**ARAŞTIRMA** / *Research Articles*

# Parenting While Working in a Contact Tracing Team: A Metaphorical Study[1]

## *Filyasyon Ekibinde Çalışırken Ebeveynlik: Metaforik Bir Çalışma*

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## ABSTRACT

*In this study, it was aimed to identify the healthcare worker parents' metaphorical perceptions of contact tracing works they were assigned during the COVID-19 pandemic. In this study, phenomenology design, one of the qualitative research methods, was used. The study group consisted of 47 healthcare-worker-parents (25 mothers-22 fathers) having a child aged 0-18 and being assigned to contact tracing teams during the COVID-19 pandemic. As data collection tools, demographic information form and a metaphor-inquiring questionnaire were used. The data obtained at the end of the study were analyzed by content analysis method. The results revealed thirty-five valid metaphors uttered. These metaphors were clustered under five conceptual categories: work rules, challenges and exhaustion, protecting people from the disease, protecting oneself from the disease, and disruption of family order. When the metaphors were examined, it was found that healthcare worker parents were afraid of infecting their families and children, they developed a positive perception by associating their duties with protecting and recovering others, they experienced exhaustion due to intense workload and had difficulty in managing their exhaustion.*

***Keywords:*** *COVID-19, contact tracing, parenting, healthcare workers.*

## ÖZ

*Bu çalışmada, COVID-19 salgını sırasında filyasyon çalışmalarında görev almış olan sağlık çalışanı ebeveynlerin filyasyon çalışmalarına ilişkin metaforik algılarının tespit edilmesi amaçlanmıştır. Bu çalışmada nitel araştırma yöntemlerinden biri olan fenomenoloji deseni kullanılmıştır. Çalışma grubunu, COVID-19 salgını sırasında filyasyon çalışmalarında görev almış ya da görev almakta olan 0-18 yaş aralığında çocuğu olan 47 ebeveyn (25 anne-22 baba) sağlık çalışanları oluşturmuştur. Veri toplama aracı olarak demografik bilgi formu ve metaforik soru formu kullanılmıştır. Çalışma sonunda elde edilen veriler içerik analizi yöntemiyle çözümlenmiştir. Otuz beş geçerli metafor üretilmiştir. Bu metaforlar beş kavramsal kategori altında toplanmıştır: (çalışma kuralları, zorluklar ve yorgunluk, hastalıktan korunma, hastalığın başkalarına bulaşmasını engelleme ve aile düzeninin bozulması) değerlendirilmiştir. Üretilen metaforlar incelendiğinde, sağlık çalışanı ebeveynlerin hastalığı ailelerine ve çocuklarına bulaştırmaktan korktukları, görevlerini başkalarını koruma ve iyileştirme ile ilişkilendirerek olumlu bir algı geliştirdikleri, iş yükü karşısında yorgunluk yaşadıkları ve bu yorgunluğu yönetmekte zorlandıkları saptanmıştır.*

***Anahtar Kelimeler:*** *Covid-19, filyasyon ekibi, ebeveynlik, sağlık çalışanları.*

## INTRODUCTION

Pandemics and similar adverse life events not only pose a health risk but also lead to social and psychological attrition (1). The rapid spread of COVID-19 and the increasing number of deaths have driven people to worry, fear, and panic (2). Healthcare workers undertake significant responsibilities in the pandemic to prevent public fear and panic. In addition to treating hospitalized patients, healthcare professionals also take part in mobile healthcare services and home care and follow-up works. Among them, contact tracing is inevitably shown as one of the most noteworthy tasks during the pandemic. The staff deployed in contact tracing works visit COVID-19 patients, deliver their medication, obtain swab samples,

and perform their follow-ups during isolation. In a study in Toronto during the SARS epidemic in 2003, the researchers found that healthcare workers experienced burnout, feared infecting their relatives, and, therefore, felt bad and depressed (3). In the MERS-CoV epidemic in Saudi Arabia in 2012, nurses and technicians were more afraid of infecting their families compared to physicians (4). Similar findings were the case for healthcare workers in the COVID-19 outbreak (5, 6). It was previously reported that the healthcare workers and their children had decreased support from their relatives and social milieu due to physical distancing rules, had difficulty in planning their routines due to the cessation of face-to-face education, and experienced the symptoms of post-traumatic stress disorder (7, 8). Relevant research pointed out the pandemic adversely affected the psychological state of healthcare workers and their children. Ultimately, we aimed to explore the parenting experiences of healthcare professionals, especially those deployed in contact tracing teams (CTTs,) through metaphors, assuming that they experience worry.

## MATERIALS AND METHOD

### Research Design

Structured in qualitative inquiry, the present study employed a phenomenology design. Phenomenology focuses on discovering common meanings of experiences with an event or a phenomenon (9). Accordingly, a researcher scrutinizes a phenomenon lacking deeper, broader, and detailed understanding (10) and investigates perceptions and understandings of individuals experiencing the phenomenon (11).

### Sample

While recruiting the sample, we resorted to purposive sampling techniques. In qualitative research, one may use multiple sampling techniques to create a study group to be able to interpret phenomena (12). In this regard, we decided on the sample utilizing snowball sampling (reaching new potential participants based on the suggestions of those reached before) (13), convenience sampling (reaching convenient and easy-to-recruit cases) (14), and criterion

sampling (identifying the cases according to predetermined criteria) (15). Consequently, the sample was composed of voluntary 47 healthcare worker parents, 25 mothers and 22 fathers, having a child(ren) aged 0-18 years and being assigned to CTTs during the pandemic. Table 1 presents the descriptives of the parents.

### Data Collection Tools

To explore the metaphorical perceptions of healthcare worker parents deployed in CTTs in the pandemic, we collected the data through a demographic information form and a metaphor-inquiring questionnaire. We sought expert opinions from five academics regarding the relevance and clarity of the data collection tools. Then, we performed a pilot study, made needed corrections, and finalized the measures.

### Data Collection Procedure

We informed all the potential participants about the purpose of the research. Moreover, they were explained that participation was on a voluntary basis, that they could withdraw from the research at any stage, and that the data would be kept confidential and only be used in the scope of a scientific study. Then, we obtained written consent from those volunteering to participate in the study. We delivered the data collection tools to the participants online. Participants were asked to fill out the forms carefully in a quiet environment, and we recorded the responses in a digital environment with appropriate coding.

### Data Analysis

First, we transferred all the data to the MAXQDA (2020) program that allows the systematic evaluation, interpretation, and visual mapping of texts (9). Then, on the program, we interpreted the participants' responses and assigned codes and sub-codes to them by utilizing the content analysis method. It is often recommended to perform two-stage coding to contribute to the reliability of the data analysis process (16). Therefore, three researchers first made independent coding and compared their coding to ensure consistency (17). Next, three different researchers reviewed the coding and ensured the compatibility between

**Table 1:** Descriptives of the Participants (Ankara, 2021).

| Demographic Characteristics | | Mother (n) | Father (n) |
|---|---|---|---|
| Age | 20-30 years | 2 | 7 |
| | 31-40 years | 12 | 6 |
| | 41-50 years | 11 | 8 |
| | 51-60 years | - | 1 |
| Professional experience | 1-10 years | 9 | 12 |
| | 11-20 years | 10 | 3 |
| | 21-30 years | 6 | 7 |
| Educational attainment | High school | - | 4 |
| | Associate degree | 6 | 4 |
| | Undergraduate degree | 11 | 6 |
| | Postgraduate degree | 8 | 8 |
| Occupation | Medical doctor | 2 | 3 |
| | Dentist | 6 | 5 |
| | Nurse | 7 | 2 |
| | Midwife | 3 | - |
| | Child development specialist | 4 | 1 |
| | Psychologist | - | 1 |
| | Healthcare clerk | - | 5 |
| | Healthcare technician | 3 | 3 |
| | Emergency medical technician | - | 2 |
| Number of Children | 1 | 14 | 10 |
| | 2 | 6 | 7 |
| | 3 | 3 | 5 |
| | 4 | 2 | - |
| Family structure | Nuclear family | 16 | 18 |
| | Extended family | 1 | 2 |
| | Single parent | 8 | 2 |

the codes. During the data analysis, the researchers held regular online meetings, examined the coding, and reached a consensus on overlapping coding.

**FINDINGS**

The present study metaphorically explored the parenting experiences of healthcare worker parents taking part in CTTs during the pandemic. The findings revealed that the participants' responses led to a total of 35 metaphors clustered under five different categories: *Work Rules, Challenges and Exhaustion, Protecting People from the Disease, Protecting Oneself from the Disease*, and *Disruption of Family Order* (Table 2).

As in Table 2, although we separately defined

five categories upon the metaphors of the parents regarding their duties in CTTs, they seem to be interacting with each other.

In the findings, the categories of "*work rules*" and "*challenges and exhaustion*" refer primarily to the difficulties of taking part in CTTs. Statements clustered under the first category may help to understand the physical and cognitive loads of the participants. It is apparent that the metaphors in this category are grouped as attention-requiring tasks (*glass handling, acrobat*) and uncertainty/repetitive situations (*boomerang, purgatory, helplessness*). In the category of "*Challenges and Exhaustion*," the metaphors are linked with work-related intensity (*bee, freight train, sponge, exhaustion, persistency*).

The category of "*Protecting People from the Disease*," which interacts to other categories but is considered as a separate category due to the emotional content of the statements, imply that healthcare workers undertake an emotional burden stemming from a sense of responsibility towards society, as well as their physical and cognitive burden. Consequently, they may often have aired power- (*lion, soldier, superhero, warrior*) and positivity-related metaphors (*fairy, angel, sunshine, mother bird, plane tree, moon*).

We considered the impacts of working in CTTs on healthcare workers in the first three categories. Yet, we realized through "*Protecting Oneself*

*from the Disease*" and "*Disruption of Family Order*" that physical, cognitive, and emotional burdens in working life also appear in family life and determined that the parents in CTTs have difficulties in satisfying the requirements of being a family and maintaining the functionality of their families. Accordingly, metaphors in the category

**Table 2:** Categories and Metaphors (Ankara, 2021).

| Category | Metaphors |
|---|---|
| Work rules | Glass handling |
| | Boomerang |
| | Helplessness |
| | Purgatory |
| | Acrobat |
| Challenges and exhaustion | Persistence |
| | Exhaustion |
| | Bee |
| | Freight train |
| | Sponge |
| Protecting people from the disease | Plane tree |
| | Soldier |
| | Superhero |
| | Warrior |
| | Lion |
| | Moon |
| | Mother |
| | Mother bird |
| | Fairy |
| | Angel |
| | Sunshine |
| Protecting oneself from the disease | Self-sacrifice |
| | Thorny rose |
| | Paranoia |
| | Palpitations |
| | Obsessive-compulsive disorder |
| | Worried and nervous mother |
| Disruption of family order | Disappearance |
| | Lonely balloon |
| | Virtual parenting |
| | Longing |
| | Stone |
| | Worker |
| | Scarecrow |
| | Inadequate mother |

of "*Protecting Oneself from Diseases*" indicate anxious situations (*self-sacrifice, thorny rose, paranoia, palpitations, obsessive-compulsive disorder, worried and nervous mother*). Finally, the category of "*Disruption of Family Order*" covers metaphors for dissatisfaction with parenting (*virtual parenting, inadequate mother, disappearance, worker, stone, scarecrow*) and metaphors for longing for family and loneliness (*lonely balloon, longing*).

**Work Rules**

Healthcare workers from different occupational groups were selected and deployed to the contact tracing works planned and carried out by the Ministry of Health to prevent the pandemic and reduce its effects. Healthcare workers involved in the CTTs were assigned to follow up the treatment courses of COVID-19 patients, as well as ensuring the isolation measures for people having contact with COVID-19 patients.

One of the themes in this category may be linked with a purgatory situation of healthcare workers between their former and new duties. A participant voiced this situation as "*It is like being stuck in purgatory; I can neither do the job fully nor return to former routines. I guess we are stuck between the two.*" The participants also reported not having enough information about the pandemic at the beginning and having difficulties in adapting to the new working conditions.

The working order and schedule in CTTs necessitate repetitively performing the same tasks. The themes in the category of "*Work Rules*" include the necessity of repeating the same tasks and complying with professional rules. One of the participants expressed this situation as "*It is like a boomerang since I'm doing the same things over and over.*"

The statements "*It is like glass handling... It is more important to follow the professional conducts.*" or "*It is like being an acrobat... I have to be very careful since even a small mistake or carelessness may cost irreversible consequences.*" may imply challenging nature of their responsibilities and complying with the rules of their duties.

Visiting COVID-19 patients or people having contact with patients at their homes and performing follow-up works may have caused physical burdens on the participants. Thus, we expanded this category with the category of "*Challenges and Exhaustion*."

**Challenges and Exhaustion**

The only theme identified in the category of "*Challenges and Exhaustion*" is the exhausting work schedule. Following the very first COVID-19 case in our country, the rapid planning of preventive and therapeutic healthcare services and shifting to a busy schedule led to challenges in adapting to the new order and ultimate exhaustion among healthcare workers.

We suggested that the fight against the pandemic is exhausting and wearisome and that healthcare workers have difficulties under the intense workload, as in the statements "*It is like a sponge because this is a process requiring severe effects to be absorbed*" or "*It is like working like a bee because I have to work nonstop.*"

**Protecting People from the Disease**

We determined the dominant theme in this category to be protecting people from the disease and death. Due to the rapid transmission of the disease and the high number of fatalities, healthcare professionals markedly gained increased importance in prevention and treatment services, which may have caused them to feel intense responsibility towards people than ever before. The fact that some participants compared themselves to a *soldier, lion, warrior*, or *superhero* may imply that they not only conceive of the COVID-19 as a disease that must be overcome but also consider it a source of evil that must be defeated or expelled. Ultimately, they see themselves have adequate power and responsibility in this regard.

The second theme identified in this category is helping people. In this theme, health workers compared themselves to a *mother, mother bird, moon, plane tree*, or *sunshine*. These metaphors may refer to that healthcare professionals are affected by the hopelessness and helplessness thoughts of patients or contacts, which may be exemplified with the statements "*It is like an old plane tree because I had to keep all sections of society, my family, and my children under my wings. I'm always worried; I always worked with the awareness that I undertook a tough and heavy burden*" or "*It is like sunshine since I come to the aid of many people expecting a bit hope from me. When they see me, they feel like they have stepped out of the dark into the light.*"

The final theme identified in relation to helping people is instilling hope in people. In this context, the participants compared themselves to an angel or fairy. As in the statement, "*People are waiting for hope, help, a kind manner, or interest from me. Helping and visiting them make us look like angels*", such emotional contagions may lead the participants to see themselves as a source of hope, as well as increasing the emotional burden on them.

**Protecting Oneself from the Disease**

We identified two main themes under the category of "*Protecting Oneself from the Disease*:" fear of testing positive for COVID-19 as a healthcare worker parent and being afraid of infecting their family members. We think that the participants may frequently have aired such concerns since involving in CTTs requires direct contact with patients or contacts.

"*It's like being self-sacrificing because I think I need to protect my spouse, children, and elders. The possibility of their catching the disease because of me always occupies my mind, and I'm terrified that something will happen to them because of me.*" As in the statement, the participants are afraid of the possibility of harming their families, and, if so, they may consider themselves being responsible for it. Hence, this situation brings with it a conscientious and psychological burden felt towards family members. On the other hand, healthcare workers are at risk of their own mental health, which may be exemplified with the expressions "*It's like paranoia because I always think I'm sick*" or "*It turns me into a person with the obsessive-compulsive disorder because I voluntarily responded the call of duty in the pandemic that everyone fled. And I experienced*

*the fear of transmitting the disease to my child.*" Finally, the participants also reported taking personal precautions such as reserving a room, taking a shower as soon as arriving home, and putting off their work clothes before getting in the house to protect their families from the disease.

**Disruption of Family Order**

As stated above, the physical and cognitive exhaustion of the healthcare workers involved in CTTs and their efforts to protect themselves and their families while trying to fulfill their duties and responsibilities may have caused some changes to the functioning of their families.

It is now well-known that some undesirable factors may have led them to feel lonely and alienated: the necessity of complying with the physical distancing and hygiene rules when returning home, staying in a separate room away from their family in the same house, reduced time and activities they spend with their family, and the inability to have physical contact with their children.

In the category of "*Disruption of Family Order*," we determined that the behaviors adopted by healthcare workers while trying to protect themselves and their families from COVID-19 bear psychological projections on them. The first theme is suppressing, losing, or pocketing one's emotions. In the Turkish language, the expressions "*taş gibi*" and "*taş yürekli*" are used metaphorically to refer to people who do not feel/understand emotions. A participant similarly expressed his/her feelings as "*It is like being a* **stone** *because it is heartbreaking not to be able to hug my little girl insisting on seeing me just for her health.*" The parents were emotionally challenged because they could not meet their children's physical intimacy needs. They also had difficulties in explaining this situation to their children.

The second theme is being in an inaccessible place for and inability to contact their children. The metaphors mentioned under these themes are virtual parenthood, lonely balloon, scarecrow, and disappearance. The parents often stated that

they could not touch, hug, or kiss their children. In Turkish culture, parents show their affection for their children by touching/hugging them; however, the inability to touch/hug their children forced the parents in CTTs emotionally. The following statements of the participants may be among the examples clearly manifesting the situation: "*It is like* **disappearing** *for a certain period of time, as my child thinks because my child does sometimes not see me for 36 hours.*" and "*It is like a* **lonely balloon** *since I feel like I'm alone in a crowded home. I cannot hug, touch, or kiss anyone as if I was abandoned in the crowd.*"

The third theme is related to the disruption of family routines. Before the pandemic, the fact that families had certain practices where they came together used to offer opportunities to satisfy both emotional and physical needs, making the family environment safe. Nevertheless, the pandemic made such opportunities rare or gone for the families. The participants were particularly affected by the disruption of breakfast and dinner routines bringing the family together. A participant described how the pandemic disrupted his/her family routine as "*It is like working as a* **healthcare worker** *in shifts in an environment posing a high risk of the disease and away from the family. It ruins family routines and life order.*"

The last theme is the inability to allocate the necessary time, interest, and care to children. Increasing working hours and exhaustion caused the participants to be unable to demonstrate adequate parenting during their off-hours, thus negatively affecting their self-parenting assessments. A participant reported, "*It's like being an* **inadequate mother** *since I really don't have enough time and energy to devote to my child.*"

Physical distancing rules adopted by the parents to avoid infecting their families, on the other hand, may have caused longing for the family times or a feeling of exclusion. In this category, the participants uttered metaphors related to not being able to allocate the necessary time and care to family members and the sense of inadequacy.

**DISCUSSION**

**Work Rules, Challenges and Exhaustion**

According to metaphors in this category, we may suggest that the participants have difficulties adapting to the responsibilities of their new duties and busy schedule. Furthermore, we determined that the fight against the pandemic is exhausting and wearisome and that healthcare workers have difficulties under the intense workload. In a study by Gassman-Pines et al. (2020) to examine the psychological well-being of parents and their children, the mechanisms affecting psychological well-being were reported to be l*oss of job, loss of family income, increased caregiving burden*, and *illness*. In our study, we found out that the increased workload has undesirable impacts on families even though the participants did not experience any job loss (18).

In our study, the parents expressed the difficulties of the adaptation process brought by such a new task, the uncertainty of the newly developing process, the intensity of the tasks, and the challenges of new working conduct such as the constant repetition of the same task over time. Similar to our findings, in a study with healthcare professionals in Portugal, Duarte et al. (2020) discovered healthcare professionals working with COVID-19 patients had increased burnout levels (19). In a study exploring the feelings and thoughts of nurse parents during the pandemic, Coskun and Günay (2021) determined that the parents with workplace and task rotation had increased worries about their children (20). Sahin et al. (2020) carried out their research to examine the anxiety levels of healthcare worker parents and their children during the pandemic and found a positive correlation between anxiety levels of both parents and their children (21). Skokauskas et al. (2020) mentioned that healthcare workers' children have greater stress response because they are aware of the risks of their parents' working conditions during the pandemic (22). Gavin et al. (2020) mentioned that healthcare professionals with children experienced increased psychological stress during COVID-19 pandemic, although family support becomes a protective factor for occupational stress in ordinary situations, (23).

Dima et al. (2021) carried out their research with social workers in Romania and they examined social workes' job stress and burnout during COVID-19 pandemic. Despite most workers indicated more level of stress, consistently with our statement mentioned above, a significant number of the workers explained they were motivated to develop new skills in response to changing work environment (24). Harrikari et al. (2021) also carried out a research about social workers' experiences in Finland during pandemic and they determined both internal and external strengths and opportunities. Professional reflexivity and flexibility, use of professional knowledge and competencies, new options for cooperation and administrative practices were reported as some of the positive factors (25).

**Protecting People from the Disease**

In our research, within the category of **protecting people from the disease**, the impressions of health workers from people are that they protect them, help them and give hope. In one research that Ives et al. (2009) carried out with healthcare workers during pandemic influenza, results were consistent with our themes in this category. It is mentioned that from all professionals, their participants thought that they should work especially during pandemic, otherwise it became an ethical issue. Their motivations differed individually, some of them explained that it was a sense of professional responsibility or loyalty, some of them explained it was a trigger to help people in need (26).

**Protecting Oneself from the Disease**

Our research indicate that parents feel fear and anxiety about the possibility of both being sick and being a carrier of the disease in the category of **protecting oneself from the disease**. In our study, it was determined that parents were afraid of infecting their children and all family members. In a study with healthcare workers and administrative staff during the SARS epidemic, Bai et al. (2004) found that 15% of the participants were afraid of infecting their families (27). Varner (2020) reported that health workers apply various rituals to decontaminate themselves when arriving home and wash their hands/take

a shower before allowing their own children to approach them (28). Nyashanu et al. (2020) also determined fear of infection and infecting others among frontline healthcare workers during the COVID-19 pandemic in United Kingdom (29). Lo et. al. (2020) reported that physician parents concerned about exposing their children to COVID-19 were more stressed (30). Varner (2020) reported that health workers apply various rituals to decontaminate themselves when arriving home and wash their hands/take a shower before allowing their own children to approach them (27). Sahoo and Gulia (2020) indicate that healthcare workers sanitize themselves by taking head bath, salt water/chlorhexidine gargling, brushing teeth; and sanitize their items like keys, shoes, mobile phone, etc. prior to giving their children routine hug (31). Thus, we may assert that healthcare workers struggling with epidemics have similar concerns and fears in different epidemics, periods, and places.

## Disruption of Family Order

Physical distancing rules adopted by the parents to avoid infecting their families, on the other hand, may have caused longing for the family times or a feeling of exclusion. In this category, the participants uttered metaphors related to not being able to allocate the necessary time and care to family members and the sense of inadequacy. In a study by Coskun and Günay (2021), the participating parents missed playing games and spending time with their children, similar to our findings (20). Lo et. al. (2020) reported that physician parents had difficulties with their children homeschooling and remote learning routines, and also structuring the between their home life and work life (29). Moreover, Woon et al. (2020) highlighted the protective function of having children against depression and they suggested a sufficient amount of time should be provided to healthcare workers for their family to protect their psychological wellbeing (31).

## CONCLUSION

The present study aimed to explore the healthcare worker parents' perceptions of contacting tracing works during the pandemic. The results revealed that the participants' analogies were clustered under five categories and that although these categories were defined separately, they were in interaction with each other.

This qualitative research allowed healthcare professionals deployed in CTTs to reveal their parenting experiences and feelings in the pandemic. The metaphors obtained may help understand the emotions and psychological needs of healthcare workers and encourage supportive incentives for them.

In the study, the metaphors "glass handling, boomerang, helplessness, purgatory, and acrobat" in the category of "Work Rules" and "persistence, exhaustion, bee, freight train, and sponge" in the category of "Challenges and Exhaustion" imply the participants' workload and the impacts of such workload. On the other hand, their thoughts on protecting people from the disease may be deduced from the metaphors "plane tree, soldier, superhero, warrior, lion, moon, mother, mother bird, fairy, angel, and sunshine" in the category of "Protecting People from Disease." Besides, we determined that the participants position themselves as protectors and fortifiers despite their exhausting tasks. On the other hand, the metaphors "self-sacrifice, thorny rose, paranoia, palpitations, obsessive-compulsive disorder, and worried and nervous mother" in the category of "Protecting Oneself from the Disease" and "disappearance, lonely balloon, virtual parenting, longing, stone, worker, scarecrow, and inadequate mother" revealed their longing for being with their families and parental concerns.

While being a parent fundamentally requires undertaking the responsibility of being a family, laying a robust foundation of a functional family provides ultimate emotional and psychological satisfaction. However, adults who cannot experience psychological satisfaction in their workplaces and family settings and are mentally and physically exhausted are prone to develop health problems. Our participants are adults working at the heart of the pandemic, which turns the situation into a cycle and risks public health and family dynamics.

Overall, we may recommend the prospective researchers carrying out comprehensive, in-depth studies involving different methods to uncover the impacts of the pandemic on families. In this study, we could not include children; therefore, further studies may consider exploring the subject on children together with their parents. Besides, the relevant bodies are highly encouraged to offer counseling services to healthcare worker parents. Finally, it may be critical to scrutinize the impacts of several psychological issues of the parents deployed in CTTs on their family dynamics, which is inevitably believed to guide relevant intervention studies.

Although the study is among the pioneering ones touching upon the situation of healthcare worker parents in the pandemic, it bears few limitations. First, the sample size was relatively restricted even though we designed the study qualitatively and reached the sample using purposeful sampling techniques. Second, we could not perform face-to-face interviews due to the working conditions of the participants, working conditions, infection risk, and pandemic restrictions. Finally, the study targeted presenting the impacts of the pandemic on only healthcare worker parents.

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