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Turkish Studies

eISSN: 1308-2140

Research Article / Araştırma Makalesi



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A Study to Measure the Perceptions of Azerbaijani Healthcare Workers towards the COVID-19 Pandemic

*Azərbaycan Sağlq Çalıřanlarının COVID-19 Pandemisine Yönelik Algularının Ölçölmesine
Yönelik Bir Arařtırma*

Fuat Korkmazer* - Fuad Selamzade** - Sedat Bostan***

Abstract: In December of 2019, COVID-19 virus, which is supposed to have transferred from a wildlife market in Wuhan, China, started the coronavirus pandemic. The virus has somehow transferred out of the borders of Wuhan city with humanitarian mobility and spread across the world. This disease has also revealed in Azerbaijan after European countries. In order to fight against the coronavirus pandemic more strongly, it is important to know the level of protection and anxiety of the Azerbaijani healthcare workers from COVID-19 Pandemic, and to develop and implement the measures in this direction. The aim of the study is to determine how Azerbaijani healthcare workers are affected and protected, and to what extent their anxiety levels. The study was approved by the decision of the Scientific Research and Publication Ethics Committee of Muř Alparslan University dated 29/04/2020 and numbered 10. The study was carried out on the Internet with convenience sampling method on Azerbaijani healthcare workers. COVID-19 Pandemic Healthcare Workers Scale was used in the study. Scale validity and reliability were tested. Survey questions were asked to 144 healthcare workers. Data obtained were analysed and interpreted in the SPSS program. Research findings were analysed with frequency, ANOVA and t test. As a result of the findings obtained, it was determined that healthcare workers in Azerbaijan are under great risk. In order to be successful in the fight against the outbreak, required measures must be taken for the protection of healthcare workers and their families. In addition, professional support should be provided to alleviate their anxiety.

Structured Abstract: When examining the coronavirus pandemic statistics, it is seen according the data dated 06.05.2020 that Azerbaijan has ranked 71st and Turkey has ranked 8th (WHO, 2020b). Although the

* Dr. Öğretim Üyesi, Muř Alparslan Üniversitesi, Sağlq Bilimleri Faköltesi, Sağlq Yönetimi Bölümü

Ph. D. Muř Alparslan University, Faculty of Health Sciences, Department of Health Management

ORCID 0000-0002-2734-7309

f.korkmazer@alparslan.edu.tr

** Dr. Öğretim Üyesi, Muř Alparslan Üniversitesi, Sağlq Bilimleri Faköltesi, Sağlq Yönetimi Bölümü

Ph. D. Muř Alparslan University, Faculty of Health Sciences, Department of Health Management

ORCID 0000-0002-2436-8948

f.salamov@alparslan.edu.tr

*** Doç. Dr. Ordu Üniversitesi, Sağlq Bilimleri Faköltesi, Sağlq Yönetimi Bölümü

Assoc. Prof. Ordu University, Faculty of Health Sciences, Department of Health Management

ORCID 0000-0002-9439-8448

sbostan29@gmail.com

Cite as/ Atıf: Korkmazer, F., Selamzade, F., Bostan, S. (2020). A study to measure the perceptions of Azerbaijani healthcare workers towards the COVID-19 pandemic. *Turkish Studies*, 15(4), 691-702.

<https://dx.doi.org/10.7827/TurkishStudies.43464>

Received/Geliř: 09 May/Mayıs 2020

Accepted/Kabul: 10 August/Ağustos 2020

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Checked by plagiarism software

Published/Yayın: 30 August/Ağustos 2020

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societies of these countries are similar to each other, the difference in the structuring of factor number in factor analysis is said to be derived from the differences in the healthcare system and health financing.

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The study was approved by the decision of the Scientific Research and Publication Ethics Committee of Muş Alparslan University dated 29/04/2020 and numbered 10. 144 valid questionnaires have been reached within the 15 days of data collection period (started in 31/04/2020 at 22:06:21 pm and ended in 15/05/2020 at 00:32:00 am) determined in this direction. This figure may not be considered to be sufficient for the Azerbaijan population under normal circumstances. However, it was carried out as a pioneering study upon the limitation of extraordinary conditions provided the sampling adequacy for the Kaiser-Meyer-Olkin (KMO) coefficient, which was looked for sampling adequacy due to the urgency of the subject and in scale validation analysis.

In the study, "COVID-19 Pandemic Health Worker Scale" developed by Bostan et al (2020), specially for the coronavirus pandemic in Turkey was used. In the first part, it includes the demographic characteristics of the healthcare workers and the information about meeting and serving the patients with coronavirus, and in the second part, it consists of the expressions measuring the anxiety level of the healthcare workers about pandemic protection and pandemic. In the study, the 5-point Likert scale was used including Strongly Disagree (1), Disagree (2), Moderately Agree (3), Agree (4) and Strongly Agree (5).

In this study, it was attempted to determine the level of anxiety and protection of healthcare workers in Azerbaijan from the COVID-19 outbreak, and it was concluded that healthcare workers were under great risk. According to the results of the study, the level of anxiety against epidemics in Azerbaijani healthcare workers was high, however, it is seriously approached to comply with pandemic protection measures. While it was observed that healthcare workers carefully followed the suggestions and rules carefully, they stated that the measures taken in the working environment were high and that their colleagues followed the suggestions and rules carefully. It is emphasized that the fight against COVID-19 in Azerbaijan has been made correctly and implemented effectively, and it is considered to be more successful than Western countries in that fight. In addition to all these, they think that the society does not comply with the suggestions and rules in the fight against COVID-19. They stated that healthcare professional feel anxiety about getting infected with COVID-19, infecting their families and their environment, and causing them to die. It was also determined that while 13.19% of the respondents contacted COVID-19 patients, 11.81 % served COVID patients.

41.17% of the respondents serving COVID-19 patients are Doctors, 47.06% are Nurses and 11.77% are administrative staff. It was seen that there was a significant relationship between the healthcare workers serving the COVID-19 cases and the members of profession. As a result of the study conducted in Singapore, distribution among healthcare workers who died due to the SARS outbreak supports this case (Eyigun, 2004: 202). In this case, it can be said that doctors and nurses who are in more contact with patients are under higher risk.

According to the results of the study, 20% (30 out of 144 participants) of the questionnaire respondent healthcare workers who encountered and served COVID-19 cases were made diagnostic tests, and result of all of them were negative. Although the number of tests is very few and the results are negative, it can be said that the risk of healthcare workers to infect with COVID-19 is high and positive results can also be seen. These results show that healthcare workers are key points in the fight against the outbreak, and strict protection measures must be taken in hospitals to protect them.

Anxiety levels of the respondents were quite high. In order to reduce the anxiety levels of healthcare workers, working environments should be improved and the exposure risk to the outbreak should be minimized.

In the fight against pandemic, the healthcare workers consider China, Germany, Azerbaijan and Turkey as successful and Italy, Iran, Spain and the United States as unsuccessful.

In conclusion, the COVID-19 outbreak is a global phenomenon that creates high levels of anxiety on healthcare workers, as in all segments of society. In order to be successful at the national and international level in the fight against this major epidemic, it is required to take necessary measures for the protection of healthcare workers and their families and to provide professional support to alleviate anxiety. For this purpose, essential equipment can be provided in cooperation with healthcare workers to meet their needs

Keywords: Health Management, COVID-19, Azerbaijan, Pandemic, Health Workers

Öz: 2019 yılının Aralık ayı içerisinde Çin'in Wuhan kentinde bir yaban hayvan pazarından insana geçtiği sanılan COVID-19 virüsü koronavirüs pandemisini başlatmıştır. Virüs bir şekilde Wuhan kenti sınırları dışına insani hareketlilikle taşınmış ve dünya yayılmıştır. Hastalık Avrupa ülkelerinin ardından Azerbaycan'da da kendini göstermiştir. Koronavirüs pandemisiyle daha güçlü mücadele etmek için Azerbaycan sağlık çalışanlarının COVID-19 Pandemisinden Korunma ve Kaygı Duyma düzeyinin bilinmesi bu doğrultuda önlemlerin geliştirilip uygulanması önem arz etmektedir. Çalışmanın amacı, Azerbaycan sağlık çalışanlarının koronavirüsten nasıl etkilendiği, korunduğu ve kaygısının ne düzeyde olduğunu tespit etmektir. Çalışma, Muş Alparslan Üniversitesi Bilimsel Araştırma ve Yayın Etiği Kurulunun 29/04/2020 tarihli ve 10 numaralı kararınca uygun bulunmuştur. Araştırma Azerbaycan sağlık çalışanları üzerinde kolayda örnekleme yöntemiyle internet üzerinden yapılmıştır. Araştırmada COVID-19 Pandemisi Sağlık Çalışanları Ölçeği kullanılmıştır. Ölçek geçerlilik ve güvenilirliği test edilmiştir. Anket soruları 144 sağlık çalışanına sorulmuştur. Elde edilen veriler SPSS programında analiz edilmiş ve yorumlanmıştır. Araştırma bulguları frekans, ANOVA ve t testi ile analize tabi tutulmuştur. Elde edilen bulgular sonucunda Azerbaycan'daki sağlık çalışanlarının büyük çoğunluğunun kendilerini risk altında gördükleri tespit edilmiştir. Ayrıca, katılımcıların kaygı düzeylerinin oldukça yüksek olduğu ve bu durumun azaltılması için çalışma ortamları iyileştirilmesi ve salgına maruz kalma riskini en aza indirilmesi gerektiği önerilmektedir. Pandemi ile mücadelede sağlık çalışanlarının Çin, Almanya, Azerbaycan ve Türkiye'yi başarılı, İtalya, İran, İspanya ve ABD'yi başarısız olarak gördüğü tespit edilmiştir. Salgınla mücadelede başarı sağlanabilmesi amacıyla sağlık çalışanları ve ailelerinin koruması için gerekli önlemlerin alınması, kaygılarının giderilmesi için profesyonel destek sağlanması gerekmektedir.

Anahtar Kelimeler: Sağlık Yönetimi, COVID-19, Azerbaycan, Pandemi, Sağlık Çalışanları

Introduction

From the day human beings existed on the stage of history to the present, they faced various diseases and sought remedies to recover. People who lived thousands of years ago had medical knowledge. It was found the signs of the surgical operation performed in human skulls thousands of years. This operation was performed with scalpels made of pebbles and probably has aim to reduce pain and suffering. This finding represents that surgeons who lived during the bronze-stone age had some knowledge and abilities (Alakbarli, 2006: 6). Development of medicine in Sumerians, Babylonians and Assyrians spread to other countries, and medical information was exchanged between countries. Aforementioned scripts about the therapeutic properties of saffron, sesame, date and other herbs were written in cuneiform scripts on special clay tablets and kept in the temples and libraries in the palaces of the sultans (Alakbarli, 2008: 58). Information on epidemics can also be found in works of Hippocrates and Livy dating back to 412 BC (Kuszevski & Brydak, 2000: 188).

It can be said, based on the information acquired from historical sources, that epidemics such as plague, smallpox, leprosy, malaria, and cholera emerged from time to time along with other diseases since the early ages, and negatively affected the social and economic life of societies (Yolun, 2012: 25; Qiu et al., 2016-2017: 9). In this regard, outbreaks can be considered not only as a phenomenon of health and disease, but also as a problem affecting social, economic and cultural domains (Aytaç & Kurdaş, 2015: 233; Herring & Sattenspiel, 2007: 200). Differentiation of epidemics according to the social structure causes examination of its social problems from different perspectives (Balta, 2020; Teo et al., 2005: 533).

It is seen that 11 out of 12 epidemics that occurred in the world during the last 400 years started in China (Kuszewski & Brydak, 2000: 188). We can think about the example the plague which spread in the 14th century (Özden & Özmat, 2014: 85), “Asian Flu” (Shaw et al., 2002: 14), which started in the late 19th century, “Spanish Flu” which emerged between 1918 and 1920 (Kuszewski & Brydak, 2000: 189; Nicholls, 2006, 158). Plague, which spread in the 14th century (Özden & Özmat, 2014: 85), “Asian Flu” (Shaw et al., 2002: 14), which started in the late 19th century, “Spanish Flu” which emerged between 1918 and 1920 can be cited as example (Kuszewski & Brydak, 2000: 189; Nicholls, 2006, 158). In recent history, SARS (2003), Influenza (H1N1) (2009), MERS (2012), Ebola (2014) and Zika virus (2016) have been effective in the world at very short intervals (Er & Ünal, 2020: 4).

In December 2019, an outbreak of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infections occurred in Wuhan, Hubei Province, China and spread across China and beyond. On February 12, 2020, the World Health Organization officially named the disease caused by the novel coronavirus as Coronavirus Disease 2019 (COVID-19) (Zu ZY, Jiang MD, Xu PP et al., 2020: 2). The virus, which was effective in January and February, got under control in China through heavy quarantine applications and the number of cases decreased significantly by March (Peeri et al., 2020: 2). However, the virus that went beyond the borders of China was widely seen and effective in Iran and Italy and then in Europe and the USA. The World Health Organization (WHO) on March 11, 2020, has declared the coronavirus (COVID-19) outbreak a global pandemic (WHO, 2020a). As of 06 May 2020, the number of people suffering from this disease in the world is more than 2.7 million, the number of deaths is more than 191 thousand and the number of recovery is more than 751 thousand (WHO, 2020b).

The first official case of COVID-19 disease in Azerbaijan, which constitutes the population of study, occurred on February 28, 2020, and the first death on March 12, 2020. Following the first case, preventive measures have been taken by the government, schools have been suspended to prevent the rise in the number of diseases, and its border with the Islamic Republic of Iran, the neighbor country where the virus spread rapidly, has been sealed. On 24 April 2020, the total number of cases in Azerbaijan was 1548, the number of deaths was 20, and the number of people recovered and discharged was 948 (koronavirusinfo.az: 2020). To be able to manage the process, the Crisis Center (Azərbaycan Respublikası Nazirlər Kabineti Yanında Operativ Qərargah) was founded, and in the direction of the suggestions of the Center, strategies to combat COVID-19 were developed and put into practice. As in the whole world, domestic and foreign travels have gradually been restricted, and travel to Baku, Sumqayıt and Abşeron cities from other regions have been prohibited until April 20. People older than 65 were prohibited to go out and other citizens were allowed to go out upon permission. Formal education was suspended at schools and the distance education system took place (koronavirusinfo.az/az/page/xeberler, 2020). Thus, social isolation and social distancing application has become a legal obligation.

In this study, it is aimed to determine the protection and anxiety level of the healthcare workers against the virus in Azerbaijan, and to create suggestion for the development and implementation of measures in this direction.

Materials and Methods

Population and Sample of the Research

Population of the research consists of healthcare employees providing service in Azerbaijan. Healthcare workers participated in the study not through their institutions but through digital media. Doctors Nurses, Midwives, Health Officers, Technicians, Administrative staff and other employees were determined as sample in the study. Research data were collected from healthcare workers over the internet by means of digital tools. It is aimed to have access to working healthcare personnel from as many regions as possible through simple sampling.

The study was approved by the decision of the Scientific Research and Publication Ethics Committee of Muş Alparslan University dated 29/04/2020 and numbered 10. 144 valid questionnaires have been reached within the 15 days of data collection period (started in 31/04/2020 at 22:06:21 pm and ended in 15/05/2020 at 00:32:00 am) determined in this direction. This figure may not be considered to be sufficient for the Azerbaijan population under normal circumstances. However, it was carried out as a pioneering study upon the limitation of extraordinary conditions provided the sampling adequacy for the Kaiser-Meyer-Olkin (KMO) coefficient, which was looked for sampling adequacy due to the urgency of the subject and in scale validation analysis.

Data Collection Tools

In the study, "COVID-19 Pandemic Health Worker Scale" developed by Bostan et al (2020), specially for the coronavirus pandemic in Turkey was used. In the first part, it includes the demographic characteristics of the healthcare workers and the information about meeting and serving the patients with coronavirus, and in the second part, it consists of the expressions measuring the anxiety level of the healthcare workers about pandemic protection and pandemic. In the study, the 5-point Likert scale was used including Strongly Disagree (1), Disagree (2), Moderately Agree (3), Agree (4) and Strongly Agree (5).

In analysing of the COVID-19 Pandemic Health Worker Scale for Azerbaijani health workers, the SPSS program was used, and factor analysis was performed to understand construct validity (Field, 2000; Hair et al., 2012). Kaiser-Meyer-Olkin (KMO) test was performed for the sample number and it was observed to be 0.728. In addition, in order to find out whether or not the correlation between the items was significant, the results of Barlett's test of sphericity were examined and (Approx. Chi-Square: 1518,711; df: 136; sig. : 0,000) was found to be significant at 0.001 level. "Direct Oblimin" rotation method was applied with the "principal components" method to size the items. Taking factor loads of 0.40 and above in scale items are defined as high loads. 3 (three) expressions were eliminated in the scale consisting of 20 expressions, as the factor loads were insufficient and the scale consisted of 17 expressions. Accordingly, it can be said that the scale items carry a high load by loading all the expressions with 0.40 and above loads. As a result of the analysis of COVID-19 Pandemic Health Worker Scale of Azerbaijan health worker's data, it was seen that the scale was divided into two factors. These factors were named as Pandemic Protection (12 expressions) and Pandemic Anxiety (5 expressions). Variance explanation level of the factors that constitute the scale was calculated as 11.733 in total, with Pandemic Protection (8,046) and Pandemic Anxiety (3,687). For the reliability analysis of the scale, Cronbach's Alpha coefficient was examined and this value was found to be 0.856. It can be said that the Cronbach α coefficient of cyber-slacking scale was greater than 0.60 and hence had a high level of reliability.

Findings of the participants' demographic and COVID-19 encountering variables are given in Table 1

Table 1: Frequency Table of Demographic Variables

Variables	N	%	Variables	N	%
1. Professional Group			6. Marital Status		
Doctor	47	32,6	The Married	118	81,9
Nurse-Midwife-	63	43,8	Single	26	18,1
Health Officer-Technician					
Administrative pers.- Security	34	23,6			
2. Education Level			7. Have You Ever Encountered COVID-19 Patients?		
High School - School	65	45,1	Yes	19	13,19
University - Graduate	79	54,9	No	125	86,81
3. Sex			8. Did You Serve a COVID-19 Patient?		
Woman	82	56,9	Yes	17	11,81
Male	62	43,1	No	127	88,19
4. Monthly Average Income			9. Have You had the COVID 19 Test?		
0-500	80	55,6	Yes	30	20,83
501-1000	24	16,7	No	114	79,17
1001 up	40	27,8			
5. Where You Live			10. What is the Result?		
Baku	91	63,2	Negative	30	100,0
Other cities	53	36,8	Positive	0	0

As is seen from Table 1, the majority of the respondents consist of Nurses-Midwives-Health Officers-Technicians with a ratio of 43.8%, and Doctors ranked second with 32.6%, and Administrative and Security personnel ranked third with 23.6%. Since the majority of the hospital staff members consists of the employees such as Nurse-Midwife-Health Officer-Technician, this ratio can be approved. It was determined that 54.9% of the respondents consisted of those with undergraduate and graduate education. It can be considered that the majority of hospital staff members is expected to have a high level of education. Majority of the respondents were female with 56.9%

When the distribution of income level is examined, it is seen that the majority of respondents have an income between 0-500 Manats with a ratio of 55.6%. 63.2% of the respondents live in Baku and 36.5% live in other cities and provinces. Those married constitute the majority of the respondents with a ratio of 81.9%.

While 13.19% of the respondents encountered with COVID-19 patients, 11.81 % served COVID patients. Result of all the respondents who has COVID 19 test (20.83%) was “negative”.

Findings

Frequency distribution of expressions belonging to the components of COVID 19 Pandemic Health Worker Scale that are Pandemic Protection and Pandemic Anxiety Factors are given in Table 2.

Table 2: Frequency Distribution of COVID-19 Pandemic Health Worker Scale

Expressions	Strongly disagree		Disagree		Moderately Agree		Agree		Strongly Agree		\bar{x}	SS
	n	%	n	%	n	%	n	%	n	%		
COVID-19 Pandemic Protection Factor											3,26	0,43
1. I have sufficient personal protectors.	22	15,3	16	11,1	43	29,9	47	32,6	16	11,1	3,13	1,2
2. Necessary measures were taken in the work environment.	17	11,8	10	6,9	34	23,6	53	36,8	30	20,8	3,48	1,2
3. I myself strictly follow the suggestions and rules.	4	2,8	4	2,8	28	19,4	49	34,0	59	41,0	4,08	1,0
4. My colleagues strictly follow the suggestions and rules.	9	6,3	7	4,9	57	39,6	46	31,9	25	17,4	3,49	1,0
5. Patients and those in the environment strictly follow the suggestions and rules.	29	20,1	33	22,9	57	39,6	14	9,7	11	7,6	2,62	1,1
6. Administrators act responsibly to the problems we convey about COVID-19.	3	2,1	12	8,3	48	33,3	66	45,8	15	10,4	3,54	0,9
12. The organization where I work has the essential equipment to respond to the epidemic.	21	14,6	31	21,5	34	23,6	42	29,2	16	11,1	3,01	1,2
13. The organization where I work effectively maintains the response to the epidemic.	9	6,3	27	18,8	46	31,9	40	27,8	22	15,3	3,27	1,1
14. Our society complies with suggestions and rules in the fight against COVID-19.	20	13,9	43	29,9	63	43,8	14	9,7	4	2,8	2,58	0,9
15. In general, media and TVs broadcast in a way to comply with the rules in their broadcastings about COVID-19.	6	4,2	19	13,2	75	52,1	30	20,8	14	9,7	3,19	0,9
16. Generally, sharing related to COVID-19 in social media is done in a way to strengthen the struggle.	19	13,2	27	18,8	53	36,8	31	21,5	14	9,7	2,96	1,2
17. Decisions to fight against COVID-19 have been made correctly in our country.	1	0,7	8	5,6	42	29,2	54	37,5	39	27,1	3,85	0,9

18. Decisions to fight against COVID-19 are implemented efficiently	0	0,0	14	9,7	69	47,9	38	26,4	23	16,0	3,49	0,9
19. Generally, we are more successful than the Western countries in the fight against COVID-19.	1	0,7	16	11,1	56	38,9	55	38,2	16	11,1	3,48	0,9
20. Healthcare system's capacity of our country is at a level sufficient to cope with this epidemic.	28	19,4	36	25,0	36	25,0	27	18,8	17	11,8	2,78	1,3
COVID-19 Pandemic Anxiety Factor											3,66	0,22
7. I feel anxiety about COVID-19 infection.	6	4,2	8	5,6	47	32,6	56	38,9	27	18,8	3,63	1,0
8. I feel anxiety about infecting my family and my environment with COVID-19.	6	4,2	5	3,5	30	20,8	61	42,4	42	29,2	3,89	1,0
9. I feel anxiety about getting sick due to COVID-19.	4	2,8	9	6,3	43	29,9	54	37,5	34	23,6	3,73	1,0
10. I feel anxiety about dying due to COVID-19.	14	9,7	22	15,3	31	21,5	60	41,7	17	11,8	3,31	1,2
11. I feel anxiety about infecting any relative of me with COVID-19 and causing him/her to die.	11	7,6	17	11,8	14	9,7	57	39,6	45	31,3	3,75	1,2

From Table 2, It was observed that the pandemic anxiety sensitivity ((3.66) of Azerbaijan healthcare workers is higher than the protection sensitivity (3.26). While healthcare workers stated that they strictly follow the suggestions and rules (4,08), it is mentioned that the decisions to fight against COVID-19 have been made correctly (3.85) from the beginning. Nevertheless, they stated that the society (2.58) in Azerbaijan and the patients in the hospital and the people in the environment (2.64) did not comply with the suggestions and rules in the fight against COVID-19. Healthcare workers think that the organization where they work has the essential equipment to respond to the outbreak (3.01) and that it maintains the response to the outbreak (3.27) and necessary measures are taken (3.48). . According to health workers, decisions to fight against pandemic in Azerbaijan is efficient (3.49) and more successful (3.48) than Western countries.

According to the results of Table 2, healthcare workers mainly feel anxiety about infecting their families and their environment with COVID-19 (3.89) and causing their death (3.75). Healthcare workers also expressed anxiety about dying due to pandemics (3.31).

When examining Table 3, it is seen that Administrative staff feel more anxiety about the COVID-19 pandemic than other employees (3.9) and are protected (3.73). Doctors take less attention to COVID-19 pandemics in both factors compared to other employees. However, it cannot be said that doctors do not care about the pandemic.

Table 3: Professional Variable of Respondents

Factors	Profession	N	Mean	Std. Deviation	Std. Error	t	p
Protection	Doctor	47	2,98	0,775	0,113	12,70	0,000
	Nurse	63	3,43	0,646	0,081		
	Administrative pers	34	3,73	0,592	0,102		
Anxiety	Doctor	47	3,29	0,941	0,137	7,28	0,001
	Nurse	63	3,80	0,746	0,094		
	Administrative pers	34	3,90	0,726	0,124		

The effect of the city where the health workers live on the factors is given in Table 4. When the table is examined, it is seen that the sensitivity of the health workers in other regions is higher than those living in Baku, where the population lives densely.

Table 4: City Variable of Respondents

Factors	City	N	Mean	Std. Deviation	Std. Error Mean	t	p
Protection	Baku	91	3,2463	0,58266	0,06108	-2,284	0,024
	Other	53	3,5314	0,91510	0,12570		
Anxiety	Baku	91	3,5780	0,93307	0,09781	-1,527	0,129
	Other	53	3,8000	0,65280	0,08967		

As is seen in Table 5, although female healthcare workers feel more anxiety about the COVID-19 pandemic than male healthcare workers, sensitivity of male healthcare workers to pandemic protection was higher than that of female.

Table 5: Gender Variable of the Respondents

Factors	Cinsiyet	N	Mean	Std. Deviation	Std. Error Mean	t	p
Protection	Woman	82	3,2144	0,72908	0,08051	-2,629	0,009
	Man	62	3,5323	0,70361	0,08936		
Anxiety	Woman	82	3,7805	0,75791	0,08370	1,992	0,048
	Man	62	3,5000	0,93089	0,11822		

It has been determined that the healthcare professionals' encounter with patients with coronavirus and their status of serving patients with coronavirus are not effective on the anxiety factor.

The level of protection of healthcare professionals who faced (t: 3,148/ p:0,002) and served with patients with coronavirus (t:2,099/ p: 0,038) was higher than others.

It has been found that healthcare workers having a coronavirus test does not have a distinctive effect on anxiety and protection factors.

Health workers were asked to write the countries they considered as successful and unsuccessful in fighting against pandemic according to them. According to the questionnaire results, health workers considered China (62 times), Germany (30 times), Azerbaijan (23 times) and Turkey (19 times) as the most successful countries in fighting against COVID-19 pandemic. In addition, 13 respondents said that there was no successful country in the fight against COVID-19. The ranking of the most unsuccessful countries in the fight against the COVID-19 pandemic was Italy (109 times), Iran (46 times), Spain (33 times) and the USA (27 times).

Discussion and Conclusion

When examining the coronavirus pandemic statistics, it is seen according the data dated 06.05.2020 that Azerbaijan has ranked 71st and Turkey has ranked 8th (WHO, 2020b). Although the societies of these countries are similar to each other, the difference in the structuring of factor number in factor analysis is said to be derived from the differences in the healthcare system and health financing.

In this study, it was attempted to determine the level of anxiety and protection of healthcare workers in Azerbaijan from the COVID-19 outbreak, and it was concluded that healthcare workers were under great risk. According to the results of the study, the level of anxiety against epidemics in Azerbaijani healthcare workers was high, however, it is seriously approached to comply with pandemic protection measures. While it was observed that healthcare workers carefully followed the suggestions and rules carefully, they stated that the measures taken in the working environment were high and that their colleagues followed the suggestions and rules carefully. It is emphasized that the fight against COVID-19 in Azerbaijan has been made correctly and implemented effectively, and it is considered to be more successful than Western countries in that fight. In addition to all these, they think that the society does not comply with the suggestions and rules in the fight against COVID-19. They stated that healthcare professional feel anxiety about getting infected with COVID-19, infecting their families and their environment, and causing them to die. It was also determined that while 13.19% of the respondents contacted COVID-19 patients, 11.81 % served COVID patients. Although there is no facts and figures on the effect of the COVID-19 outbreak on healthcare professional in the literature, studies related to the SARS virus which is from the same family show that healthcare workers are under great risk. In one of the studies examining the effects of the SARS outbreak in the People's Republic of China, it was reported that 105 of 305 cases were caused by healthcare workers, and in the study conducted in Hong Kong, approximately 30% of 1755 cases of SARS outbreak were caused by healthcare workers (Zhong et al., 2003 and Eyigun, 2004). In another study, it was determined that SARS-CoV and MERS-CoV viruses spread mostly through nosocomial transmission among people and that the healthcare workers were more affected by infection (De Wit et al. 2016).

41.17% of the respondents serving COVID-19 patients are Doctors, 47.06% are Nurses and 11.77% are administrative staff. It was seen that there was a significant relationship between the healthcare workers serving the COVID-19 cases and the members of profession. As a result of the study conducted in Singapore, distribution among healthcare workers who died due to the SARS outbreak supports this case (Eyigun, 2004: 202). In this case, it can be said that doctors and nurses who are in more contact with patients are under higher risk.

According to the results of the study, 20% (30 out of 144 participants) of the questionnaire respondent healthcare workers who encountered and served COVID-19 cases were made diagnostic tests, and result of all of them were negative. Although the number of tests is very few and the results are negative, it can be said that the risk of healthcare workers to infect with COVID-19 is high and positive results can also be seen. Similar results were obtained in a study on healthcare workers working in COVID-19 pandemic hospitals in Turkey. Similar results were found in studies on the healthcare workers working in COVID -19 pandemic hospitals. Anxiety Levels and Working Conditions were evaluated and also determined in studies. According to the results of studies performed in Turkey, only 35 (4.8%) of the 736 healthcare workers who responded in the study were subjected to a diagnostic test. Results were positive in 15 (43%) of healthcare workers tested for diagnosis (Bostan et al. 2020: 4). These results show that healthcare workers are key points in the fight against the outbreak, and strict protection measures must be taken in hospitals to protect them. Taking strict control measures to protect healthcare workers in the studies related to SARS revealed that it is effective in preventing the spread of the virus (Riley et al., 2003: 1965).

Anxiety levels of the respondents were quite high. In order to reduce the anxiety levels of healthcare workers, working environments should be improved and the exposure risk to the outbreak should be minimized. Considering that 32-34% of healthcare workers are affected during the SARS outbreak (Chowell G., et al., 2015: 11), meeting proper conditions in work environments becomes more important.

In the fight against pandemic, the healthcare workers consider China, Germany, Azerbaijan and Turkey as successful and Italy, Iran, Spain and the United States as unsuccessful

In conclusion, the COVID-19 outbreak is a global phenomenon that creates high levels of anxiety on healthcare workers, as in all segments of society. In order to be successful at the national and international level in the fight against this major epidemic, it is required to take necessary measures for the protection of healthcare workers and their families and to provide professional support to alleviate anxiety. For this purpose, essential equipment can be provided in cooperation with healthcare workers to meet their needs.

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