

## Work Experiences of Family Physicians During the COVID-19 Pandemic<sup>1</sup>

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### ABSTRACT

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**Purpose** – The COVID-19 pandemic has significantly affected healthcare systems throughout the world. As family physicians are generally the primary point of contact with patients, they have been some of the hardest hit. However, the problems of family physicians are generally ignored and their participation in the formulation of health policies is limited. This research aims to understand the main experiences and problems that family physicians have experienced during the COVID-19 pandemic in Türkiye, one of the countries heavily affected by the pandemic.

**Design/methodology/approach** – This research was used the phenomenology design to investigate the experiences of family physicians regarding the pandemic. Semi-structured interviews were conducted with twenty-four family physicians working in the Adana province in Türkiye. Interviews were audio-recorded, transcribed verbatim and analysed using thematic analysis.

**Findings** – Family physicians have experienced a variety of problems such as excessive workloads, infection risk, increased anxiety, and reduced socialization during the pandemic. These problems have significant destructive effects on family physicians, such as loss of motivation and an increase in intending to leave the job. The results are discussed under three themes: safety concerns, working conditions, and destructive consequences.

**Discussion** – Health managers should develop strategies by considering the experiences of family physicians to protect and improve their wellbeing. These strategies should improve their working conditions and eliminate infection risks at the workplace.

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## 1. INTRODUCTION

The COVID-19 pandemic is profoundly affecting the functioning of healthcare systems all over the world. The pandemic puts intense pressure on health services and makes working life more stressful than usual (Galbraith *et al.*, 2020; Rimmer and Chatfield, 2020). The high death rates caused by the COVID-19 pandemic, the lack of personal protective equipment, and the risk of healthcare workers and their family members being infected have adverse effects (Braquehais *et al.*, 2020). The prolonged nature of the pandemic and increasing cases similarly pose a significant and continuing threat to many healthcare professionals (Wong *et al.*, 2021).

Primary care is at the forefront of combating the pandemic as it deals with patients' symptoms, concerns, and problems (Saatçı, 2020). Family physicians, who are the first point of contact in the primary health care system, have a key role in individual and community infection control (Üçer *et al.*, 2021). Reinforcing public health messages, managing patients in their homes, and identifying patients in need of hospital care are conducted by primary care physicians (Iyengar *et al.*, 2020). In addition, as family health centres are one of the first places that patients go to for help during the pandemic period, many family physicians are working under a higher risk of death. The fact that the virus can be transmitted from person to person, can be fatal, and is associated with a high mortality rate, increases the perception of danger for family physicians (Urooj *et al.*, 2020). Moreover, the COVID-19 pandemic has comprehensive mental effects on family physicians such as anxiety, depression, and burnout (Bettinsoli *et al.*, 2020; Braquehais *et al.*, 2020; Chew *et al.*, 2020; Sheraton *et al.*, 2020; Wong *et al.*, 2021). One of the most important concerns for family physicians is the possibility of infecting their

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families with the virus (Hoy and Harris, 2020). However, family physicians show a strong professional responsibility to continue to work despite the risk to themselves and their families (Braquehais *et al.*, 2020; Rimmer and Chatfield, 2020).

Türkiye is one of the most heavily affected countries by the pandemic, with more than seventeen million confirmed cases and more than 101,000 deaths due to COVID-19 so far (World Health Organisation, 2022). Since the beginning of the pandemic, more than four hundred healthcare workers have passed away due to COVID-19 (Nesanır *et al.*, 2021). Investigating the experiences of family physicians during the period of the pandemic could help identify and eliminate the existing problems in primary healthcare services. Therefore, it is important to understand the role of family physicians in the strategies, plans, and policies prepared for an effective fight against COVID-19. Thus, healthcare policy makers could implement plans and policies that will better protect the health of family physicians in the continued course of the COVID-19 pandemic (Hussain *et al.*, 2021; Majeed *et al.*, 2020; Wong *et al.*, 2021). In addition, regular feedback taken from family physicians by healthcare policymakers could increase the effectiveness and efficiency of their policies (Zakkar *et al.*, 2021). However, in practice, family physicians have limited participation in making healthcare policies as their problems have often been ignored (Kamerow, 2020; Zakkar *et al.*, 2021).

This qualitative research seeks to understand the experiences of family physicians during the pandemic in Türkiye. Understanding experiences of family physicians could enhance their wellbeing and improve their work conditions, and thus, family physicians could effectively continue their pioneering role in protecting public health. The main questions that the research seeks to answer are as follows.

RQ1. How do family physicians respond to the difficulties they face during the pandemic period?

RQ2. How does the COVID-19 pandemic affect the work life of family physicians?

## 2. METHODS

The main purpose of a qualitative research is to examine the cases and phenomena in their own holistic contexts (Yıldırım, 1999). In this sense, qualitative research could provide a better understanding of the experiences of healthcare professionals regarding the pandemic (Braquehais *et al.*, 2020). This research used the phenomenology design to examine the lived experiences of family physicians during the COVID-19 Pandemic. Phenomenology studies define the meaning of the phenomenon in question in individuals' life experiences. This definition consists of the details of what and how individuals experience the investigated phenomenon (Creswell, 2007).

### 2.1. Research Setting and Context

24 family physicians (12 men, 12 women) participated in the research. Family physicians have been working since 2008 when family medicine began in Türkiye. Their mean age was 49.3 (min. 42, max. 56). Their mean professional experience was 25 years. The family physicians are each responsible for 1,500-3,800 people in their districts. The family physicians were constantly working eight hours a day during the pandemic the same as before. However, family physicians had new duties every day, such as calling COVID-19 patients on the phone and checking their health. Moreover, family physicians had missions critical in vaccination and filiation.

### 2.2. Participants and Procedure

Participants of the research were selected using the snowball sampling method (Yıldırım and Şimşek, 2016). Information was obtained from national family physicians associations to determine family physicians to be included in the research. In addition, each interviewee was asked whether there were other family physicians who would like to take part in the research. In this context, both authors conducted semi-structured face-to-face interviews with twenty-four family physicians in Adana. Interviews were conducted until the responses of the participants began to show similarities (Saunders *et al.*, 2018). For this research, ethical approval was obtained by the decision of the University of Adana Alparslan Türkeş Science and Technology University's Ethical Committee dated 27.01.2021. The participants' verbal and written informed consent was also obtained. The real identities of the participating family physicians were hidden by coding them FP1, FP2, .... FP24 in respective order.

The researchers reviewed the relevant literature to develop an interview form to be used in the interviews. The interview form included seven questions. Table 1 shows the questions asked during the interviews.

**Table 1.** Interview Guideline

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1. How has the COVID-19 pandemic affected your working life?
  2. How has the COVID-19 pandemic affected your relationship with your colleagues?
  3. How has the COVID-19 pandemic affected your relationship with patients?
  4. How have your professional responsibilities affected your relationships with your family throughout the pandemic?
  5. How do you find motivation for work during the pandemic?
  6. How has the pandemic affected your intention to leave your job?
  7. How do you feel as a physician during the pandemic?
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Data were obtained as a result of a total of 1,234 minutes of interviews from March 15, 2021 to May 21, 2021, the peak period of the pandemic in Türkiye (World Health Organization, 2022). The length of each interview is 51 minutes.

### **2.3. Data Analysis**

The researchers analysed the collected data using the thematic analysis method. Thematic analysis is a way of systematically recognizing, arranging, and offering insight into patterns of meaning that comes from participants (Braun and Clarke, 2006). Using thematic analysis, the researchers could make sense of common or shared meanings and experiences (Braun and Clarke, 2006). During the data analysis, researchers deployed an inductive approach to develop a framework of the underlying structure of experiences in the raw data (Thomas, 2006). The researchers conducted the thematic analysis in six stages (Braun and Clarke, 2006). In the first stage of the thematic analysis, researchers familiarized themselves with the data. During this initial phase, the researchers read the data, re-read it, and noted down initial ideas. In addition, researchers deciphered and transferred software audio recordings of the interviews to the NVivo 12 Plus. In the second stage of the analysis, researchers generated initial codes which consist of interesting features of the data across the entire dataset. In the third stage, researchers search for themes which collate codes into potential themes. In the fourth stage, the researchers reviewed the themes to check whether the coded citations and themes worked concerning the entire data set. In the fifth stage, the researchers produced clear definitions and names for each theme through continuous analysis. In the sixth and final stage, the researchers linked their analysis with the research question, reported and interpreted their findings (Braun and Clarke, 2006).

### **3. FINDINGS**

Research results were presented under three themes: a) safety concerns, b) working conditions, and c) destructive consequences. Table 2 shows the themes and quotations of the participants.

**Table 2.** Themes and Data Supporting Interpretations

Themes	Subthemes	Quotes from Participants
Safety Concerns	a) Infection Risk	a) "I experience anxiety and stress at work for fear of getting infected." (FP7)
	b) Lack of Information on COVID-19	b) "The Ministry of Health should have adopted a procedure about how we would care for patients. There was no standard plan for the care of the patients..." (FP15)
	c) Lack of Protective Equipment	c) "We have to procure much of our personal protective equipment ourselves." (FP7)
Working Conditions	d) Increased Workload and Stress	d) "...it turned into a troublesome problem and intense process for us. Workload has increased so much that our stress has increased along with it." (FP14)
	e) Lack of Health Personnel	e) "We have a lack of health personnel. We're working without auxiliary personnel... That really worries me." (FP21)
	f) Lack of Holiday/Relaxing Time	f) "I'm trying to rest. All I think about is having a rest." (FP13)
	g) Weakening of Social Relationships with Colleagues	g) "Sharing with our colleagues has decreased. We have all become isolated. We have all locked ourselves in our rooms" (FP22).
	h) Decrease in Job Motivation and Satisfaction	h) "I constantly experience the fear and stress of being infected. Being more nervous all the time lowers your motivation. Our desire to work also decreases. Anxiety and worry reduce focusing while working." (FP2)
Destructive Consequences	h) Decrease in Job Motivation and Satisfaction	h) "There is uncertainty: not knowing how long the pandemic will last, and this uncertainty negatively affects my motivation." (FP13)
	i) Increase in Intention to Leave the Job	i) "There were many times when I wished I had had another profession. If I had any other alternative right now, I would quit my job. I feel exhausted and helpless because of the difficulties I have experienced during this period." (FP10).

### 3.1. Theme: Safety Concerns

There are many factors that increase the family physicians' stress and anxiety about safety. The first is that family physicians have a considerable risk of being infected in the environment they work in as they are the first point of contact for potential COVID-19 patients. FP5 unhappily expresses that they feel unprotected and worried because of the risk of being infected, saying,

*"Under no circumstances do we feel completely protected during the pandemic. Worry about encountering and being infected by a virus carrier is always on our mind" (FP5).*

The risk of being infected also comes with the risk of infecting family members. One of the greatest fears and concerns of family physicians during the pandemic is to get infected by the COVID-19 virus and transmit it to their family members. FP1 expresses how they feel about the risk of infecting family members as follows:

*"I have a fear of getting infected while working. I am also very worried about taking the virus home. If they get sick, they'll probably have gotten it from me. I will never forgive myself if something bad happens to my family because of me." (FP1)*

Another factor that increases the stress and anxiety felt by family physicians is the death of family physicians they know in their social circles and members of own their families due to COVID-19. This has caused family physicians to experience the closeness, dangerousness, and contagiousness of the virus more deeply, and thus

has increased the level of stress and anxiety they feel at work. FP4 note the anxiety about how they felt when they heard family physicians had died in their immediate vicinity, saying,

*“We have close family physician friends who have been infected with COVID-19. We hear about their trauma and discomfort. We also have friends who have died in our social circle. We become even more uneasy when we hear of them.”* (FP4)

Another safety concern is the Ministry of Health did not provide sufficient information and training to family physicians about the COVID-19 pandemic. Therefore, a standard practice for how family physicians should approach COVID-19 patients has not been developed. Family physicians have tried to increase their level of knowledge about COVID-19 by getting help through virtual applications and from expert colleagues in family physician associations. FP15 states that family physicians do not have a standard approach toward patients during the pandemic period:

*“The Ministry of Health should have adopted a procedure about how we would care for patients. There was no standard plan for the care of the patients... a disaster plan could have been made. We should have been given special training. We learned how we should have approached patients from the internet and other colleagues.”* (FP15)

The risk of becoming infected and infecting family members due to the lack of personal protective equipment could also increase the stress and anxiety that family physicians feel. Family physicians state that the personal protective equipment provided to them is quite inadequate and that they often need to purchase personal protective equipment using their financial resources (See Table 2).

### 3.2. Theme: Working Conditions

The workload of family physicians has increased during the pandemic as the allied health personnel such as nurses and caregivers are insufficient in number. The increase in the workload of family physicians and the lack of allied health personnel have increased the stress and anxiety they felt at work. For example, FP14 talks about the stress they felt due to the increased workload during the pandemic, saying,

*“Family physicians do every kind of follow-up you can think of. On top of that, when the pandemic was added to these, it turned into a troublesome problem and intense process for us. The work has increased so much that our stress has increased along with this intense work.”* (FP14).

Another participant FP21 drew attention to the anxiety they felt due to the lack of health personnel, saying,

*“We have a lack of healthcare personnel. We are working without enough allied healthcare personnel... This really worries me.”* (FP21)

Another factor that deteriorates the working conditions of family physicians during the pandemic is that their right to take leave or resign has been abolished by the Turkish Ministry of Health until the peak period of the pandemic ends. This situation has caused them to work under increased workloads, on top of the fear of infection, and without having enough opportunities to rest. FP13 talks about the needs of family physicians to rest during the pandemic saying (See Table 2). In addition, there was no change in the working hours of family physicians. Family physicians continued to work eight hours a day during normal working hours. However, family physicians believe that flexible working arrangements should be made for them to get enough rest and work motivation during the pandemic. Also, while practices of flexible working hours are applied in other public institutions due to the pandemic, family physicians continued their normal working hours, which is a factor that reduces their motivation at work.

*“There was no change in our daily working hours. Other institutions implemented flexible working hours, but unfortunately our institution did not accept this practice for us.”* (FP11).

The lack of safety in the work environment of family physicians due to the high risk of infection has deteriorated family physicians' socialization with their colleagues resulting in them to feeling progressively isolated at work. In addition, the decisions of curfews and practices taken by the government within the scope of combating the pandemic have limited their opportunities for socialization. Socialization with colleagues has decreased due to the fear of family physicians' being infected at work. FP1 regretfully notes that the previous socialization with their colleagues at work does not remain.

*"We used to get together every afternoon and chat. We would meet friends. Now, we can no longer sit in a room together and chat, we can't talk to each other. Our old chat environments are gone. We are socially closed."* (FP1)

The quality of social relationships established by family physicians with other colleagues in the work environment in the pre-pandemic period could reduce their work stress and anxiety. FP22 describes how the chats with their colleagues at work reduced work stress.

*"...most importantly, 'chats' in the workplace have decreased. Chats at work had a relaxing property. We were relieving our work stress during the day."* (FP22)

### 3.3. Theme: Destructive Consequences

Working under the high risk of infection of family physicians in an unsafe work environment has led to a decrease in family physicians being able to stay focused and motivated for work overtime. For example, FP16 states that he cannot focus on his work and that his work motivation has decreased due to the fear and anxiety of being infected.

*"I have great fear and anxiety about getting infected and infecting my family. This fear and anxiety create difficulties for me to focus on my work. I feel restless all day."* (FP16)

When other factors such as the uncertainty about how long the pandemic will last and the monotonous and routine lifestyle are added to these difficult conditions, family physicians have lost their job satisfaction and motivation. Over the past year, there has been a great increase in family physicians' intentions to leave their jobs because of all the reasons which have been stated above. FP10 expresses the regret they experienced during the pandemic period saying (See Table 2). FP8 expresses the increasing intentions of family physicians to leave their job during the pandemic period saying,

*"I used to say I would work for 5-10 years. If I were given permission right now, I would retire immediately and withdraw from the field. My motivation is that low. In fact, I do not have motivation at all."* (FP8).

## 4. DISCUSSION

In recent years, global warming, natural disasters, and health crises have been increasingly threatening human life. Human beings could face potential health crises similar to the COVID-19 pandemic in the future, so it will be important to examine how the COVID-19 pandemic has affected the healthcare system in order to develop more effective healthcare policies in the event of such a crisis. Family physicians play a key role in monitoring the pandemic because they are one of the first contact points of COVID-19 patients. However, in practice, participation of family physicians in healthcare policymaking has been very limited and their problems during the pandemic have been ignored. A detailed understanding of the problems of family physicians throughout the pandemic can enable the implementation of remedial policies on healthcare systems. Thus, family physicians could effectively continue their pioneering role in protecting public health. This research sought to understand the problems family physicians experienced during the pandemic.

The results of the research have showed that family physicians felt insecure and unprotected in their working environment due to the risk of being infected, lack of information on COVID-19 and lack of protective equipment. One of the most crucial factors leading to safety concerns for family physicians is the risk of being infected while at work. The risk of being infected is followed by the fear of infecting their family members. Infecting family members with the virus is one of the greatest fears and concerns of family physicians. These results of the research are consistent with various research results found in the literature (Hoy and Harris, 2020; Urooj *et al.*, 2020). In addition, the lack of personal protective equipment increases the levels of stress and anxiety of family physicians as it poses a threat of becoming infected and infecting family members. Studies indicate that the lack of personal protective equipment is associated with the fear of being infected among healthcare workers (Bettinsoli *et al.*, 2020; Chew *et al.*, 2020). Moreover, physicians all around the world are desperately seeking guidance to better treat their COVID-19 patients (Voss *et al.*, 2020). As the COVID-19 global pandemic is a crisis with an increasing degree of ongoing uncertainty (Smithson, 2021), it is especially important for healthcare policy makers to inform and train healthcare workers about the pandemic. However, healthcare managers in Türkiye did not provide adequate information and training to family physicians about

the COVID-19 pandemic; therefore, a standard practice regarding how these physicians should behave toward patients could not be developed. Family physicians need be given up-to-date information and communication on a regular basis to help prevent the stress they experience during the pandemic period (Chen *et al.*, 2020). However, over-information could also cause stress for healthcare personnel (Ralph *et al.*, 2022). Therefore, health managers should adopt balanced information sharing that is based on mutual trust with family physicians.

The workload of family physicians has increased during the pandemic. In addition, allied health personnel such as nurses and patient caregivers needed by family physicians are insufficient. Family physicians continued their normal shifts by working eight hours a day during the pandemic period. However, they believed that they should switch to flexible working practices to rest and maintain their motivation to work. This result is consistent with studies stating that family physicians should pay attention to basic needs such as adequate nutrition, rest, and exercise during the pandemic (Chen *et al.*, 2020; Wong *et al.*, 2021). The Turkish Ministry of Health has banned family physicians from taking leave until the peak period of the pandemic ends. This has caused family physicians to work under the increased workload and stress of being infected and without having enough opportunity to rest. Family physicians must be able to rest regularly and take breaks during the pandemic to regain energy, and it is the healthcare managers' responsibility to make sure this happens. Moreover, healthcare managers have moral and legal responsibilities for protecting the health and safety of their personnel and creating a safe working environment (Wong *et al.*, 2021).

The safety concerns of family physicians and the considerable risk of being infected have weakened their social affairs with their co-workers, causing them to become progressively isolated at work during the pandemic (Efeoğlu and Kılınçarslan, 2022). In addition, the curfews and other practices took by the government within the scope of combating the pandemic have limited the socialization opportunities of family physicians. In a collectivist society like Türkiye, where people strongly desire to be together in times of pain and joy, it is an expected result that family physicians feel lonely (Hofstede, 1983). However, family physicians tried to alleviate the loneliness they experienced by using technology. This result overlaps with the result of the research reporting that health professionals could maintain their communication with their loved ones through various virtual applications (Teo and Kinman, 2020).

The pandemic period has significant devastating effects on family physicians. Over the past years, there has been a great increase in family physicians' intentions to leave their job because of the lack of improvement in their working conditions, not having the right to take leave, and working for an extended period under the fear of infection and stress. In addition, family physicians' motivation to focus on their work has decreased due to an insecure work environment. These results regarding the family physicians are consistent with other studies in literature (Vincent *et al.*, 2019; Wu *et al.*, 2020). A challenging work environment, a lack of access to support, and a tendency to individual self-criticism could increase intentions to leave for family physicians (Wong and Olusanya, 2017). Therefore, healthcare managers should act proactively against the fatigue of family physicians (Wong *et al.*, 2021). Healthcare managers also should be aware of what family physicians expect from them. Family physicians expect managers to provide full support for future uncertainties, to provide them with protective equipment, and to use limited resources, especially human resources, effectively and efficiently by planning properly. In addition, healthcare managers should appreciate family physicians and manage the pandemic together (Heymann and Shindo, 2020; Urooj *et al.*, 2020). An inclusive leadership style adopted by health managers could reduce psychological distress and improve psychological safety (Ahmed *et al.*, 2021). Therefore, the work motivation of family physicians appreciated by their managers could increase meaningfully (Galbraith *et al.*, 2020; Imai *et al.*, 2010).

Unsafe working environments and fear of infecting loved ones could create psychological disorders such as burnout and depression for family physicians (Hussain *et al.*, 2021). Attention should be drawn to remedial treatments for the safety and psychological health of family physicians in the policies that will be implemented (Hussain *et al.*, 2021). For this reason, strategies, plans, and policies regarding the primary healthcare services should be made by considering the views of family physicians. In this context, the working conditions of family physicians should be improved, and their work environments made safer. Health managers also should inspect the personal protective equipment in family health centres and correct the deficiencies. Moreover, family physicians should be informed by creating distance education programs about constantly changing and developing health issues during the pandemic (Güler *et al.*, 2020). By switching to flexible working

practices, family physicians could be ensured they will have rest. Moreover, psychological support could be provided to family physicians alongside financial incentives such as extra payments and additional bonuses that could improve their motivation (Efeoğlu and Kılınçarslan, 2022). Thus, the psychology of family physicians could be protected, ensuring that they could fight the pandemic more effectively. Finally, calculating the numbers of cases correctly and sharing them is crucial for understanding the national and global burden of the disease and for managing the efforts of prevention and control of the virus. Therefore, strong, transparent, and accountable leadership and communication strategies are needed for the successful management and control of the COVID-19 pandemic (Kisa and Kisa, 2020). Moreover, such a devastating health crisis is required strong executive leadership that conveys long-term goals and the rationale for putting structures in place to execute the system-wide improvement (Hiller *et al.*, 2022).

There are some limitations in this research. First, the results of this research cannot be generalized because qualitative studies are conducted with small samples. However, the results could be transferred and interpreted to similar contexts such as primary healthcare services (Yıldırım and Şimşek, 2016). Second, the family physicians interviewed were quite experienced in their job. Beginner family physicians may have experienced different problems during the COVID 19 pandemic. Third, the researchers interviewed only family physicians among primary care workers. The problems experienced by other healthcare workers such as nurses and paramedics are extremely important to understand to create a primary healthcare policy. Therefore, future studies could address this issue holistically by examining how other healthcare professionals have been affected by the COVID-19 pandemic.

In conclusion, the problems of family physicians in their working life have increased due to the COVID-19 pandemic. The research results have shown that family physicians have experienced a variety of problems such as excessive workloads, infection risk, increased anxiety, and reduced socialization during the pandemic. These problems have significant destructive effects on family physicians, such as loss of motivation and an increase in intention to leave the job. To protect and improve the well-being of family physicians, health managers should develop strategies and plans by considering the experiences and problems of family physicians.

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