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The experience of quarantine among employees of the National Medical Rescue System during the COVID-19 pandemic

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ABSTRACT

Introduction: For healthcare professionals, working during the coronavirus pandemic is a psychological burden. One aspect of the pandemic is the compulsory quarantine or isolation related to suspected or contracting COVID-19.

Aim of the study: The aim of this research is to analyze the subjective feelings and experiences of workers in emergency departments and emergency medical teams that were subjected to quarantine or isolation during the first stage of the pandemic.

Material and methods: The research was performed from December 2020 to February 2021 using a survey questionnaire among the workers of the Emergency Medical Services, who in the first stage of the pandemic have undergone quarantine as a result of suspected COVID-19 infection.

89 workers were included in this study. Most of the participants worked in the ED. The mean age of the participants was 31.5 ± 8.94 years. The mean value of the entities' work experience was 8.4 ± 9.6 years.

Conclusions: Medical staff undergoing quarantine experience feelings of a different mood, anxiety, irritability, anxiety, and stress. After quarantine, they valued their health and contact with other people. Medical personnel did not use psychological assistance during quarantine. Employee isolation can be a source of both positive and negative experience. The experience of quarantine was influenced by the gender, form of employment, place of work, and age of the respondents. There is a need for further research on the mental well-being of healthcare professionals and coping with stress in crisis situations.

Key words: quarantine, COVID-19, Medical Rescue System

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Introduction

The pandemic of coronavirus SARS-CoV-2 began in the spring of 2020 and affected not only the socio-economic situation of the entire world but also the functionality of humans due to the accompanying fear of the new, lethal disease. Medical staff working during the pandemic experienced its effects that turned out to be a huge psychological burden [1, 2].

Pursuant to the law, the spread of certain infectious diseases involves undergoing compulsory quarantine due to being infected or suspected of being so [3].

Medical staff experience quarantine individually and often differently. Current research shows that the feelings of people who are subject to mandatory isolation and live under extraordinary and stress-evoking condi-

tions are usually negative [1]. They may experience fear, anxiety, or symptoms of depression. Many of these individuals may suffer from posttraumatic stress disorder (PTSD) in the near future [4, 5]. Furthermore, the time spent in self-isolation is often marked by stigmatization by the immediate community and neighbors [2, 6, 7].

COVID-19 is not the only disease that requires the isolation of the infected. For centuries, mankind has dealt with infectious diseases that have spread worldwide. Diseases often cause suffering and death but for medical staff, they are also a source of increased effort, frustration, and concern about their and their family's health as well their own.

The purpose of this study was to analyze the subjective feelings and individual experiences of Hospital Emergency Departments (ED) workers and Emergen-

cy Medical Service (EMS) personnel quarantined or isolated during the first stage of the pandemic and the assessment the impact of isolation on selected aspects of subjects' lives.

Material and methods

Material

The study was conducted from December 2020 to February 2021 using a survey questionnaire that was provided to the personnel of the National Emergency Medical Services (NEMS): physicians, nurses, and paramedics who have undergone quarantine after being suspected of having COVID-19 during the first stage of the Pandemic. The survey questionnaire was distributed on an internet platform that did not require logging in, which helped ensure the participants' anonymity. Information about the possibility of filling in the questionnaire was shared on social networking sites with groups gathering medical staff. In addition, the information was sent to the district chamber of nurses and midwives with the request to make it available in the medical environment. Nonprobability sampling was performed. The key criterion was direct contact with patients whose lives were suddenly endangered by the SARS-CoV-2 infection. It was assumed that the staff of the NEMS satisfied the above-mentioned criterion.

The study was approved by the Ethics Committee of the Nicolaus Copernicus University (KBE 523/2020).

Methods

Values of the analyzed measurable parameters are shown as mean values and standard deviations. Values of non-measurable parameters were shown by the size of the percentage of the sample. The correlation between two variables was computed using Spearman's coefficient of correlation. The non-parametric Mann-Whitney U test was used to estimate the differences in the statistical features between the two samples.

Characteristic of researched sample

A total of 89 employees, 48 women, and 41 men, participated in the study. Among the respondents, most were paramedics and worked in EDs. More than half of the participants were employed under an employment contract. The mean age was 31.5 ± 8.94 years. The mean age of women (33.1 ± 10.75) was higher than the mean age of men (29.7 ± 5.80). The youngest respondent was 20 years old and the oldest respondent was 63 years old (Tab. 1). Their mean length of service was

Table 1. Social-demographic characteristic of the study group

Social-demographic data	n = 89	%
Gender		
Female	48	53.9
Male	41	46.1
Age		
20–25 years	24	27.0
26–30 years	28	31.5
31–40 years	25	28.1
> 40 years	12	13.5
Domicile		
Village	22	24.7
City	67	75.3
Education		
Secondary	5	5.6
Secondary (with passed Matura exam)	6	6.7
Bachelor degree	45	50.6
Master degree	33	37.1
Work experience		
< 1 year	5	5.6
1–5 years	44	49.4
5–15 years	23	25.9
15–20 years	7	7.9
> 20 years	10	11.2
Profession		
Doctor	1	1.1
Nurse	27	30.3
Rescuer	61	68.6
Place of employment		
Healthcare units	29	32.6
Emergency departments	60	67.4
Legal basis of employment		
Employment contract	52	58.4
Civil law contract	37	41.6

8.4 years \pm 9.6 years. The standard deviation was 100% of the mean value thus indicating a very large variation in work experience. The mean work experience of the women (10.3 ± 11.6 years) was longer than that of the men (6.1 ± 5.9 years). The minimum work experience of both groups was similar (3 months); however, it was slightly lower for the male group. On the other hand, the maximum work experience was different. For the male group it was 25 years while for the female group, it was 43 years.

Table 2. Gender-related differences in coping mechanisms during quarantine

Gender	Answer	Female		Male		
		n	%	n	%	
Anxiety about one's health and life	Yes	35	72.9	21	51.2	p = 0.036
	No	13	27.1	20	48.8	
	Total	48	100.0	41	100.0	
Respecting epidemiological rules during quarantine together with family members	Yes	44	80.0	18	52.9	p = 0.036
	No	11	20.0	16	47.1	
	Total	55	100.0	34	100.0	
Fear	Yes	27	56.3	14	34.2	p = 0.027
	No	19	39.6	24	58.5	
	Not sure	2	4.1	3	7.3	
	Total	48	100.0	41	100.0	
Tranquility	Yes	20	41.7	19	46.3	p = 0.041
	No	28	54.1	22	29.3	
	Not sure	2	4.2	10	24.4	
	Total	48	100.0	41	100.0	
Increased desire to consume alcohol	Yes	11	22.9	20	48.8	p = 0.014
	No	37	72.9	21	46.3	
	Not sure	2	4.2	2	4.9	
	Total	48	100.0	41	100.0	

Results

In the study group, every other person in quarantine was infected with SARS-CoV-2 (52.8% n = 47). The average length of quarantine lasted 13.9 ± 7.8 days. On average, men were in quarantine (15.2 ± 10.3 days) longer than women (12.8 ± 4.8 days). The minimum quarantine duration was similar for both groups, 4 days for females and 5 days for males. By contrast, the maximum quarantine duration varied, 25 days for females and 60 days for males. Among the respondents, 71.9% (n = 64) stayed in quarantine once, 21.3% (n = 19) twice. Being sent to quarantine at least three times occurred in 6.7% (n = 6) of the study sample. Half of the cases of isolation occurred in autumn (49.1%, n=52). In spring 24.5% (n = 26) of respondents were isolated, in winter 17% (n = 18) and in summer 9.4% (n = 10). Respondents most often indicated that the workplace was the most frequent place to be infected with SARS-CoV-2 (75%, n = 72). Quarantine was conducted mostly at home (59.1%, n = 55) and in houses with a yard (30.1%, n = 28); 10 (9.4%) patients were in quarantine in another location.. Over half of the participants spent quarantine with a family member (55.8%, n = 52), and one-third of them spent quarantine alone (34.7%, n = 33).

Nearly two-thirds of the respondents (62.9%, n = 56) admitted that they feared for their health and lives while spending quarantine together with a family member, and 50 respondents (56.2%) admitted that they were anxious about the health and life of their family members due to quarantine. A significant difference was observed in the perception of anxiety about health and life between men and women (p = 0.036). Women were significantly more frequently concerned about their health than men (72.9% vs. 51.2%) (Tab. 2).

To mitigate the risk of transmission of the virus, 69.7% (n = 62) of respondents admitted that during the quarantine, they respected basic sanitary rules, such as putting on a mask, frequent hand disinfection, and maintaining a certain distance from family members. One-third of the respondents admitted that they did not respect these rules (30.3%, n = 27). A significant difference was observed between males and females with respect to sanitary rules (p = 0.036). Females obeyed the rules significantly more frequently than males (80.0% vs. 52.9%) (Tab. 2).

During quarantine, the respondents had different feelings (Tab. 3). The majority of participants reported an ambiguous mood (64%, n = 57), anxiety (57.3%, n = 51), and irritability (56.1%, n = 50). A significant statistical difference in terms of feeling anxiety was

Table 3. Medical staff's feelings during the quarantine

Feelings during the quarantine	Yes		No		Not sure	
	n	%	n	%	n	%
Solitude	43	48.3	41	46.0	5	5.6
Uselessness	37	41.6	47	52.8	5	5.6
Ambiguous mood	57	64.0	27	30.3	5	5.6
Fear	41	46.1	43	48.3	5	5.6
Touchiness	50	56.1	30	33.7	9	10.1
Anxiety	51	57.3	29	32.6	9	10.1
Anger	34	38.2	49	55.0	6	6.7
Hopelessness	14	15.8	71	79.8	4	4.5
Frustration	42	47.1	43	48.3	4	4.5
Incapability of feel joy and happiness	29	32.6	49	55.1	11	12.4
Satisfaction	16	18.0	58	65.2	15	16.9
Relief	9	10.1	57	64.0	23	25.8
Tranquility	39	43.8	38	42.7	12	13.5

noticed between ED workers and emergency medical services (EMS) ($p = 0.038$). ED workers felt anxiety more frequently than those in the EMS group (66.7% vs. 37.9%).

The analysis revealed significant differences between women and men in terms of experiencing anxiety ($p = 0.027$) and calmness ($p = 0.041$). Women felt fear significantly more often than men (56.3% vs. 34.2%), and men felt tranquility significantly more often than women (46.3% vs. 41.7%) (Tab. 2). The analysis of other feelings did not reveal any statistically significant differences between gender groups.

Most respondents (36%, $n = 32$) positively assessed the time spent in quarantine, 33.7% ($n = 30$) had an indifferent attitude towards quarantine, and 30.3% ($n = 27$) of the respondents assessed this time negatively. Two-thirds of respondents expressed that the time spent in quarantine did not contribute to lifestyle changes (67.4%, $n = 60$). One-fifth of the respondents rated it as having changed their lifestyle for the better. For more than half of the respondents, quarantine did not change their perception of their environment after its completion (59.6%, $n = 53$), and one-third admitted that they perceived the environment better (31.5%, $n = 28$). The largest number of respondents expressed that after the end of quarantine, they appreciated their health more (65.2%, $n = 58$).

Four out of five indicated a lack of contact with other people as a perceived aspect of being quarantined. The respondents used a variety of methods to communicate with the outside world. Most people used the telephone (49.7%, $n = 83$) and the internet (41.9%, $n = 70$). Two-thirds of the respondents stated that they appreciated contact with other people more after having undergone

quarantine. (62.9%, $n = 56$). 18 % of the respondents had the opposite opinion. There was a significant difference between the ED and EMS employees in this regard ($p = 0.002$). ED staff appreciated contact with other people more than did those working in the EMS (71.7% vs. 44.8%).

More than half of the respondents indicated that they perceived quarantine as a break from work (60.7%, $n = 54$). The remainder had different opinions (39.3%, $n = 35$). When asked about the possibility of psychological help during quarantine, the majority of the respondents stated that they did not have such an opportunity (78.7%, $n = 70$). Only 2 people (2.2%) benefited from psychological assistance during quarantine.

About a third of the participants admitted to feeling an increased desire to consume alcohol (34.8%, $n = 31$), smoke cigarettes (21.3%, $n = 19$), or other psychoactive substances while quarantined. There was a significant difference between men and women in terms of increased desire to consume alcohol while in quarantine ($p = 0.014$). Men were significantly more likely to display such tendencies compared to women (48.8% vs. 22.9%) (Tab. 3). Significant differences were also observed between ED workers and those working in EMS ($p = 0.032$). The ED workers were significantly more prone to such inclinations than those working in the EMS (51.7% vs. 26.7%).

Half of the participants experienced stress while in quarantine (50.5%, $n = 45$). Employees coped with stress differently. A total of 277 responses were recorded where most respondents indicated sleeping (22.7%, $n = 63$), talking to friends or family (18.8%, $n = 52$), and listening to music (18.4%, $n = 51$). Under "other" were indicated computer and board games,

Table 4. The most severe aspects of a quarantine

Answer Aspects	Yes		No		Not sure	
	n	%	n	%	n	%
Losing of income	40	45.0	46	51.7	3	3.4
Helplessness in the situation	63	70.8	19	21.4	7	7.9
Fear of family members being infected	59	66.2	25	28.1	5	5.6
Boredom	57	64.0	27	30.3	5	5.6
Depression	42	47.2	33	37.1	14	15.7
A lack of social life	56	62.9	25	28.1	8	9.0
Inability to leave the house	76	85.4	13	14.6	0	0.0
Missing working	41	46.1	38	42.7	10	11.2

watching movies, praying, reading books, cooking, and pursuing hobbies.

The most severe aspects of quarantine were the inability to leave home (85.4%) and the feeling of helplessness in relation to the situation (70.8%) (Tab. 4). In terms of income loss, there was a significant difference between workers hired by employment contracts and those hired by civil law contracts ($p = 0.001$). Contract workers were significantly more likely to fear losing their income than those employed under a contract of employment (67.5% vs. 28.8%).

For some respondents, quarantine inspired them to undertake additional activities (40.4%, $n = 36$). The highest number of respondents indicated catching up on films (23.6%), chores or doing minor home repairs (20.6%), and catching up on reading (16.4%).

Quarantine had an impact on the subjects' sleep: 60.4% ($n = 61$) said they slept more than usual, and 14.9% ($n = 15$) woke up during the night or found it difficult to fall asleep. There was a significant difference between the ED and EMS staff in terms of assessing the impact of quarantine on sleep ($p = 0.004$). ED employees suffered from insomnia to a greater extent and had problems with falling asleep than those working in the EMS (7% vs. 0% and 18.3% vs. 6.7%, respectively).

Respondents expressed the opinion that after undergoing quarantine, they paid more attention to observing safety precautions, washing, and disinfecting their hands more often (44.9%, $n = 40$), and two-thirds did not feel more afraid of contact with COVID-19 patients (68.5%, $n = 61$). More than half (56.2%, $n = 50$) admitted that they felt no fear of being quarantined. There was a significant difference between ED and EMS employees in this regard ($p = 0.012$). EMS employees were more concerned about contact with infected patients than those working in the ED (34.7% vs. 13.5%).

The age of the respondents has a significant impact ($p < 0.05$) on the results of the respondents in terms of feeling lonely, useless, different moods or frustration, and also in relation to aspects such as loss of income,

helplessness in the face of the situation, boredom, lack of social life, and missing work (Tab. 5). With increasing age, feelings of loneliness, uselessness, ambiguous mood, and frustration decreased, as well as feelings of boredom and lack of social life. This was also true concerning loss of income. By contrast, younger employees felt more helpless in the face of the situation and missing work.

There were statistically significant differences between ED and EMS workers ($p < 0.05$) in terms of experiencing anxiety, appreciating contact with other people after quarantine, alcohol consumption, and the effect of quarantine on sleep (Tab. 6). Participants working in the ED were more anxious (67.7% vs. 37.9%). After the end of the quarantine, they also appreciated contact with people other than those working in EMS (71.7% vs. 44.8%). On the other hand, EMS employees consumed alcohol to a greater extent during quarantine (51.7% vs. 26.7%) and had fewer sleeping problems compared to ED employees (6.7% vs. 21.3%).

Discussion

Researchers investigating the relationship between the COVID-19 pandemic and mental well-being unanimously state the impact of the pandemic on society [1, 8]. The isolation experienced by people suffering from COVID-19 or suspected of being infected with the coronavirus is also important [9, 10]. This also applies to healthcare professionals, particularly emergency medical system workers who are particularly exposed to contact with an infected person [10].

Employees assessed the time spent in quarantine in diametrically different ways: both positively (36%), indifferently (33.7%), and negatively (30.3%). One of the most acute aspects of quarantine is the lack of contact with other people and the feeling of loneliness associated with it. According to specialists, direct interpersonal contact is necessary to maintain mental well-being;

Table 5. Age-related differences in feelings felt during quarantine

Question	Answer	20–25 years		26–30 years		31–40 years		> 40 years		P-value
		n	%	n	%	n	%	n	%	
Feeling of loneliness	Yes	15	62.5	15	53.6	9	36.0	4	33.4	p = 0.022
	Rather no	8	33.4	12	42.9	14	56.0	7	58.3	
	Not sure	1	4.2	1	3.6	2	8.0	1	8.3	
Feeling of uselessness	Yes	14	58.3	10	35.7	9	36.0	4	33.3	p = 0.015
	No	8	33.4	16	57.2	15	60.0	8	66.6	
	Not sure	2	8.3	2	7.1	1	4.0	0	0.0	
Ambiguous mood	Yes	21	87.5	17	60.7	14	56.0	5	41.6	p = 0.036
	No	2	8.4	10	35.7	8	32.0	7	58.4	
	Not sure	1	4.2	1	3.6	3	12.0	0	0.0	
Feeling of frustration	Yes	12	50.0	17	60.7	10	40.0	3	25.0	p = 0.036
	No	10	41.7	11	39.2	15	60.0	7	58.3	
	Not sure	2	8.3	0	0.0	0	0.0	2	16.7	
Fear of losing income	Yes	16	66.7	12	42.9	9	36.0	3	25.0	p = 0.013
	No	7	29.1	15	53.6	15	60.0	9	75.0	
	Not sure	1	4.2	1	3.6	1	4.0	0	0.0	
Feeling of helplessness in face of situation	Yes	19	79.1	21	75.0	14	56.0	9	75.0	p = 0.008
	No	2	8.4	7	25.0	7	28.0	3	25.0	
	Not sure	3	12.5	0	0.0	4	16.0	0	0.0	
Feeling of boredom	Yes	19	79.2	17	60.7	14	56.0	7	58.3	p = 0.010
	No	4	16.7	10	35.7	8	32.0	5	41.6	
	Not sure	1	4.2	1	3.6	3	12.0	0	0.0	
Lack of social life	Yes	18	75.0	19	67.9	13	52.0	6	50.0	p = 0.019
	No	4	16.7	7	25.0	8	32.0	6	50.0	
	Not sure	2	8.3	2	7.1	4	16.0	0	0.0	
Missing work	Yes	18	75.0	11	39.3	8	32.0	4	33.3	p = 0.002
	No	6	25.0	10	35.8	15	60.0	7	58.3	
	Not sure	0	0.0	7	25.0	2	8.0	1	8.3	

Table 6. Differences between ED and EMS workers in selected aspects of the study

	ED workers		EMS workers		P-value
	n = 60	%	n = 29	%	
Feeling anxious	40	67.7	11	37.9	p = 0.038
Appreciating contact with other people	43	71.7	13	44.8	p = 0.002
Consuming alcohol	16	26.7	15	51.7	p = 0.032
Impact of quarantine on sleep (Problem falling asleep, insomnia)	4	6.7	6	21.3	p = 0.004
Fear of contact with COVID patients after quarantine	8	13.5	11	34.7	p = 0.012

hence, the negative consequences are caused by their limitations and introduced restrictions [11, 12]. The respondents pointed to their inability to leave the house and helplessness in the face of the situation.

On the other hand, more than half of the respondents considered quarantine as a break from work. They felt relief, peace, and content. This seems understandable given how physically difficult, and mentally exhausting

this time was for healthcare professionals. For a significant percentage of respondents, quarantine was an inspiration to undertake additional activities such as catching up with films and reading, cleaning, and minor home repairs or self-development. To relieve stress, the respondents slept more, talked to their relatives, and listened to music.

Negative feelings related to quarantine occurred in over half of the respondents. In a study conducted in China in the spring of 2020, ED employees experienced serious psychological symptoms, of which 25.2% qualified for the group with symptoms of depression and 9.1% with symptoms of PTSD. Men were more likely to develop symptoms of depression than women [1]. A conclusion was made concerning the tendency of women to pay more attention to their feelings and experiences, as well as the tendency to express their emotions, which favors emotional self-regulation [1]. In their study, women more significantly admitted to feeling anxious. In Wang et al.'s study, the risk of anxiety in women was three times higher than in men [13]. Similarly, in the research by Babicki et al. on the occurrence of anxiety disorders among Poles during the COVID-19 pandemic, in the GAD-7 (questionnaire for generalized anxiety), women obtained significantly higher scores than men (74% vs. 50%). Furthermore, 71% of all respondents had anxiety symptoms of varying intensification and 44% were suspected of having generalized anxiety disorder [8]. The great stress-generating potential of SARS-CoV-2 was confirmed by the results of this study. Half of the respondents felt stress during quarantine, and the respondents also experienced sleep disorders. Medics from the ED suffered from insomnia to a greater extent and had problems with falling asleep than EMS employees.

Most employees feared for their health and life while being quarantined. The staff was also concerned about being in contact with infected patients after the end of quarantine, and this concerned members of the NEMS teams rather than those working in the ED. In a study by Babicki et al., 77% of respondents were afraid of developing COVID-19 [8]. Song noted that middle-aged staff members felt more anxious about their family members. Shorter work experience is associated with a higher risk of depression symptoms and PTSD, which may mean that longer work experience means greater clinical experience and a stronger ability to self-regulate [1]. This was confirmed by the present study, which showed that with increasing age, and thus the number of years of work, negative feelings related to quarantine decreased. With increasing age, feelings of loneliness, uselessness, low mood, and frustration decreased, which may indicate a certain mental balance of the respondents. Women and younger people were more exposed to negative feelings. Chinese researchers

have defined the population over 40 as being mentally stable [13]. In turn, the respondents aged 20–30 were most affected by the loss of income, boredom, lack of social life, helplessness in the face of the situation, and longing for work. The form of employment turned out to be important in relation to the fear of losing income: employees working under a civil law contract were much more worried about it than employees working under an employment contract (67.5% vs. 28.8%). Babicki et al. also noted that in 25% of respondents who were affected by the loss of income due to the situation, this loss significantly influenced the perceived level of anxiety — 1 in 3 people showed symptoms of severe anxiety [8]. Researchers from Toronto in 2004 during the Severe Acute Respiratory Syndrome (SARS) pandemic noticed a tendency for PTSD and depression symptoms to worsen along with a decline in household income. The conclusion was that people with a lower total annual household income in the quarantine may require additional support [14]. Other researchers have pointed out similar problems in people undergoing quarantine [14–17].

According to Talarowska et al., in the current situation, people tend to cope with daily duties rather worse; they lack the motivation to finish commenced activities, are less likely to look for positive aspects, and find it difficult to accept the limitations that affect them [18]. They use denial, discharge emotions more often, blame themselves, get discouraged quickly, and use psychoactive substances, which was confirmed in this study. One-third of the respondents admitted to an increase of willingness to consume alcohol, with male employment and gender predisposing them to a greater propensity to consume alcohol. Respondents were also more likely to consume cigarettes and other psychoactive substances. A 2020 survey among 113 physicians in Poland showed that over 53% noticed an increase in alcohol consumption during quarantine. Women were more prone to alcohol consumption, whereas men tended to binge alcohol. The reasons for alcohol overuse in Silczuk's study were anxiety and a sense of helplessness [19]. Similar observations regarding alcohol overuse by medical workers have been reported in the past, and after the outbreak of the SARS pandemic in 2003, medical personnel were subjected to long observation periods, and it was concluded that even 3 years after quarantine, there was alcohol overuse or dependence associated with isolation and experienced trauma [20].

Most respondents indicated that they had not been able to seek help from psychologists. This is puzzling because information about the possibility of using free psychological assistance has been widely propagated in Polish healthcare institutions. However, there were significant differences between countries' access to psychological assistance. In comparison, the State

Council of China announced that the government should provide health workers and their families with basic goods, supplies, safety, and mental health support. Emphasis was placed on identifying factors that adversely affect staff, helping to cope with negative aspects and sleep disorders, and encouraging communication to relieve stress and increase self-confidence and courage in overcoming the disease. The National Health Commission has assisted in the development of these schemes. Four national mental health clinics responded swiftly to launch telephone, online, and video counseling for healthcare professionals as well as preventive screening. Innovative psychological interventions such as short videos and online games have been introduced. Special textbooks were published and experienced psychologists were dispatched to the most affected areas [21]. In Poland, the subject of mental health is complicated, and people using specialist help are vulnerable to stigmatization [1, 4, 5].

For the majority of respondents, quarantine did not change their lifestyle and few admitted that it changed their lives for the better. More than half of the respondents perceived their surroundings in the same way as before isolation, and a third of them stated that it was better. Undergoing quarantine has an impact on the appreciation of one's health and contact with other people. Research has shown that various factors affect the course of quarantine and can both alleviate and aggravate associated stress.

Study limitations

This study had several limitations. First, due to the sanitary regime, the survey questionnaire was distributed on an online platform. This could have resulted in a smaller study group, as the possibility of leaving the questionnaires at the workplace of healthcare workers would allow those without internet access or an account on social networks, where information was disseminated, to take part in the study, as well as to staff members to whom the study did not arrive. Second, the epidemiological situation caused an increase in the number of online requests to fill out questionnaires from other researchers, which could have resulted in employees' reluctance to participate in the subsequent study.

Conclusions

Self-isolation can be a positive or a negative experience among medical staff. Gender, form of employment, place of work, and age can influence their experience. Quarantined medical staff goes through different disorders such as anxiety, irritability, anxiety, and stress;

still, they do not seek psychological help. This shows the need to recognize the negative consequences of forced isolation and provide support to those who are vulnerable to experiencing them. Further research is needed on health care workers' psychological well-being and coping with stress during a crisis.

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