

Psychological Impact of Covid-19 Care on Healthcare Professionals

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Abstract

Introduction: The current COVID-19 pandemic presents a serious public health crisis.

Objective: To determine the psychological impact of the pandemic on healthcare professionals.

Methods: Prospective study on 60 health professionals working in a pediatric unit of covid 19 from March 2020 at the Mohammed VI hospital university in Marrakech.

Results: 18 men (30%) and 42 women (70%). Ages ranged from 22 to 43 with an average of 32. The professions represented were 28 nurses (47%) 21 residents physicians (35%) 6 medicals interns (10%) and 5 professors (8%). The average number of years of experience has been 5 years. Among the main signs of psychological distress felt stress (67%) anxiety (57%) insecurity (57%) tension (28%) nervousness (18%) anger (13%) irritation (8%) depression (10%) discomfort (28%) slowing down (8%) panic (8%) frustration (10%). To overcome the psychological impact of covid 19, the professional resorted to physical exercise at home in 37% a hot shower in 57% a book reading 25% a listening to music 30% a spirituality 38% a good diet 45% sleep 58% meditation 13%.

Conclusion: According to most health professionals, a comprehensive reform of the health system as well as moral and material prodding are mandatory in our country.

Keywords: Psychological Impact; Healthcare Professional; Covid 19; Pediatric Unit; Contamination

Introduction

The health system in Morocco is currently experiencing a significant shortage of human and material resources. The covid-19 pandemic has plunged it into an unprecedented crisis. Several civil and military public and private sectors have joined forces to face the pandemic by mobilizing all health professionals. They are on the front line of managing covid-19 patients with the risk of contamination and a considerable impact both on social life and on mental health. Through this study, we expose the psychological impact of hospital care among medical and paramedical health personnel in a Moroccan pediatric covid unit.

Methods

A prospective descriptive and analytical study which was carried out in a pediatric covid unit with two pediatrics unit A and B within the mother and child hospital of the Mohammed VI in Marrakech. Since the start of the epidemic, a total number of 50 children and 24 accompanying adults have been hospitalized, adding up to 74 cases. After free and informed consent, we administered an anonymous questionnaire to 60 resident physicians medical interns nursing professionals and professors, covering socio-demographic characteristics, the level of knowledge about covid-19 infection and the level of preparedness for crisis management. The feelings at the beginning

of the epidemic then later and the measures to remedy them, the interest of instituting a screening test the implication of the institution for the support of its staff in the event of exhaustion and the wishes and expectations of all professionals after the end of the pandemic. Data analysis done in Excel.

Results

Among the sixty professionals interviewed, we had 18 men (30%) and 42 women (70%). the age varied between 22 and 43 years with an average of 32 years. The professions represented were 28 nurses (47%) 21 residents' physicians (35%) 6 medical interns (10%) and 5 professors (8%). The number of years of experience varied from one year to 18 years with an average of 5 years. Family status found 26 married (43%) and 34 single (57%) including 3 divorced people. The work rhythm varied according to the category with an average of 7-night shift per month. The place of confinement was the home for 34 professionals (57%) and the hotel for 26 people (43%). The means of communication with relatives and friends was the phone call in 51 people (85%) and the video WhatsApp in 48 people (80%). Among the main signs of psychological distress felt by our professionals we had stress (67%) anxiety (57%) insecurity (57%) tension (28%) nervousness (18%) anger (13%) irritation (8%) depression (10%) malaise (28%) slowing down (8%) panic (8%) frustration (10%). The main signs are in figure 1.

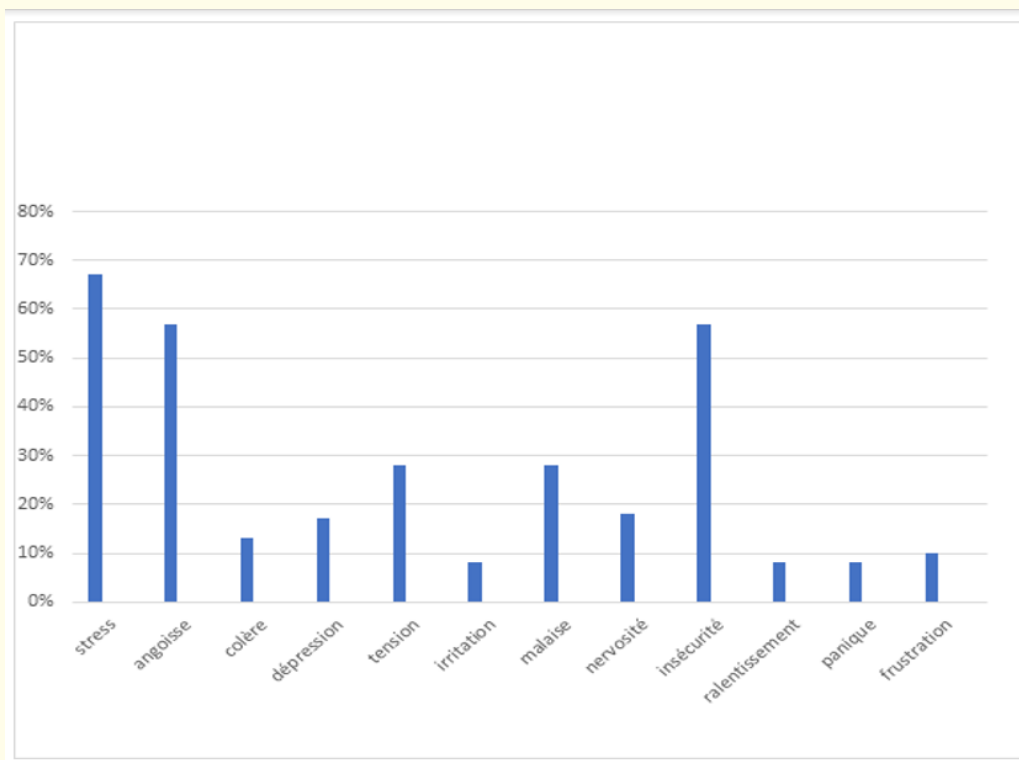


Figure 1: The main feelings in our health professionals at the covid -19 pandemic.

Four people used anxiolytics and one person used antidepressants. To overcome the psychological impact of covid -19, professionals used physical exercise at home in 37% a shower in 57% a book reading in 25% a listening to music in 30% a spirituality in 38% good nutrition in 45% sleep in 58% meditation in 13%. Questions about the assessment of knowledge, preparation for managing the epidemic and the attitudes of our care structure have been in table 1. In fine, a question about things to change after the epidemic ends. Most call for a comprehensive reform of the health sector without waiting for the crisis to act. There is also a need to improve working conditions through an increase in the workforce, a supply of adequate materials and an endowment of necessary drugs with the fitting out of premises, as well as the promotion of medical and paramedical staff through moral and material recognition. Indeed, the majority claims an improvement in the status of wages and above all a risk premium.

Question	Yes	No
Do you feel a risk of being infected after a first contact?	44 (73%)	16 (27%)
After further contact, do you feel the same risk of contamination?	43 (27%)	17 (73%)
Are you afraid of infecting your family member?	52 (87%)	8 (13%)
Do you regularly search symptoms of covid-19?	33 (55%)	2 (45%)
Did you have the idea to do a PCR or a chest CT?	27 (45%)	33 (55%)
Do you think that screening test should be done in our hospital?	48(80%)	12 (20%)
Does your institution care about you?	18 (30%)	42 (70%)
Are you informed about covid -19 infection?	25 (42%)	35 (58%)
Have you received training on protective measures?	42 (70%)	18 (30%)

Table 1: Assessment of professionals’ perception and feelings regarding the healthcare structure during the Covid-19 pandemic.

Discussion

In Morocco, the covid-19 epidemic broke out in March 2020. According to the Ministry of Health, we have 11338 covid-19 cases with 8500 patients cured and 217 deaths until June 25, 2020. Our healthcare services are facing an exceptional and very difficult ordeal and our healthcare professionals are on the front line to overcome this epidemic. Among those interviewed, we had 47% of nurses and 45% of doctors which is similar to a Chinese series which has 70% of nurses and 39% of doctors, and who found that psychological distress is more important among nurses especially women [1]. Therefore, this suggests paying special attention to this category of professionals. The female predominance (70%) of professionals joined a Chinese series where it was 76.7% [1]. The average age in our series was 32 years which joins another series where it was 34.16 years [2]. The average number of years of experience is 5 years, it is 11 years in a series [2]. This shows that our professionals are young, therefore vulnerable to anxiety and post-traumatic stress disorder. Indeed, we had 43% married people and 23.6% in another cohort [1] this is a precipitating factor of anxiety all the more if there are children who must be left by confining themselves in hotels and communicating with them often by phone call or WhatsApp video. To improve resilience, we must increase gratification [3] favor priority access to tests [4] which has been done by our institution. Overall, we must fear the emergence of psychiatric symptoms of various kinds anxiety, acute stress, post-traumatic stress and depressive symptoms [5]. In our study, stress was the most frequent (67%), then anxiety and insecurity (57%) rarely depression (10%) this can be superimposed on a Chinese series where stress was identified in 71.5% and anxiety in 44.6%, half of the professionals had depression (50.4%) [1]. Stress is closely linked to new changes in work, including the suspension of all scheduled hospital activities and the reorganization of care structures, as well as the fear of contamination of the professional by positive patients. (73%) and infecting family and colleagues (73%) and the fear of dying. Wu Z reports that the proportion of infected doctors is 3.8% and this is all the more important as early and unprotected contact with patients infected with covid -19 [6]. Chen yun liu claims that this contact increases the level of anxiety [7]. To overcome this stress, our professionals often used a hot shower (57%), sleep (58%), healthy nutrition (45%) and spirituality (38%). For some authors, professionals used alcohol and psychotropic drugs as a coping strategy [8]. The anxiety is relative to the higher lack of knowledge in our structure found in 58% while it is 39.4% in another series [2]. This one focused on covid infection from the point of view of pathophysiology, treatment and

immunity, delay of the epidemic and its evolution. Professionals do not know whether our country has already reached its peak or not yet so as to be able to hope for a drop in the number of cases which continues to increase despite confinement and barrier measures, unpredictable evolution. Insecurity which is a feeling of permanent threat because 68% of professionals are afraid that the institution will be overwhelmed in the supply of protective equipment, in particular combinations, hydroalcoholic solutions and to provide the number of hospital beds if the need increases and resuscitation beds for all severe cases. Tension and discomfort are often experienced when people are inadequately prepared and feel new to the management of covid patients 19 and also by quick and unstable decisions. Nervousness and anger when there was an unequal distribution of work with investment by some and withdrawal with hindsight from others which generated tension at work, when there were massive and simultaneous admissions of patients of the same time than when there has been a temporary shortage of certain means of protection. Indeed, long working hours per week increase the risk of stress according to some authors [9]. The general supply of mask and hydroalcoholic solutions has been a considerable protective and comforting factor in our country while in another study the caregivers felt deprived to care and protect themselves more in need of personal protective equipment than support psychological [10]. Seventy percent of professionals find that the institution does not care a lot about their burnout. Access to a support unit could reduce the psychological impact of the crisis [11]. In fact, a listening cell was established. Finally, an irritation is felt because the professionals find themselves deprived of the family which has a protective role against the negative effects of the pandemic and leisure activities against the stress of work. Depression has been linked to family stigma and lack of moral recognition, to a feeling of intense overcoming and unusual helplessness. It is also experienced when a healthcare professional is declared covid 19 positive or deceased by covid 19. This depression was mainly manifested by insomnia. According to Wang, 38% of professionals had sleep disturbances related to quality, duration and effectiveness [12].

Conclusion

The covid 19 pandemic has a remarkable psychological impact on our healthcare professionals. The psychological wound has been attributed to intrinsic and other extrinsic factors relating to the structure of care. Our professionals are calling for a long-awaited comprehensive reform of the health sector with real moral and material recognition.

Conflicts of Interest

None.

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