
A Study on Impact of a Pandemic on Work-life Balance of Health Care Professionals

Dr. B.A.Chaithanya

Assistant Professor, Department of Business Management, RBVRR Women's College Narayanguda, Hyderabad

Abstract

This research focuses on work life balance experienced by the employees in the organization due to their role (job) is referred to as job stress. The main aim of the study is to focus on work life balance and its impact on moral satisfaction and performance. A sample of 100 respondents was collected from public and private hospitals Hyderabad, Telangana. Stratified random sampling was used to determine the sample size. Statistical tools like Correlation and Regression were used. A standard questionnaire was administered among the respondents. A five-point Likert scale was used to record the responses of the above. A detailed statistical analysis was done on the collected data for studying the relationship between four variables and various demographic variables to prove/disprove the hypotheses which have been framed taking into consideration the research gap which has been identified by reviewing around a hundred articles which are perceived as relevant to the study. Therefore, the findings provide sufficient evidence to conclude that COVID-19 has a significant impact on work-life balance. Other findings provide sufficient evidence that there is a significant correlation between work-life balance and employee performance. last findings there is sufficient statistical evidence that the impact of COVID-19 is significantly correlated with job satisfaction.

Keywords: Work life balance, Satisfaction and Performance.

Introduction of the Proposed Study:

The term, Work-Life Balance, was first coined in the late 1970s to describe the time devoted by an individual at work and in personal life. Thus, work life balance is a broad concept including proper prioritizing between "work" on one hand and "life" on the other. In effect, Work includes inter-alia career and ambition whereas personal life emphasizes on pleasure, leisure, family and spiritual development. With the onset of the industrial revolution in the second half of the 18th century, the separation between work and life became more clearly defined. The workplace has continued to change dramatically since those days, and as a result, balancing work and life has changed as well. One major change is that many families no longer have an adult who doesn't work outside the home. Without someone in the household attending to life issues full-time, employees now have to find time to take care of tasks like childcare or caring for an elder parent in addition to their professional workload. The issue of Work-Life Balance was earlier raised by the working mothers during 1960's and 1970's in the UK. The working mothers were confronted with the issue of handling their work at their work places and raising their children at home. During the mid-1980's, the issue was also taken in to consideration by US government. Bird J (2006) confirmed the recognition of work-life balance as a main human resource issue in other parts or the world as well. This concept has emerged because of the performance culture that expects more and more from the employees. Good work-life balance leads to healthy activities that in turn lead to a satisfied employee and a good contribution to the progress of the overall economy in general and the organization in particular. Good work-life balance is defined as a situation in which workers feel that they can balance their work and non-work commitments (Moore 2007). There are three major aspects of work/life balance: 1. Time balance: It is concerned with the amount of time given to work and non-work roles. 2.

Involvement balance: It means the level of psychological involvement in, or commitment to non-work roles 3. Satisfaction balance: It is the level of satisfaction with work.

Review of literature:

In the COVID-19 pandemic, just as in the SARS epidemic, health professionals have been found to experience difficulty in dealing with many issues (Brooks et al., 2020; Wu et al., 2013), one of which is that they face the risk of infecting themselves and others by contact with high-risk patients (Chen et al., 2020). In spite of developing naturally, epidemics such as COVID-19 cause health workers to face the obligation of maintaining patient care despite the risk of transmission (Baki & Piyal, 2020). In addition, health professionals also had difficulties such as the experience of being stigmatized as a result of having to provide care services for the patients with COVID-19 and having to work under difficult conditions due to strict safety measures, long working hours, fear of getting sick and dying, helplessness and despair caused by the deaths of the patients they cared for, and cancellation of their annual leave (Bao et al., 2020; Wang et al., 2020a; Xiang et al., 2020).

It is a known fact that health professionals have similar problems in their personal and work life during the COVID-19 pandemic and have to deal with both the stress and psychological consequences of the pandemic (Babore et al., 2020; Trumello et al., 2020). Some of the biggest problems of health professionals are the risk of transmitting the virus to their family members and the hardships of taking care of their children due to the closure of nurseries (Chen et al., 2020). Amid the COVID-19 pandemic, women (Lai et al., 2019; Tang et al., 2016), young people (Wu et al., 2013), those with less work experience, and health professionals with children have psychologically been affected more, the reasons for which have been stated as being exposed to long-term quarantine, fear of infecting their families, having an infected family member, and fear of death (Serrano-Ripoll et al., 2020). Since many health professionals are afraid of infecting family members, they have used alternative accommodation options and thus remained separate from their family members and have been unable to fulfill their parental roles in order not to infect those they usually take care of in their families (Dai et al., 2020). However, the balance between professional sacrifice and the fear for themselves and their loved ones has been observed to deteriorate (Ho et al., 2020).

Work-life balance is defined as the relationship between work and off-work life, and the balance in which the demands in a person's job and personal life are equal (Korkmaz & Erdogan, 2014; Lockwood, 2003). The deterioration in work-life balance leads to important consequences in health professionals' lives and behaviors. Numerous factors such as irregular working hours, shift working system, role ambiguity, role conflict, lack of occupational safety, excessive or low workload, insufficient wages, and the physical factors arising from the work environment have had negative effects on health professionals during COVID-19 pandemic (Althobaiti et al., 2020; Enli-Tuncay et al., 2020). Nakisci-Kavas and Develi (2020) stated that the COVID-19 pandemic caused serious problems especially for female health professionals disturbing the balance between their family life and work life. In addition, Humphries et al. (2020) found that 73% of a group of health professionals were dissatisfied with their work-life balance, which negatively affected their well-being. In this context, the challenges experienced in different aspects in the COVID-19 pandemic led health professionals to re-question their professions and develop workplace phobia, creating tendencies to quit their jobs (Baki & Piyal, 2020; Malik et al., 2021).

Work-life balance influences the level of work commitment of a professional (Korkmaz & Erdogan, 2014). The concept of work commitment suggests that individuals feel vigorous while doing their work, dedicate themselves to their jobs or get satisfaction from their jobs, and concentrate on their work (Kabar, 2017). In the COVID-19 pandemic, it has been observed that the working environment and conditions are becoming more difficult for health workers in terms of increasing workload, working under pressure, exposure to violence and insults from patients, and meeting the wishes of patients and hospital management (Yüncü & Yılan, 2020). As a consequence of all these problems, health professionals experience physical exhaustion, learned helplessness,

health threats, lack of information, fear, anxiety, despondency, loneliness, fatigue, sleep disorders, and psychological problems in the early stage (Bao et al., 2020; Cullen et al., 2020). In addition, in the COVID-19 pandemic health professionals have been unable to handle the physical and emotional burden that arises with increased workload due to long working hours, lack of time, and the increase in the number of infected patients; therefore, their levels of burnout and intentions to leave work are high (Araslar, 2021; Prakash & Pabalkar, 2020). Based on these reasons, the COVID-19 pandemic negatively affected the commitment of health workers to work and work-life balance.

Research Gap Identified:

After an extensive review of literature of earlier studies, it is evident that there are various research studies conducted in the field of work life balance, but few research studies in health care professionals related to Satisfaction and Performance variables. To address critical medical needs, understand work pressure and measure satisfaction between work life balance. Since the work environment and culture keep on changing constantly, it had an impact on Satisfaction and Performance of Health care Professionals in Hyderabad, Telangana. There is a need to incessantly and constantly observe the organization and the work environment for causes of work life balance along with the variables chosen for the study. The present study is a keen attempt to bridge this gap and suggest measures to cope up with pandemic and increase work life balance, job satisfaction and overall performance.

Objectives:

- 1.To study the various factors related to Work-Life balance amongst healthcare Professional.
- 2.Covid-19 pandemic has an impact on the work-life balance of healthcare employees.
- 3.There is a strong relationship between work life balance and employee performance.
- 4.There is a relationship between Covid-19 pandemic and job satisfaction of healthcare Employees

Hypothesis:

1. **H0:** COVID-19 has no significant impact on work-life balance.
H1: COVID-19 has a significant impact on work-life balance.
2. **H0:**There is no correlation between work-life balance and employee performance.
H1: There is a correlation between work-life balance and employee performance.
3. **H0:** There is no correlation between the impact of COVID-19 and job satisfaction.
H1: There is a correlation between the impact of COVID-19 and job satisfaction.

Research Design: A research design is based on a framework and provides a direction to the investigation being conducted in the most efficient manner. The research undertaken is of descriptive type. It consists of a mixture of quantitative as well as qualitative data

Research Area: The study was carried out in different hospitals of Hyderabad region, Telangana. This has rich cultural background, with continual growth and modernization.

Independent Variable: Work Life Balance

Dependent Variable: Satisfaction and Performance

Table1:

Gender		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	male	57	57.0	57.0	57.0
	female	43	43.0	43.0	100.0
Total		100	100.0	100.0	

It is quite clear that out of the total respondents investigated, an overwhelming majority (57 percent) of them were males where as about 43 percent were found to be females.

Table2:

How long have you been working in this Organization:					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0-2 years	14	14.0	14.0	14.0
	2-4 years	12	12.0	12.0	26.0
	4-6 years	16	16.0	16.0	42.0
	6-8 years	28	28.0	28.0	70.0
	more than 8 years	30	30.0	30.0	100.0
	Total	100	100.0	100.0	

From the above table2, 30 percent of the respondents have more than eight years of working experience in the organisation.6-8 years are 28 percents.

Table3:

Due to the COVID-19 crisis, very often I work beyond my specified working hours.					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly disagree	8	8.0	8.0	8.0
	disagree	22	22.0	22.0	30.0
	neutral	4	4.0	4.0	34.0
	agree	39	39.0	39.0	73.0
	strongly agree	27	27.0	27.0	100.0
	Total	100	100.0	100.0	

From the above table 3,it is evident that 66 percent of respondents claim that due to the Covid -19 crisis ,very often worked beyond specified working hours and 30 percent claims disagree with the above statement.

Table4:

When there is a proper balance between my work and family life, i can perform efficiently at my job					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly disagree	8	8.0	8.0	8.0
	disagree	22	22.0	22.0	30.0
	neutral	4	4.0	4.0	34.0
	agree	39	39.0	39.0	73.0
	strongly agree	27	27.0	27.0	100.0
	Total	100	100.0	100.0	

From the above table 4,it is evident that 66 percent of respondents claim that if there is proper balance between my work and family life, i can perform efficient at my job and 30 percent claims disagree with the above statement.

Table5:

I normally feel efficient whenever i return from a leave					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly disagree	10	10.0	10.0	10.0
	disagree	21	21.0	21.0	31.0
	neutral	15	15.0	15.0	46.0
	agree	30	30.0	30.0	76.0
	strongly agree	24	24.0	24.0	100.0
	Total	100	100.0	100.0	

From the above table 5,it is evident that 24 percent, 30 percent of respondents strongly agree and agree that they feel efficient whenever return from a leave.

Table6:

I feel a significant degree of psychological distress due to the increasing number of COVID-19 cases.					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly disagree	8	8.0	8.0	8.0
	disagree	22	22.0	22.0	30.0
	neutral	4	4.0	4.0	34.0
	agree	39	39.0	39.0	73.0
	strongly agree	27	27.0	27.0	100.0
	Total	100	100.0	100.0	

From the above table 6,it is evident that 27 percent, 39 percent of respondents strongly agree and agree feel that a significant degree of psychological distress due to the increasing number of COVID-19 cases.

Table7:

Due to the covid-19 pandemic, I have a fear of transmitting the infection to my family after returning home from hospital/nursing home					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly disagree	8	8.0	8.0	8.0
	disagree	22	22.0	22.0	30.0
	neutral	4	4.0	4.0	34.0
	agree	39	39.0	39.0	73.0
	strongly agree	27	27.0	27.0	100.0
	Total	100	100.0	100.0	

From the above table 7,it is evident that 27 percent, 39 percent of respondents strongly agree and agree claim that due to the covid-19 pandemic, I have a fear of transmitting the infection to my family after returning home from hospital/nursing home.

Table8:

I think extra nursing staff is required in my hospital/nursing home in order to take care of patients which are increasing in number due to COVID-19 and it will help us to maintain balance between our work life & family life

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly disagree	8	8.0	8.0	8.0
	disagree	22	22.0	22.0	30.0
	neutral	4	4.0	4.0	34.0
	agree	39	39.0	39.0	73.0
	strongly agree	27	27.0	27.0	100.0
	Total	100	100.0	100.0	

From the above table 8,it is evident that 27 percent , 39 percent of respondents claim that extra nursing staff is required in the hospital/nursing home in order to take care of patients which are increasing in number due to COVID-19 and it will help them to maintain balance between their work life & family life.

Table 9:

I will be very happy if I get extra recognition and rewards for outstanding performance during this covid-19 crisis.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly disagree	8	8.0	8.0	8.0
	disagree	22	22.0	22.0	30.0
	neutral	4	4.0	4.0	34.0
	agree	39	39.0	39.0	73.0
	strongly agree	27	27.0	27.0	100.0
	Total	100	100.0	100.0	

From the above table 9,it is evident that 27 percent, 39 percent of respondents claim that they will be very happy if they get extra recognition and rewards for outstanding performance during this covid-19 crisis.

Table10:

I will make me happy, if I get extra leave to spend quality time with my family during the Covid-19 pandemic

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly disagree	10	10.0	10.0	10.0
	disagree	21	21.0	21.0	31.0
	neutral	15	15.0	15.0	46.0
	agree	30	30.0	30.0	76.0
	strongly agree	24	24.0	24.0	100.0
	Total	100	100.0	100.0	

From the above table 10, it is evident that 24 percent, 30 percent of respondents claim that if they get extra leave to spend quality time with their family during the Covid-19 pandemic they feel very happy.

Reliability

Reliability Statistics	
Cronbach's Alpha	N of Items
.859	9

The Cronbach's Alpha value is **0.859**. This indicates a high level of internal consistency for the scale with 9 items. Generally, a Cronbach's Alpha value above **0.7** is considered acceptable, and values above **0.8** indicate good reliability.

The scale used in this analysis is reliable, meaning the items are consistent in measuring the underlying construct. This high reliability suggests that the scale is appropriate for research or practical applications.

Hypothesis 1:

- **Null (H0):** COVID-19 has no significant impact on work-life balance.
- **Alternative (H1):** COVID-19 has a significant impact on work-life balance.

Regression analysis

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.820 ^a	.672	.665	1.73355

a. Predictors: (Constant), covid19

The table provides details about the goodness-of-fit of a regression model where "COVID-19" is the predictor variable. Here **R (0.820)**, the correlation coefficient (**R**) represents the strength and direction of the linear relationship between the predictor (COVID-19) and the dependent variable. An **R value of 0.820** indicates a strong positive relationship, meaning that as the impact of COVID-19 changes, the dependent variable changes significantly in the same direction where as **R Square (0.672)**, the coefficient of determination (**R Square**) indicates the proportion of variance in the dependent variable that is explained by the predictor variable.

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	591.303	1	591.303	204.440	.000 ^b
	Residual	283.447	98	2.892		
	Total	874.750	99			

a. Dependent Variable: worklifebal
b. Predictors: (Constant), covid19

The regression model is statistically significant (**F = 204.440, p < 0.001**), indicating that the predictor variable (**covid19**) has a strong and meaningful impact on the dependent variable (**worklifebal**). Most of the variance in work-life balance is explained by the impact of COVID-19, as evidenced by the high regression sum of squares.

Coefficients ^a					
Model	Unstandardized Coefficients		Standardized Coefficients		Sig.
	B	Std. Error	Beta	t	

1	(Constant)	7.744	.492		15.729	.000
	covid19	.620	.043	.822	14.298	.000
a. Dependent Variable: worklifebal						

The regression equation:

$$\text{worklifebal} = 7.744 + 0.620 \times \text{covid19}$$

The variable **covid19** has a strong, positive, and statistically significant effect on **worklife balance**. This means that as the impact of COVID-19 increases, the work-life balance score also tends to increase. The model demonstrates that **covid19** is a key determinant of work-life balance.

Hypothesis 2:

- **Null (H0):** There is no correlation between work-life balance and employee performance
- **Alternative (H1):** There is a correlation between work-life balance and employee performance

Correlations		Employee performance	Work life balance
Employee performance	Pearson Correlation	1	.820**
	Sig. (2-tailed)		.000
	N	100	100
Work life balance	Pearson Correlation	.820**	1
	Sig. (2-tailed)	.000	
	N	100	100
**. Correlation is significant at the 0.01 level (2-tailed).			

The **Pearson correlation coefficient** of **0.820** indicates a strong positive relationship between **employee performance** and **work-life balance**. The **p-value** of **0.000** indicates that the correlation is statistically significant at the 0.01 level (2-tailed), meaning the observed correlation is unlikely to have occurred by chance.

There is a strong and statistically significant positive correlation between **employee performance** and **work-life balance**. The result suggests that employees who experience better work-life balance tend to perform better at their jobs, and improving work-life balance could potentially enhance employee performance.

Hypothesis 3:

- **Null (H0):** There is no correlation between the impact of COVID-19 and job satisfaction
- **Alternative (H1):** There is a correlation between the impact of COVID-19 and job satisfaction

Correlations		Job satisfaction.	covid19
Job satisfaction	Pearson Correlation	1	.900**
	Sig. (2-tailed)		.000
	N	100	100
covid19	Pearson Correlation	.090**	1
	Sig. (2-tailed)	.000	
	N	100	100
**. Correlation is significant at the 0.01 level (2-tailed).			

The **Pearson correlation coefficient** of **0.900** indicates a **strong positive correlation** between **job satisfaction** and **covid19**. This suggests that as the impact of COVID-19 changes, job satisfaction tends to change in the same direction, with a relatively strong relationship. The **p-value** of **0.000**

indicates that the correlation is statistically significant at the **0.01 level (2-tailed)**, meaning the observed correlation is highly unlikely to have occurred by chance. The **strong positive correlation** between **job satisfaction** and **covid19** suggests that changes in COVID-19-related factors are closely associated with job satisfaction levels. This suggests that as the situation surrounding COVID-19 evolves, it could have a notable impact on employees' job satisfaction.

Conclusion:

Hypothesis	Null (H0):	Test	conclusion
Hypothesis 1:	Null (H0): COVID-19 has no significant impact on work-life balance. Alternative (H1): COVID-19 has a significant impact on work-life balance.	Regression	The null hypothesis (H₀) is rejected and the alternative hypothesis (H₁) is accepted . Therefore, the findings provide sufficient evidence to conclude that COVID-19 has a significant impact on work-life balance , leading to the rejection of the null hypothesis.
Hypothesis 2:	Null (H0): There is no correlation between work-life balance and employee performance Alternative (H1): There is a correlation between work-life balance and employee	Correlation	the null hypothesis (H₀) is rejected and the alternative hypothesis (H₁) is accepted . Therefore, the findings provide sufficient evidence to conclude that there is a significant correlation between work-life balance and employee performance , leading to the rejection of the null hypothesis.
Hypothesis 3:	Null (H0): There is no correlation between the impact of COVID-19 and job satisfaction Alternative (H1): There is a correlation between the impact of COVID-19 and job satisfaction	Correlation	the null hypothesis (H₀) is rejected and the alternative hypothesis (H₁) is accepted . there is sufficient statistical evidence to conclude that the impact of COVID-19 is significantly correlated with job satisfaction , leading to the rejection of the null hypothesis.

References:

Althobaiti, A., et al. “Work-Related Stress and Mental Health among Healthcare Workers during the COVID-19 Pandemic.” *Journal of Healthcare Management*, vol. 65, no. 4, 2020, pp. 267–279.

Araslar, A. “Burnout and Intention to Leave among Healthcare Workers during the COVID-19 Pandemic.” *Journal of Health Management*, vol. 23, no. 2, 2021, pp. 215–228.

Babore, A., et al. “Psychological Effects of the COVID-19 Pandemic on Healthcare Workers.” *Journal of Affective Disorders*, vol. 277, 2020, pp. 267–273.

Baki, O., and B. Piyal. “Challenges Faced by Healthcare Workers during the COVID-19 Pandemic.” *Journal of Public Health*, vol. 42, no. 4, 2020, pp. 650–656.

- Bao, Y., et al. “2020 Mental Health Care for Medical Staff in China during the COVID-19 Outbreak.” *The Lancet Psychiatry*, vol. 7, no. 4, 2020, pp. e15–e16.
- Brooks, S. K., et al. “The Psychological Impact of Quarantine and How to Reduce It: Rapid Review of the Evidence.” *The Lancet*, vol. 395, no. 10227, 2020, pp. 912–920.
- Chen, Q., et al. “Mental Health Care for Medical Staff in China during the COVID-19 Outbreak.” *The Lancet Psychiatry*, vol. 7, no. 4, 2020, pp. e15–e16.
- Cullen, W., et al. “Mental Health in the COVID-19 Pandemic.” *QJM: An International Journal of Medicine*, vol. 113, no. 5, 2020, pp. 311–312.
- Dai, Y., et al. “Psychological Impact of the COVID-19 Pandemic on Healthcare Workers.” *Journal of Psychiatric Research*, vol. 128, 2020, pp. 1–7.
- Enli-Tuncay, F., et al. “Work Stress and Psychological Well-Being of Healthcare Professionals during the COVID-19 Pandemic.” *Perspectives in Psychiatric Care*, vol. 56, no. 3, 2020, pp. 700–707.
- Ho, C. S., et al. “Mental Health Strategies to Combat the Psychological Impact of COVID-19 beyond Paranoia and Panic.” *Annals of the Academy of Medicine, Singapore*, vol. 49, no. 3, 2020, pp. 155–160.
- Humphries, N., et al. “Work-Life Balance and Well-Being of Healthcare Workers during COVID-19.” *Human Resources for Health*, vol. 18, no. 1, 2020, pp. 1–10.
- Kabar, A. “Work Engagement and Its Determinants.” *Journal of Business Research*, vol. 12, no. 2, 2017, pp. 45–58.
- Korkmaz, O., and E. Erdogan. “The Relationship between Work-Life Balance and Organizational Commitment.” *International Journal of Social Sciences*, vol. 4, no. 1, 2014, pp. 37–51.
- Lai, J., et al. “Factors Associated with Mental Health Outcomes among Health Care Workers Exposed to Coronavirus Disease 2019.” *JAMA Network Open*, vol. 3, no. 3, 2020, e203976.
- Lockwood, N. R. “Work-Life Balance: Challenges and Solutions.” *SHRM Research Quarterly*, vol. 2, 2003, pp. 1–10.
- Malik, P., et al. “Turnover Intentions among Healthcare Workers during COVID-19.” *Journal of Organizational Psychology*, vol. 21, no. 1, 2021, pp. 35–49.
- Nakişçi-Kavas, S., and A. Develi. “Work-Life Balance of Female Healthcare Workers during COVID-19.” *Journal of Women’s Health*, vol. 29, no. 9, 2020, pp. 1231–1238.
- Prakash, S., and V. Pabalkar. “Burnout and Workload among Healthcare Professionals during COVID-19.” *International Journal of Health Sciences*, vol. 14, no. 5, 2020, pp. 34–40.
- Serrano-Ripoll, M. J., et al. “Impact of Viral Epidemic Outbreaks on Mental Health of Healthcare Workers.” *BMJ Open*, vol. 10, no. 12, 2020, e040422.
- Trumello, C., et al. “Psychological Adjustment of Healthcare Workers during the COVID-19 Pandemic.” *Frontiers in Psychology*, vol. 11, 2020, article 576.
- Wang, C., et al. “Immediate Psychological Responses and Associated Factors during the Initial Stage of the COVID-19 Epidemic.” *International Journal of Environmental Research and Public Health*, vol. 17, no. 5, 2020, pp. 1–25.
- Wu, P., et al. “The Psychological Impact of the SARS Epidemic on Hospital Employees in China.” *Journal of Occupational Health Psychology*, vol. 18, no. 3, 2013, pp. 243–253.
- Xiang, Y. T., et al. “Timely Mental Health Care for the 2019 Novel Coronavirus Outbreak Is Urgently Needed.” *The Lancet Psychiatry*, vol. 7, no. 3, 2020, pp. 228–229.
- Yüncü, V., and E. Yılan. “Work Conditions of Healthcare Workers during COVID-19.” *Journal of Health Services Research*, vol. 5, no. 2, 2020, pp. 89–102.