

Parenting Perceptions and Experiences of Healthcare Professionals Employed in Contact Tracing Teams

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Abstract: The pandemic has mandated some healthcare workers to provide contact tracing services. The present study aimed to discuss the parenting perceptions and experiences of healthcare professionals assigned to contact tracing teams. We carried out this phenomenological study with 29 mothers and 26 fathers selected using purposive sampling techniques. We collected the data using a demographic information form and a parent interview form and analyzed them using the content analysis method. The results revealed that the parents attempted to balance the risks of their tasks with their parenting roles. Also, their perception of protecting their families was the basis of their efforts to protect themselves. Moreover, the social distance to family members revealed longing and intimacy expectations among the participants. The pandemic has significantly impacted families, which is exponentially dramatic for contact tracing teams as health workers. Therefore, it seems significant to carry out counseling work with such families.

Keywords: Pandemic, contact tracing, family dynamics, family roles, parenting perception.

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Introduction

The novel coronavirus disease (COVID-19) is caused by a virus that first appeared in Wuhan Province of China in late December 2019 and was identified on January 13, 2020 (T.C. Sağlık Bakanlığı, 2020; Zhou & Chen, 2020). COVID-19, which spread rapidly to all countries due to human-to-human transmission and was declared a global pandemic by the World Health Organization (WHO), appeared in Turkey on March 11, 2020, for the first time (Park, 2020; T.C. Sağlık Bakanlığı, 2020). It has introduced dramatic changes to existing practices of social and economic life, which has urged governments to take measures to bring it under control and protect public health. Shutting down schools, imposing travel restrictions, and providing flexible or remote working opportunities for the sake of social isolation are among such measures (Keshavan, 2020; Spinelli et al., 2020). Whereas aiming to reduce transmission rates, such measures have led to limitations on living spaces among people, an increase in the time spent at home, restrictions to daily routines and activities, and an elevation of burnout, anger, violence, and aggression (Brooks et al., 2020a; Liu et al., 2020; Neyişçi et al., 2021; Vigouroux et al., 2021; Yıldırım, 2020).

The biological impacts of the virus were prominent at the beginning; however, the never-ending pandemic and consequent changes to living conditions have highlighted its psychosocial effects. The pandemic has unfortunately caused anxiety, worry, fear, and depression among individuals (Fardin, 2020; Grover et al., 2020; Ho, Chee, & Ho, 2020; Kang et al., 2020; Li et al., 2020; Odriozola-González et al., 2020; Özdin & Bayrak Özdin, 2020; Rossi et al., 2020; Wang et al., 2021). A China-based study to examine the psychosocial impacts of the disease found that the young, women, and those with responsibilities to others are more vulnerable to post-traumatic stress (Jiang et al., 2020). Some other studies also reported high rates of depression, anxiety, insomnia, and distress among healthcare workers serving in the pandemic (Allegranzi et al., 2011; Kang et al., 2020; Lai et al., 2020). Similarly, a study explored mental health among healthcare workers in Italy during the pandemic and concluded that especially young female and frontline healthcare workers suffered some mental health problems (Rossi et al., 2020). Besides, previous research suggested that the work stress and excessive workload of healthcare professionals may have adverse effects on their families and children by reducing their overall quality of life (Koinis et al., 2015). It was also reported that the emotional burden of parents during the pandemic makes them confront a dilemma between their personal and professional lives (González-Calvo & Arias-Carballal, 2021). Maunder et al. (2003) found that healthcare staff had a fear of transmitting SARS to their relatives during the epidemic and, therefore, felt depressed. More than half of the healthcare workers participating in research carried out in Egypt and Saudi Arabia confronted depression, stress, and anxiety (Arafa et al., 2021). Another study on Turkish healthcare professionals employed in contact tracing teams (CTTs) during the COVID-19 pandemic concluded that the participants had disrupted sleep quality and several mental health problems (Aktan Kibar et al., 2022). These mid-pandemic studies revealed that healthcare professionals have a proportionally high risk

of both contracting the virus and developing mental disorders (Kontoangelos, Economou, & Papageorgiou, 2020). Among the reasons contributing to such risks were reported to be the frequent changes in the working place and shifts of CTTs and having to serve in areas where safety cannot be fully ensured (Parıldar, 2021). Therefore, the pandemic has had unexpected influences on families (Leonhardt & Serkez, 2020; Millett et al., 2020) and seems to have brought more striking consequences for healthcare worker parents.

During the pandemic, Turkey has become among the countries introducing fundamental public health measures, such as restrictions on international travel and public transportation, the “Stay Home” practice, shutting down workplaces and schools, the PCR policy, and contact tracing (Varol & Tokuç, 2020). Among these measures, the most striking one is that healthcare workers carry out contact tracing work, reach out to sick people and close contacts, trace them with appropriate measures, and ensure their isolation. Hence, it is not prudent to propose that CTTs have a key role in controlling the spread of the virus. Although the pandemic has affected all families, we believe that healthcare workers and their families are the most adversely affected. For this reason, we aimed to explore the parenting perceptions and experiences of healthcare workers employed in CTTs during the pandemic. Unpredictable changes in working shifts and places, a belief that the places to be deployed carry a risk of contamination and being stuck on what to do to manage the pandemic with family members may have unprecedented impacts on healthcare professionals’ parenting experiences and perceptions. Thus, the present study aimed to explore the parenting perceptions and experiences of healthcare professionals employed in CTTs during the pandemic. The findings may enlighten the way to make specific recommendations to bring social and psychological contributions to their parenting perceptions.

Method

Research Design

The present research, aiming to explore the parenting perceptions and experiences of healthcare workers assigned to CTTs in the pandemic, employed phenomenology design - a qualitative research method. Phenomenology helps to reveal experiences and meanings by focusing on a phenomenon that is known but lacks a deeper, broader, and more detailed understanding (Starks & Brown Trinidad, 2007). The phenomenology design investigates how individuals experiencing the target phenomenon make sense of their experiences based on their perspectives and attempts to discover and put forward a holistic description for the common inference of these experiences (Creswell, 2021). In the study, we undertook to provide a holistic description of the perceptions and experiences of parents taking part in CTTs during the pandemic and present the participants’ inferences from their experiences. In line with this purpose, we collected the data from those experiencing this process entirely.

Study Group

We selected participants purposefully. In qualitative research, one of the selected participants can be used simultaneously while deciding on the sample to contribute to the explanation of phenomena and cases (Creswell et al., 2007). Accordingly, we utilized snowball sampling (adding new people to the sample list based on the suggestions of those reached before) (Emerson, 2015), convenience sampling (selecting easy-to-access cases) (Suri, 2011), and criterion sampling (selecting the cases satisfying the predetermined criteria) (Etikan & Bala, 2017). Overall, we carried out the study on a total of 55 participants, 29 mothers and 26 fathers, who met the criteria of volunteering to participate in the study, being a healthcare worker employed in CTTs, and having a child/children aged 0-18. Table 1 presents a descriptive list of the participating parents.

Table 1.

Demographic characteristics of the participants

Categories	Mother (N)	Father (N)	Categories	Mother (N)	Father (N)
Age	20-30 years	4	Professional experience	1-10 years	10
	31-40 years	13		11-20 years	12
	41-50 years	12		21-30 years	6
	51-60 years	-		31-40 years	-
Family structure	Nuclear family	19	Occupation	Medical doctor	2
	Extended family	1		Dentist	7
	Single parent	9		Nurse	8
Number of children	1	18	Midwife	3	
	2	6	Child development specialist	6	
	3	3	Psychologist	-	
	4	2	Healthcare clerk	-	
Educational attainment	High school	-	Healthcare technician	3	
	Associate degree	6	Emergency medical technician	-	
	Undergraduate degree	14			
	Postgraduate degree	9			

While 11 mothers and 3 fathers recovered from COVID-19, 21 mothers and 18 fathers had acquaintances who had been infected before.

Data Collection Tools

We used a demographic information form and a parent interview form to collect the participants parenting perceptions and experiences.

Demographic Information Form: In the study, we created a demographic information form to obtain the participants' demographics (age, educational attainment, family structure, occupation, professional experience, number of children, undergoing coronavirus, etc.).

Parent Interview Form: We also generated a parent interview form to identify the feelings, thoughts, and experiences of the healthcare workers employed in CTTs during the pandemic and collect information about their tasks. First, we reviewed the literature according to the purpose and scope of the research and generated a question pool based on relevant subject headings. In this stage, we prepared separate forms for mothers and fathers and made linguistic edits to the questions to improve their comprehensibility and clearance for the participants. Then, we submitted the draft form for the opinions of five field experts. Finally, we finalized the form following necessary improvements based on expert opinions and a pilot implementation. In the form, there are closed-ended questions inquiring about the tasks in CTTs and open-ended questions to obtain the feelings, thoughts, and experiences of the participants.

Data Collection Procedure and Ethical

Prior to initiating the data collection process, we obtained relevant permission from the Ministry of Health, Scientific Research Platform (2021-03-20T16_32_28) and ethical approval from the Ethics Committee of Ankara Training and Research Hospital (No: E-93-471371.514.10, dated 07.29.2021). Then, we explained the purpose of the study to the potential participants and reminded them that participating in the research was entirely voluntary, that their responses to the questions would only be processed within the scope of a scientific study upon following the necessary confidentiality principles, and that they could withdraw from the research at any stage. Accordingly, the participants who voluntarily accepted to participate in the study provided their written consent. Finally, we delivered the above-mentioned forms to the participants online via e-mail and asked them to fill out the forms in a quiet environment and send them back. Whereas we planned to collect the data face-to-face through semi-structured interviews, the ongoing pandemic, and the parents' concerns about transmitting the virus mandated us to collect the data through the forms only. In addition, participants did not prefer to have a call via media because they could not arrange their time because of their hard-working hours and their preference for not defining their identity.

Data Analysis

We utilized the content analysis method to explore the parenting perceptions and experiences of the healthcare professionals deployed in CTTs. In content analysis, data are classified under specific themes and codes and organized, interpreted, and evaluated at the convenience of the reader (Creswell et al., 2007; Drisko & Maschi, 2016). In this context, we transferred the data directly to the MAXQDA program without any modifications. MAXQDA is a program that enables one to analyze data more systematically and use visual analysis tools (Kuckartz, 2014; Kuckartz & Rädiker, 2019). For confidentiality concerns, while transferring the data to the program, we assigned code numbers A1-A29 to the mothers and B1-B26 to the fathers. Then, we subjected the participants' responses to content analysis and identified codes and sub-codes. We engaged in two-stage coding to increase the reliability of the analyses. For this, three researchers (NA, DÇ, and MY) came together, discussed their codes, and decided on common codes. While doing so, they first made independent coding decisions and then compared their coding to ensure coding consistency (Miles & Huberman, 1994). In the second stage, three researchers (NE, SÖ, and FS) other than coders reviewed the coding to ensure its compatibility. To progress simultaneously in each coding phase, the researchers held online meetings for two hours once a week for three weeks, reviewed the coding in these meetings, and reached a consensus on the final coding. While presenting the findings, we included participant statements and exemplified the coding. After the statements were given, the code of participants was given in parenthesis at the end of the related sentences, and the "A" refers to mothers while the "B" refers to fathers. Additionally, the order of the participant's number was given.

Findings

The present study aimed to explore the perceptions and experiences of healthcare worker parents employed in CTTs during the pandemic. We analyzed the data within three main themes: the healthcare professionals' feelings and thoughts regarding being assigned to CTTs, their parenting experiences, and their experiences regarding the changes in family life.

Feelings and Thoughts Regarding Being Assigned to CTTs

The first theme is about how the healthcare workers perceived their assignment to CTTs. Their perceptions and interpretations regarding their assignment differed by stage of the pandemic. Those employed in CTTs in the early stages of the pandemic had substantial fears of the impacts of the disease and death since the pandemic-related information was rather limited. Yet, we realized that those assigned to CTTs during the stage when the impacts of the pandemic were more predictable were able to manage their anxiety and fears.

"I felt extreme fear and stress. It was a process that had just begun, and I did not know about the disease. I knew nothing except that it was super contagious and had fatal consequences." (A13)

"It didn't sound scary; it would have scared me more if I had gone on a mission like this early in the pandemic." (A16)

Additionally, we determined that the participating healthcare workers who perceived their assignment to CTTs positively exhibited altruistic attitudes and adopted a community-oriented approach.

"In these difficult days for our nation, I, as a healthcare worker, gladly accepted the duty." (B21)

"I was needed, so I was willing to serve people. I took risks but served people." (A3)

Parenting Experiences

The second theme covers the participants' parenting experiences. The participants reported that they were afraid of being caught by the disease and infecting their families and that they could not physically contact their children and spend time together to protect them from the disease. The weakened parent-child relations and the anxiety of being sick/contagious adversely affected their affective state.

"I can define it as being a father who must fight, work under all conditions, and survive for his children. I think it may be because of illness and death anxiety, helplessness, and hopelessness." (B2)

Some participants stated that their children had a fear of losing their parents. Some others expressed that their children preferred to stay away from them since they were afraid of getting infected. They often expressed the adverse emotional impacts of these situations.

"What influenced me most was that my children were afraid to hug me from time to time; they said it to my face." (B14)

"My 5-year-old sometimes warned me to wear my mask while eating. When I reminded him/her "We're just eating!", he opposed me, saying, "What if I get infected?" (B13)

"My 13-year-old son was upset and cried, particularly when he learned that I would be working with COVID-19 patients. He was very afraid of losing me." (B7)

The participants sometimes felt inadequate as parents due to the decrease in the time they spent with their children, isolation, health problems, changes in daily life, and the fear of transmitting the disease.

"I couldn't show my affection to my children for fear of infecting them and I thought I was inadequate for them." (B14)

"I felt inadequate for having restricted playtime with my child." (A1)

"I felt inadequate, particularly when my child cried and insisted I not go for contact tracing." (A4)

Some participants could not respond to their children's expectations of care and affection as much as before and, thus, console their children. Their children often showed excessive reactions to this situation, and the participants experienced inadequacy in managing their children's emotions.

"I sometimes wanted to hug my children, but I couldn't. They cried, and I could not wipe their tears. I felt so strict and inadequate." (B13)

"When I started working in a CTT, they became more emotional and anxious and constantly asked me questions." (A8)

"It was the first time I had been apart from my daughter for a night. The first night I went on duty, she vomited at dinner and cried and told her babysitter that she wanted me. She was pretty scared when vomiting, and I wasn't with her." (A10)

While the mothers felt inadequate when they could not support their children in distance education, the fathers stated that they were confronting financial difficulties. The very first adoption of distance education and the increase in family costs due to changing living/working patterns seemed to lead to a feeling of inadequateness.

"There were times when I couldn't satisfy my son's academic needs during distance education. I came home exhausted, and my daughter wanted to play, so I felt inadequate when I couldn't find the energy to play with her." (B11)

"The decline in my income exacerbated the impacts of financial difficulties in the country more on my family, making me feel inadequate." (B23)

Nevertheless, some of the parents did not feel inadequate while serving in CTTs. They reported that they explained the process to their children in an appropriate way and maintained and even increased parent-child and sibling-sibling interactions. Interestingly, some were able to spend more time with their families during the process, unlike doing so in their routine work schedules. How they applied domestic precautions and family characteristics affected their parenting experiences.

"My child was young. I explained the situation to him/her, and s/he understood it without needing further explanations." (B12)

"Never... The schedule on the team is different than my regular schedule in the clinic. For example, I work a day and then stay at home for two days, like a shift system. So, I have a chance to have a better time with my daughter." (A14)

"Disruption of face-to-face education led children to rally together at home." (B11)

"Such an undesirable time reinforced my children's fellowship. It taught us how to spend quality time and value each other." (A17)

Changes in Family Life

The participants reported that they could not behave as freely at home as before. Some stated that they rearranged their routines at home. For example, while some took off their clothes and took a shower as soon as they arrived home, others wore masks at

home as well or stayed in a separate room. They stated that such changes caused them to not fully rest and relax at home.

"I find myself in the discomfort of being dirty. I never feel the peace of coming home. I have to deal with my hygiene before chatting with my family and hugging them." (A4)

"Anxiety and stress adversely affected our relationships as they were inevitably projected in our family relations." (A18)

"My spouse's constant suggestions made me feel rather uneasy. I was already experiencing anxiety and hesitating to sneeze. S/he was always asking, 'What happened? Do you have pain?' It was bothering me." (A26)

"We (I and my spouse) separated the beds. I used a separate toilet and bathroom. Unfortunately, I didn't hug anyone in the family for about 2-3 months." (A12)

Being assigned to CTTs adversely affected the participants' family routines. Families had certain habits and routines before the pandemic, which allowed the participants to relax and interact with family members. However, their order was utterly disrupted after the pandemic.

"The restriction to family times by the contact tracing duty caused me to be worried and demoralized." (B3)

"I can't remember the last time I spent a weekend with my family because of the irregular working hours." (B17)

"Having to work on weekends... missing having breakfast with the whole family..." (A7)

We determined that working hours were one of the most challenging issues for the parents. Accordingly, varying and long working hours were the factors challenging family relationships the most.

"Coming home late challenged both family members and me." (B25)

"My long working hours and being exhausted affected my family life." (A20)

The participating healthcare workers needed support to organize their family lives during the pandemic. The participants frequently mentioned receiving childcare support, academic support, and psychological support.

"I needed support in caring for my child(ren)." (A5)

"We badly needed academic support." (B23)

Those seeking help caring for their children and satisfying their academic gaps received support from their spouses, other family members, or professionals. Some participants also sought psychological support for themselves.

"I could not receive professional support. I just tried to support my children on my own." (B23)

"Since the schools were shut down, I hired a paid tutor for my child." (A3)

"I am receiving psychological support from a psychiatrist." (A23)

"My child was literally hung out to dry; our babysitter stopped visiting us because of my job. I could not invite my parents because they are old and have chronic diseases. My husband had to take him/her to our shop." (A26)

We assessed the positive and negative emotional impacts of what they would want to say to their parents (if the parents were their children). Considering the mothers' negative emotional responses, we observed that they had intense feelings of reproach and worry, generally reacted to the difficulties of being a healthcare professional, felt reproached for not being together with their families, and had a common fear of transmitting the disease to someone else.

"I would say, 'I wish you weren't a healthcare worker, mom.'" (A20)

On the other hand, pride, inculcation, and sharing love were among their positive emotional reactions.

"I know what a tough time we're going through. Don't worry about me, I love you, and I'm proud of you.' These are my daughter's own words. I would have uttered the same." (A29)

When it comes to the fathers' negative emotions, they reacted to the difficulties of healthcare workers, had worries about infecting others, and made wishes for the end of the pandemic, similar to the mothers.

"I would say, 'Please, take care of yourself first and then of us, dad. The breadwinner should survive.'" (B12)

Finally, we noticed that pride, inculcation, trust, and empathy became prominent among fathers' positive emotions.

"I would be proud of my parents for fighting the pandemic on the frontline every single day when no one could even put their head out." (B11)

Some participants expressed that some of their children's behaviors highly affected them. They stated that their children noticed the changes to their jobs (masks, clothes, etc.) and reflected these in their plays. Some others reported that their children started to help them at home or tried to relax them upon noticing their exhaustion.

"S/he played me a game called 'Mask Control.'" (A2)

"I came home at the end of the first day on the team and remained with my mask for a while. Then, my daughter glanced at me and asked, 'Mom, will you remain with that forever.'" She stayed away from me as if I were covered with germs." (A22)

"They used to brew and prepare my favorite tea at the time of my arrival. My children were longing and caring for me more than ever before." (A17)

"My children tidied the kitchen and prepared tea for me when I came home tired and late." (A20)

"Once, my daughter arrived home early on the day I would come home, decorated the walls, and wrote some lovely things for me." (B19)

“When I was going to be vaccinated, my eldest daughter was worried about the side effects of the vaccine and tried to dissuade me.” (B23)

Results and Discussion

Since becoming the most remarkable pandemic affecting the lives of billions in the recent past, the COVID-19 pandemic has forced healthcare workers, as well as all people, to fight it globally for the first time. Healthcare professionals employed in CTTs differ from other occupational groups in that they work directly with patients and their close contacts, take significant precautions against contracting or transmitting the disease (e.g., isolating themselves at home and changing their daily routines), are sometimes considered sources of contamination by their family members, and undertake uncertain/increasing workloads. Although it is known that all segments of society make efforts to manage the effects of the pandemic, the contributions of healthcare professionals have been decisive in making such efforts successful and alleviating its devastating impacts. The present study explored the parenting perceptions and experiences of the parents taking part in CTTs during the pandemic. The findings revealed that the participating healthcare professionals attempted to ensure a balance between their duties, parenting responsibilities, and changing family life.

The participating parents expressed various feelings and thoughts about their deployment to CTTs. Knowing what worries, experiences, fears, and expectations people have in the case of a health crisis is considered essential to helping them overcome the difficulty of adapting to a new life (González-Calvo & Arias-Carballal, 2021). We discovered that the parents assigned to CTTs in the early stages of the pandemic expressed feelings such as fear and stress more, while those employed in CTTs in the later periods reported feeling more relaxed, which may be associated with enhancements in pandemic-related knowledge and the decrease in the uncertainty of expectations about the future in the later stages of the pandemic. However, some parents expressed positive feelings when performing contact tracing, some even volunteered for the mission. In a study by Coşkun Şimşek and Gülay (2021), although experiencing difficulties, nurses felt good and happy because they took part and practiced the nursing profession in fighting the pandemic.

We realized that the participating healthcare workers tried to carry out their parenting duties and responsibilities, as well. In their study, Gassman-Pines et al. (2020) hypothesized that COVID-19 affects the psychological state of both parents and children through at least four mechanisms: job loss, loss of income, caregiving burden, and illness. Although our participants did not experience job loss, we determined that they had difficulties in this process due to the last three mechanisms above. The increased burden of caregiving during illness may lead to anxiety and post-traumatic stress in caregivers (Russell et al., 2020). Considering that CTTs engage in the follow-up and treatment processes of patients or their close contacts, it seems possible to expect that they may experience some difficulties. We found that the participants experienced emotional difficulties addition to difficulty in maintaining their daily routines. Fear of

infecting family members or others, longing to be with family, and feelings of inadequacy can be shown among such difficulties. In this context, a study concluded fear, longing, helplessness, and worry among nurses (Coşkun Şimşek & Günay, 2021). The nurses expressed such feelings as guilt and helplessness while meeting the care needs of patients and their children. Our participants also experienced similar situations, which may have led them to face emotional difficulties.

Psychological risk factors are associated with the mental well-being of both adults and children (Gassman-Pines et al., 2020). Previously, it was reported that physician parents had to make tough decisions during the fight against COVID-19 (Varner, 2020). In a study with healthcare workers and administrative personnel during the SARS epidemic, 15% of the participants stopped going home after work because they were afraid of infecting their family members (Bai et al., 2004). The participants in that study also reported being afraid of going to work because of the possibility of testing positive, being hesitant to stay at home with their children, and being afraid of infecting their parents. Similarly, in our study, the participants were afraid of infecting their family members. Accordingly, how we call the disease may change; however, healthcare workers may always have similar feelings and thoughts during pandemics.

The relevant literature extensively focuses on the adverse effects of the pandemic (Amakiri et al., 2020; Brooks et al., 2020b; Jiao et al., 2020; Liu et al., 2020; Miho & Thévenon, 2020; Orgilés et al., 2020; Russell et al., 2020). Yet, some of our participants perceived that the pandemic also had positive impacts, although it is among the key stressors. In this context, considering both desirable and undesirable aspects of the pandemic may mean more while addressing one's psychological state. In this research, some parents showed improved coping skills in the process, among the positive impacts of the pandemic. Indeed, it would be useful to appreciate cultural differences and consider different numbers of COVID-19 cases among countries while evaluating the results of the present study and the literature. A study evaluating parent-child relationships among Turkish and Chinese parents during quarantine revealed that the majority of parents spent more time at home and interacted more with their children. In the same study, the parents reported more positive relationships with their children (Toran et al., 2021). In this context, we concluded similar results in the present research, which may be because working conditions in CTTs, social isolation, or quarantine may have allowed some parents to spend more time at home. All in all, it seems noteworthy to understand the effects of such an unexpected and long-lasting pandemic on family life.

The findings also revealed that the participants had to make changes in their family lives during the pandemic. The fear of infecting others adversely affected the participants' relationships with their parents and children, which may have contributed to their negative thoughts and feelings. They reported that they took some measures to reduce the possibility of infecting their family members, such as changing clothes and taking a shower as soon as they arrived home, wearing a mask at home, not contacting family

members, and staying in a separate room. Accordingly, we can assert that these measures are mainly concentrated on providing hygiene. In a study by Varner (2020), the participants adopted various rituals to decontaminate themselves when arriving home (e.g., they washed their hands and took a shower before allowing their children to approach them physically), as well as highlighting the importance of changing clothes after work. In addition, due to the effects of the pandemic on children, some participants sought psychological support for their children. In the literature, Almis et al. (2021) found that children with healthcare worker parents are psychologically riskier than their peers. Another study exploring the link between parents' work-family conflict (WFC) and their children's problem behaviors concluded that both mothers' and fathers' WFC is associated with greater emotional and behavioral problems in their children (Yucel & Latshaw, 2021).

In the pandemic, it was reported that parents had to reschedule their work routines and children's care and education to overcome difficulties they had not faced before (Russell et al., 2020). In our study, the parents reported needing support in childcare and compensating for their children's academic gaps during the pandemic. In addition, the mothers needed psychological help. Given the traditional understanding of Turkish family life, while fulfilling childcare is attributed to mothers, fathers are responsible for satisfying the economic needs of the family. Therefore, while the mothers stated feeling stressed about increased caregiver burden, financial difficulties led the fathers to be worried. Although the literature hosts more studies concluding that females are affected more adversely by factors such as caregiving burden and stress (Çakmak & Öztürk, 2021; Nishida et al., 2021), some other studies propose the opposite (Philpott et al., 2017; Russell et al., 2020), which suggests that the association between stress and gender is still controversial but is more apparent in females. In a study by Nishida et al. (2021), increased domestic responsibilities, having care-dependent children, and treating COVID-19 patients were associated with being a woman.

The literature often highlights that inflexible working hours generate additional stress for healthcare worker parents (Randell, Patel, & Talib, 2021). In our study, there were participants who were having difficulties due to their irregular working hours. Interestingly, some other participants reported that changes to their working hours in the pandemic resulted in better outcomes for their families, which may be because they may have undertaken intense duties in their workplaces before the assignment to CTTs. Therefore, it can be asserted that the working patterns and conditions of the parents are significant in their children's development and family dynamics.

The research has some limitations, such as the limited size of the sample - despite being recruited using purposive sampling techniques -, and our inability to perform the interviews face-to-face due to the parents' working conditions, infection risk, and pandemic restrictions. Yet, it became the pioneering study in the literature that scrutinizes healthcare worker parents' parenting perceptions and experiences in tough times.

Recommendations

The parents attempted to ensure a balance between their existing roles as healthcare professionals and their responsibilities in CTTs. Changing working conditions seem to have mandated them to adjust their routines in this process. They have also needed support for their children. While some parents could not reach support due to their duties, some have been able to get both academic support for their children and psychological support for themselves. In this process, they have been worried about infecting their children and relatives, and, therefore, they have had to stay away from them. It should be noted that being a part of CTTs has brought some benefits to the parents as well as some adverse aspects; they have readily welcomed serving society in tough times, which is a source of professional satisfaction for them. Healthcare workers have become the primary agents in the fight against the pandemic. Moreover, in any possible pandemic, they are more likely to be on the front lines of protecting human health and fighting the disease. Understanding how the COVID-19 pandemic affects healthcare professionals off-site and the meanings they attach to their experiences is considered significant for planning social and psychological support for them.

Overall, the findings imply the importance of providing relevant support to those recruited to CTTs by authorized units. Hence, they can protect both their well-being and family dynamics. Besides, not only parents employed in CTTs, but also other families have experienced inevitable changes to family roles and dynamics. Therefore, further studies are needed to uncover the comprehensive impacts of the pandemic on families. Moreover, counseling services for families to relieve the impacts of the pandemic are considered critical; thus, we recommend prospective researchers carry out experimental studies on this subject. Such research will contribute to family counseling services for healthcare workers who are fighting not only the pandemic but also all diseases.

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Genişletilmiş Türkçe Özet

Covid-19 Salgını Türkiye’de ilk defa 11 Mart 2020 tarihinde görülmüş ve bu tarihten itibaren Sağlık Bakanlığı tarafından salgının yönetilmesi için pek çok uygulama hayata geçirilmiştir. Bu uygulamalardan bir tanesi Covid-19 temaslıları ya da hastalarının izlemine yapmakla görevlendirilen filyasyon ekipleri tarafından yürütülmüştür. Ülkemizde ve Dünyada yapılan çalışmalarda Covid-19 salgınıyla mücadele etme sürecinde sağlık çalışanlarının iş yükü ve iş stresindeki değişikliklerin sağlık çalışanlarının genel yaşam kalitelerini ve sosyal yaşamlarını olumsuz etkilediği aktarılmıştır.

Bu çalışma, filyasyon ekibinde görev yapan sağlık çalışanlarının ebeveynlik algılarını ve deneyimlerini keşfetmeyi amaçlamıştır. Araştırma nitel araştırma yöntemlerinden fenomenolojik desende gerçekleştirilmiştir. Amaçlı örnekleme yöntemi kullanılarak ulaşılan 29 anne ve 26 baba ile gerçekleştirilmiştir. Veriler, demografik bilgi formu ve ebeveyn görüşme formu kullanılarak toplanmış ve içerik analizi yöntemiyle analiz edilmiştir. Araştırmamıza katılan sağlık çalışanlarının ağırlıklı çekirdek aile ve tek ebeveynli aile yapısında oldukları, çocuk sayılarının ise bir ve dört arasında değiştiği, 11 annenin ve 3 babanın COVID-19’a yakalanıp iyileştiği, 21 anne ve 18 babanın ise salgına yakalanan bir tanıdığı olduğu tespit edilmiştir.

Elde edilen veriler doğrultusunda sağlık çalışanlarının filyasyon ekibinde görevlendirilmeye ilişkin duygu ve düşünceleri, ebeveynlik deneyimleri ve aile hayatındaki değişimlere ilişkin deneyimleri olmak üzere üç ana tema oluşmuştur. Filyasyon ekibinde görevlendirilmeye ilişkin duygu ve düşünceleri incelendiğinde, sağlık çalışanlarının hastalığa karşı toplumu koruma sorumluluğu ile hareket ettikleri; hastalık hakkında bilgisi olan sağlık çalışanlarının görevlendirmeye daha olumlu yaklaştıkları, diğer taraftan salgının ilk dönemlerinde görevlendirilen sağlık çalışanlarının ise kaygılı hissettikleri saptanmıştır. Ebeveynlik deneyimleri incelendiğinde filyasyon ekibinde görevlendirilen sağlık çalışanlarının salgına yakalanmaktan ve hastalığı ailelerine ya da çocuklarına taşımaktan korktukları, bu kaygı ile ev içindeki yaşantılarını ve aile üyeleri olan yakınlıklarını sınırladıkları; aileyle geçirilen zamanın azalması, sağlık çalışanlarının odalarını ayırmaları, çocuklarının kucaklanma, sarılma gibi duygusal beklentilerine yanıt verememelerinin kendilerini maddi ve manevi anlamda yetersiz hissetmelerine neden olduğunu sıklıkla ifade edilmiştir. Sağlık çalışanları özellikle çocuklarının bakımı ve eğitimi konusunda desteğe ihtiyaç duyduklarını dile getirmişlerdir. Aile hayatına meydana gelen değişiklikler incelendiğinde sağlık çalışanlarının özellikle temizlik rutinlerini değiştirdikleri evde maske takmaya devam ettikleri, eve gelir gelmez duş aldıkları ya da odalarını ayırdıkları tespit edilmiştir. Aile üyelerinin bir arada olmalarına imkân veren aktiviteleri (birlikte kahvaltı etme, akşam saatlerinde birlikte olamama gibi) yapamadıkları ve değişen mesai saatlerinin aile ilişkilerini olumsuz etkilediği bildirilmiştir. Bu etkilere karşı sağlık çalışanlarından bazıları profesyonel destek ararken bazıları da bu ihtiyaçları kendileri gidermeye çalışmıştır. Profesyonel destek arayan sağlık çalışanları sıklıkla eğitim, çocuk bakımı, çocuğun eğitiminin desteklenmesi ya da psikolojik destek gibi konularda destek almışlardır.

Sonuç olarak; ebeveynlerin var olan rolleri ile filyasyon çalışma koşullarındaki rolleri arasında denge kurmaya çalıştıkları saptanmıştır. Çalışma koşullarının da değişmesiyle birlikte yaşamlarında yeni düzenlemeler yapmak durumunda kaldıkları ve bu süreçte rutinlerinin, yaşam koşullarının değiştiği; ebeveynlerin yine çocuklarıyla ilgili düzenlemeler noktasında desteğe ihtiyaç duydukları da görülmüştür. Bazı ebeveynler filyasyon görevleri dolayısıyla desteğe ulaşamazken bazı ebeveynler ise hem çocukları için eğitsel hem de kendileri için psikolojik destek almışlardır. Bu süreçte çocuklarına ve yakınlarına hastalığı bulaştırma kaygısı yaşadıkları ve bu nedenle de onlardan uzak kalmak durumunda oldukları saptanmıştır. Salgın sürecinde filyasyonda çalışmanın sadece olumsuz yönleri değil olumlu yönlerine de sahip oldukları dikkat çekmektedir. Mesleki açıdan doyum sağlayan topluma yararlı bir hizmet sunuyor olmak ebeveynler açısından olumlu olarak değerlendirilmiştir. Filyasyonda çalışan sağlık personelinin hem kendi iyi oluşu hem de aile içi dinamiklerini korumasına yardımcı olabilecek düzenlemeleri yapabilmeleri için çalışma birimleri ya da yetkili birimlerce destek sağlanması önemli olduğu görülmektedir. Sadece filyasyonda çalışan aileler için değil salgın sürecinde aile içi roller ve dinamiklerin değişimi söz konusu olmuştur. Salgının aileler üzerindeki etkilerini belirlemek için bu alanlarda çalışmalar yapılması araştırmacılara önerilmektedir. Bununla beraber ailelerin ihtiyaç duyduğu salgının aileye olan etkisi konusunda aileye sunulacak olan danışmanlık hizmetleri oldukça önemli görülmekte olup bu konuda deneysel çalışmalar gerçekleştirilmesi önerilmektedir. Buna rağmen değerlendirme sonucu elde edilen sonuçların sadece Covid-19 salgını ile değil tüm salgın hastalıklarla mücadele eden sağlık çalışanlarına verilen ve verilecek olan aile danışmanlığı hizmetlerinin geliştirilmesine ve gelecekteki araştırmalar için kaynak oluşturmasına katkı sağlayacağı düşünülmektedir.

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