EDITORIAL

The outbreak of COVID-19, which first appeared in the city of Wuhan in China's Hubei province in December 2019 and has since spread rapidly across the world, is now classified as a pandemic and has been at the top of both the Turkish and the global agenda for the last six months, leading to life-threatening, treatment resistant pnemonia cases. The Turkish Ministry of Health announced the total number of cases and deaths to have exceeded 190,000 and 5,000, respectively, as of March 11th when the first case in Turkey was reported (based on the latest updates on June 24, 2020).[1] Although the increasing number of people who have recovered over time and the decreasing number of those who have needed intensive care are promising, the effects of this pandemic seem to continue for many years.

Turkey has followed the stategy of gradually implementing strict and effective measures instead of imposing them at all once to manage the pandemic. Over time, new arrangements have been made according to the number of cases, and as of June 1st, the restrictions have gradually been removed. Both the threat posed by the disease and the measures taken to prevent the infection have significantly affected all segments of society and all areas of life. Many studies on the effects and results of COVID-19 have been initiated in Turkey, and the literature has quite many studies conducted in other countries in this process as well.

Studies demonstrating how society is affected by the outbreak psychologically have consistently reported high levels of symptoms such as anxiety and depression.[2,3] A study conducted with individuals who performed self-isolation found high levels of anxiety and stress and low levels of sleep quality.[4] Brooks et al. (2020) examined studies on the effects of quarantine and found that most studies had reported psychological effects such as post-traumatic stress symptoms, confusion and anger. In addition, the stressors included longer quarantine time, fear of being infected, frustration, boredom, insufficient material, insufficient information, financial loss, and stigmatization.[5] A study reviewing 24 articles published in the last 20 years and reporting both psychological responses and coping strategies among infectious disease outbreaks found anxiety/fear, depression, anger, guilt, grief and loss, post-traumatic stress, stigmatization as well as getting stronger toward others and feeling of compassion to be the common psychological responses, whereas it identified problem-oriented coping (seeking alternatives, self-protection and other protection), seeking social support, avoidance, and positive assessment of the situation as the coping strategies adopted. Studies conducted during the past infectious disease outbreaks placed emphasis on the requirement of raising awareness of psychosocial responses and focusing on individuals within the scope of a wider social environment.[6]

Based on our observations and news on the media (newspaper, TV, internet, etc.) in Turkey, people have the most difficulty in complying with the restrictions despite numerous reminders during the implementation of effective measures that should be taken. Increasing number of cases in the recent days when the government began to gradually remove the restrictions, and the efforts to ensure through imposing different sanctions that people take measures may be indicative of this situation. Unlike other natural disasters, factors such as the large number of populations this pandemic threatens and its attack rate make it more difficult to manage this pandemic. Healthcare professionals continue to work with an altruistic

attitude in this process. Nurses are at the frontlines, as usual. They struggle against various problems such as increased work hours and workload, anxiety and fear caused by the responsibility of caregiving for an infectious disease, and fear of being a path of infection to their relatives as well as problems regarding personal protective equipment; however, they actively embrace the challenges caused by COVID-19.[7]

In Turkey, psychosocial assistance programs have been developed for all individuals primarily for those working in the field of healthcare, and for those who are treated for COVID-19, who maintain their personal isolation in their houses and who have been affected by this extraordinary process throughout the society and need psychosocial assistance. National mental health professional organizations have developed the Corona Virus Infection Psychosocial Support Model and begun to offer a service in the fight against the outbreak with the cooperation of the Istanbul Provincial Health Directorate. The Ministry of Health provides this service to citizens and healthcare professionals in every province through psychosocial support lines. In addition, Yeşilay (the Turkish Green Crescent Society) also reported to have put a psychological hotline into service recently. It can be argued that public health and mental health organization activities have immediately started due to Turkey's being a country of natural disasters and having experiences of coping with psychosocial consequences of disasters. In this process, psychiatric nurses have very important duties that are preventive, therapeutic and rehabilitative to adapt to life after the pandemic.

Prof. Nazmiye Yıldırım

Assoc. Prof. Nurhan Eren

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