

## Psychological Impact of Working during the COVID-19 Pandemic on the Staff of the University Hospital Mohammed VI in Marrakesh

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### Abstract

### Original Research Article

Health care workers around the world have been through a stressful time during the Covid-19 pandemic. In the face of uncertainty, the risk of contamination, the remoteness of caregivers from their families and many other factors, the quality of life of people on the front lines has been affected. In response, the mental health research team at the Mohammed VI University Hospital in Marrakech set up a listening and psychological support unit and conducted a study to assess the impact of work during the pandemic on health care staff. We conducted a descriptive cross-sectional study of 218 people (professors, doctors, nurses, technicians, students). Almost ¾ of participants (71.2%) had never received stress management training, 16.1% of subjects had a history of depression, generalized anxiety disorder in 6.4%, panic disorder in 2.8% and bipolar disorder in 0.9%. The psychological impact of work during the pandemic was marked by family health concerns in 37.1% of cases, 15.5% insomnia, fear of being contaminated 11.3%, anxiety 9.3%, sadness 9.3%, obsession 1.5% and suicidal ideation 1%. Only 5.7% of participants said they had called the listening cell and psychological support, 8.3% of subjects asked for a face-to-face consultation, and hospitalization was required in 1.8% of cases.

**Keywords:** COVID-19 pandemic, psychological impact, protection.

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## INTRODUCTION

Since the end of 2019, the world has experienced the advent of the COVID19 pandemic, and healthcare professionals have been in the front lines of managing this global health crisis [1].

Morocco declared the first case confirmed on MARCH 2, 2020, and since then, Moroccan health services have been mobilized for responding to the demand for care which have increased in the following days [2].

Faced with this exceptional situation, health professionals in Morocco and around the world were under considerable pressure, both physically and mentally.

Caregivers around the world have become confronted with multiple stressors, making them susceptible to quite significant psychological complications [1].

The French high health authority, has warned the health establishments in its card validated on May 7, 2020 of the risks that the health personnel are facing in these circumstances, mainly anxiety, depression, post-traumatic stress disorder and suicidal risk [1].

In view of this, and following the experience of several countries, the research team for mental health of the university psychiatric hospital IBN NAFIS of Marrakech has set up a listening cell for the psychological support of the staff working at the university hospital Mohammed VI of Marrakech.

The purpose of our work is to assess the psychological impact of the COVID19 pandemic on the staff of the university hospital Mohammed VI of Marrakech.

## METHOD

This is a descriptive study with prospective recruitment involving 218 people working at the university hospital Mohammed VI of Marrakech.

Target population: doctors, nurses, student trainees and biomedical technicians.

The study ran from April 23 to May 28, 2020.

We included anyone working at the university hospital Mohammed VI of Marrakech who agreed to complete the study questionnaire.

The questionnaire contains 34 items, assessing the socio-demographic characteristics and psychiatric history of caregivers, as well as the psychological impact of working at the university hospital Mohammed VI of Marrakech during the pandemic.

## RESULTS

### A. Socio-Demographic Characteristics

Half of the participants in the study were men 51.4%, single subjects accounted for 53.2%, the average age was 30.74 years, and 2/3 of the participants had financial autonomy (65%).

### B. Professional Characteristics

Half of the participants were residents (48.6%), followed by nurses (28.4%), then interns (9.2%), then teachers 4.1%, biomedical technicians 2.3%, and medical students 0.9%.

Approximately 2/3 of the subjects (61.3%) were assigned to COVID-19 services during the investigation, and 5.3% reported having a suspicious infectious status relative to COVID-19 infection.

The pace of COVID care was one per week for 31.2% of subjects, 2 per week for 16.5% and 3 per week for 2.3% of participants.

The number of bedside visits that caregivers were doing per 12-hours shift was: 2 visits (30.6% of staff), 3 visits (5%), more than 3 visits (18.1%).

### C. Psychological Profile of Participants and Impact of Work During the Pandemic on their Mental Health

Almost ¾ of participants (71.2%) had never received stress management training, some had attended to a single workshop (19.2%) and only 1% had a complete stress management program.

We noted that 16.1% of subjects had a history of depression, generalized anxiety disorder 6.4%, panic disorder 2.8% and bipolar disorder 0.9%.

Smoking was reported by 6% of participants, alcohol by 2.8% and cannabis by 1.4%.

As for the security feeling with the protections available in COVID services, the response was positive for 62.3% of participants, and the opposite was revealed

among non-COVID services staff where 58% reported feeling insecure about the virus infection.

The psychological impact of work during the pandemic was marked by family health concerns in 37.1% of cases, 15.5% insomnia, fear of being contaminated 11.3%, anxiety 9.3%, sadness 9.3%, obsession 1.5% and suicidal ideation 1%.

The presumed cause of psychological suffering (perceived by the person) was separation from family in 30.5% of participants, the risk of being contaminated in 24%, the workload in 14.5%, and separation from children in 8%.

Only 5.7% of participants said they had called the listening cell and psychological support, 8.3% of subjects asked for a face-to-face consultation, and hospitalization was required in 1.8% of cases.

## DISCUSSION

The COVID19 pandemic has been accompanied by massive mobilization of health personnel around the world. This heavy situation, which is likely to last over time, has put the health care staff under increasing pressure, thus exposing them to the occurrence of depressive, anxious, traumatic symptoms and even suicidal ideations and behaviours [1].

The French high health authority, in its report validated on May 7, 2020, reported several factors of psychological distress, such as workload, insecurity due to insufficient means of protection against the virus, communication problems, the frequent confrontation of death, the fear of being contaminated or contaminating one's family, as well as the impact of confinement and family problems [1]. In the same report, the high health authority recalls that health facilities and leaders are responsible for the health of staff, and that work organization and communication play an essential role in reducing stress in the professionals [1].

We have assessed some of these factors in the nursing staff of the Mohammed VI University Hospital in Marrakech, which we will discuss in the light of the literature.

### A- Socio-Demographic Characteristics

The socio-demographic profile of the participants in our study is close to that found by Nicholas W.S. Chew *et al*, in the study conducted between February and April 2020, in 5 hospitals in India and Singapore. and studied the psychological impact of working with COVID-19 patients [3].

They reported an average age of 29 years, a slight predominance of unmarried subjects 52.1%, with a female predominance 64.3% versus a quasi-equality between men and women in our work [3].

We noted a predominance of medical personnel compared to other health professions, this distribution were different from the work of Nicholas W.S. Chew *et al*, where there were more nurses [3].

The difference between the proportions of nurses and doctors is less clear in the work of Haozheng Cai *et al*, who reported that nurses accounted for 46.4% and doctors 43.6% [4].

### B- Clinical Characteristics

The complaints reported in our survey were family health concerns in 37.1% of cases, insomnia 15.5%, fear of being contaminated 11.3%, anxiety 9.3%, sadness 9.3%, obsessions 1.5% and suicidal ideation 1%.

Data from the literature show results close to ours, reporting sadness, irritability and anxiety [3].

Another study reported that nurses were more stressed and irritable than doctors, while doctors felt more sadness [4].

The sources of psychological suffering among the staff who participated in our work were close to what is reported in the literature: the fear of being contaminated, the fear of contaminating his family, the mortality of patients and exhaustion due to work [4, 5].

More than half of the participants in our survey (62.3%) working in COVID-19 services expressed a sense of safety with available safeguards, This is consistent with the literature which reports that among the protective factors against stress are the availability of means of protection, infection control and the clarity of protocols adopted by the health institution, as well as the recognition and appreciation of the efforts of health care workers by those responsible [4, 6, 7].

### CONCLUSION

Going through a pandemic is certainly a difficult experience, but it is harder for health workers.

The presence of protective measures, the clarity of recommendations, the recognition of the efforts of health care teams and the psychological preparation of the staff are essential tools to preserve their physical and mental health.

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