the feelings of pessimism, depression, uncertainty, anxiety, unhappiness, boredom, exasperation, and longing for friends and family.

“In the first weeks, I thought that everything would be better as time passes even though I may be infected. However, we are naturally influenced as time passed, the number of cases and deaths increased and the disease spread. You feel psychologically more depressed” P. 12

4 | DISCUSSION

This study analyzed knowledge levels, attitudes and perceptions of participants with different demographic characteristics on COVID-19. We collected qualitative data and used content analysis method to determine main themes and subthemes. Regarding the theme of “knowledge level,” we found that knowledge level of the participants

was high during the fifth and the sixth weeks of the pandemic, the period that we conducted the interviews. As sources of information, participants used not only TV, but also publications and press releases of the Ministry of Health, website of the World Health Organization, expert opinion, social media, public service announcements, and brochures and briefings of the occupational health and safety experts. A study on Nigeria found that TV and radio were widely used as sources of information about COVID-19, whereas another study on Bangladesh found that social media, official websites, broadcast, news and statements of physicians were considered as reliable sources of information.^{11–13} Unlike these findings, our study found that procedures and instructions prepared by the occupational health and safety experts were effectively used by the participants, who actively worked at factories or hospitals.

Regarding the subtheme of “characteristics of the COVID-19 patients,” the participants mainly stated that although the disease would be severe for the patients with chronic diseases, weak immune systems, malnutrition and smoking and drinking habits, everyone may be infected with COVID-19. Additionally, the participants stated that especially the younger people may be infected without displaying obvious symptoms and may spread the disease. Participants in the study of Mannan and Farhana¹² expressed that the disease is transmitted by contact with COVID-19 patients. Although extensive studies to define the characteristics of COVID-19 patient population is still being explored, we may state that the participants in our study were aware of not only the symptoms of COVID-19 but also the concept of carrier patient. Another point underlined by the participants was the importance of the healthy life style. Regarding the question on the symptoms of COVID-19, the participants mostly listed dry cough, high fever and difficulty in breathing and added the decrease in senses of smelling and taste as a new symptom. The analysis of the literature shows that symptom is a parameter, which is known and has common characteristics.^{12,13} In our study, one of the patients, who recovered from the COVID-19, stated that s/he had fatigue and lightheadedness rather than the common symptoms, such as fever and cough. Although the patient was 49 years old, s/he stated that s/he recovered from the disease due to the positive effects of healthy nutrition, trekking and, most importantly, high morale and motivation.

The analysis of the “measures against COVID-19” subtheme shows that, although the participants culturally placed heavy emphasis on cleanliness, most of them were paranoid about hygiene since the start of pandemic. Frequent hand washing, social isolation and social distance were the main measures taken by the participants, who stated that they tried to stay at home during the pandemic. Although these three parameters are stated in the literature, their ratio are different from our findings. For example, 72% and 86% of the participants in the existing studies believed that hand hygiene prevented infection so that they washed their hands frequently.^{12,14} Atchison et al.¹⁵ conducted a study on 2108 participants and found that 56.5% of the participants stayed away from crowded places, 54.5% did not participate in social events and 45.2% conformed to the rules on social distance.¹⁵ Unlike these studies, participants in our study used cologne and similar hand disinfections that have important place in Turkish culture during the times they did not wash their hands. Different from our findings, participants in the study of Olapegba et al.¹³ used garlic, ginger, herbal

mixtures and African food and soups as protective measures.¹³ On the other hand, 53.5% of the participants in the study of Mannan and Farhana¹² did not consider fresh fruit and vegetables as safe, whereas 91.7% thought well-done meat was safe. Some of the participants in our study thought that fruit and vegetable consumption was important for vitamin C support.

Regarding the second theme of “attitudes and behaviors,” participants in our study generally believed that staying at home was an important behavior to avoid spreading the disease and expressed that COVID-19 made changes in their life style and professional life. Total, 44% of the participants in the study of Atchison et al.¹⁵ adapted to the rule of staying at home.¹⁵ On the other hand, participants in the study of Qian et al.¹⁶ adapted six new protective behaviors, including, surface cleaning, decrease in going out, washing hands after coming home, and using masks outside.¹⁶

Single or divorced participants in the study of Atchison et al.¹⁵ adapted less to the social distance rules compared to the married participants or the participants with civil partnership.¹⁵ In our study, single and younger participants and the participants that lived alone stated that they conformed to the rules on social distance since they were afraid not from being infected but from transmitting COVID-19 to other people, especially, the beloved ones.

Analysis of the “change in life style” subtheme shows that participants generally defined the pandemic process as loss of social life and increase in time spent with family. Loss of freedom with the loss of social life, limitations on life and social distance despite the importance of hug and handshaking in Turkish culture were among the other changes in life style. Participants in the study of Kwok et al.¹¹ also stated that the pandemic changed their daily routines.¹¹ Another study in Germany found that participants listened to the suggestions of the experts and tried to stay calm and act in line with the measures to cope with the disease.¹⁷

Regarding the subtheme of “change in professional life,” our participants expressed that the pandemic directly influenced their professional life. Problems of the participants included adaptation to the remote working system, time management, violation of privacy, disappearance of the concept of working hours and increase in workload. Respect of employers to working hours may help the employees to overcome the problems with distant working. Especially participants, who were married, had children, worked remotely, or received distant education, stated problems about managing the process. Unpaid leave or losing job created economic problems and consequent concerns about the uncertainty of future for some of the participants.

Although students and parents considered distant education as an alternative education method during the pandemic, they expressed problems with time management and adaptation and stated that self-management was on the foreground, distant education was not effective, and teacher did not have control over the course. These problems were related with adaptation problems due to the rapid transition to distant education and the fact that the distant education infrastructure was not actively used in Turkey.

Regarding the third theme of “perceptions,” all participants considered COVID-19 as a serious disease and had different fears and concerns about the future. The participants explained the seriousness of COVID-19 with reference to rapid and easy spread and wideness of this deadly disease around the world. Similarly, the literature considers COVID-19 as a

serious, deadly and high-risk disease.^{11–13} However, 88.5% of the health professionals in the study of Bhagavathula et al.¹⁴ did not consider COVID-19 as a deadly disease.¹⁴ A nurse participant in our study dealt with the fears and concerns during the early stages of the disease but added that COVID-19 was recently considered as nothing different than normal flu and they were no more afraid of the deadly effects of COVID-19 since they treated and discharged the COVID-19 patients. In this sense, perceptions of the health professionals and the people that recovered from COVID-19 may be different than the other people in the society.

Perceptions of the participants about the seriousness of COVID-19 may differ depending on the social groups that the participants belong to. Some of the social groups may take the disease seriously whereas other groups may be more relaxed. For example, a study on Germany found that elder participants had less risk perception compared to the younger ones.¹⁷ Another study found that participants at the age of 70 and above paid more attention to social distance compared to the participants between 18 and 34 years.¹⁵ In our interview with a worker, the participant stated that s/he wanted to stay at home but had to go the factory to earn money. Similarly, the study of Atchison et al.¹⁵ found that families with the lowest household income were six times less likely to work from home. The study also found that the ability of the blacks and ethnic minorities to self-isolate was lower but the willingness to self-isolate was high.¹⁵ Consequently, some of the individuals may not be able to conform to the self-isolation rules.

Regarding the subthemes of “fear and concerns” and “change in emotional status,” we found that fears, concerns and emotional status of the participants were different. A study conducted in Germany found that the participants had fears about infection in public transportation, stores, or restaurants.¹⁷ Most of the studies in the literature analyzed the anxiety levels rather than the fears and concerns of the participants.^{11,16} For example, the studies of Kwok et al.¹¹ and Qian et al.¹⁶ found that high risk of spread and the damage given by COVID-19 to the body increased the anxiety levels of the participants. In our study, fears and concerns, which changed according to the sociodemographic and individual characteristics of the participants, included spreading the disease, fear of death, economic concerns about the future, and inability to return to former life style. Additionally, the prayer the participants, who stated that they employed all the protective measures, did not state any fear or concerns. Participants in the study of Olapegba et al.¹³ believed that public health measures and conformity to the protective rules and behaviors would be effective on the disease.¹³

In our study, emotional status of the most participants got worse as the quarantine period extended. They had psychological problems, doubts about provided information and the feelings of pessimism, depression, uncertainty, anxiety and unhappiness. Participants in the study of Fetzer et al.¹⁸ stated that policies of their country on pandemic was not sufficient compared to the policies implemented by other countries. The authors related the perception of weak government with high levels of unhappiness and depression.¹⁸ One participant in our study believed that the pandemic was not well-managed and felt anxiety due to economic problems. On the other hand, most of participants believed that the pandemic was managed well. Participants, who

had risk of infection, including the health professionals and participants with chronic diseases, had concerns about infection, whereas other participants had concerns about the future due to negative economic developments.

5 | CONCLUSION

Based on the findings of our study, we may suggest that occupational health and safety unit should play active role in workplaces, measures should be taken in line with the characteristics of the workplace and the work done, and workers should be frequently informed about COVID-19. On the other hand, since the concept of self-management at home becomes more important during the pandemic, studies on this process may be conducted. It is thought that information and training provided by community mental health professionals to cope with negative emotions, fears and uncertainty during the pandemic process will be beneficial.

5.1 | Limitations

Because this study was performed at 5 and 6 weeks of the pandemic in Turkey, it does not include long-term data on the effects of the pandemic period.

6 | IMPLICATIONS FOR PSYCHIATRIC NURSING PRACTICE

Many changes have occurred in the lives of individuals with the COVID-19 pandemic. The cultural differences affect the attitude to stay at home in coronavirus infection. Life style changes and changes in working life have restricted the freedom and social life of individuals, but it has been determined that the time spent with the family has increased. On the other hand, it has been found that the workload of employees increases and concerns about job loss occur with remote work. During the COVID-19 process, various anxiety and fears have occurred in individuals. In our study, fears and concerns, which changed according to the socio-demographic and individual characteristics of the participants, included spreading the disease, fear of death, economic concerns about the future, and inability to return to former life style. In addition, it was determined that emotional status of most of the participants got worse as the quarantine period extended. They had psychological problems, doubts about provided information and the feelings of pessimism, depression, uncertainty, anxiety, and unhappiness.

CONFLICT OF INTERESTS

The authors declare that there are no conflict of interests.

AUTHOR CONTRIBUTIONS

All authors have contributed to the paper and have never submitted the manuscript, in whole or in part, to other journals.

DATA AVAILABILITY STATEMENT

Transcribed interviews are available upon request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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