

OCCUPATIONAL STRESS IN HEALTHCARE WORKERS IN MOROCCO

Demchenko N.V., El Heddari Samia

National University of Pharmacy, Kharkiv, Ukraine

demchenata@ukr.net

Резюме. Проблема професійного стресу серед медичних працівників навряд чи є новою, але ефективних заходів у цій сфері бракує, незважаючи на вкрай необхідне, особливо в умовах пандемії COVID-19, а також в після пандемійний період. У ході дослідження робітників сфери охорони здоров'я у клініках Марокко, було виявлено ознаки наявності стресових станів у лікарів, медичних сестер та адміністративного персоналу лікарень, також виявлено ознаки професійного вигорання. З метою реабілітації та покращення психо-емоційного стану медичних працівників розроблено рекомендації щодо когнітивно-поведінкова терапія та психічна та фізична релаксація для зменшення стресових станів та запобігання вигоранню.

Ключові слова: *професійний стрес; профілактика; медичні працівники; психосоціальні інтервенції, професійне вигорання*

Introduction. Studies have shown that levels of occupational stress in healthcare workers are high, with the healthcare sector having one of the highest estimated prevalence rates of work-related stress of all occupations in the UK (Health and Safety Executive). Occupational stress may lead to burnout and psychosomatic illness, and therefore to reduced quality of life in healthcare workers and worse healthcare service provision. This could have a devastating 'snowball effect' on the overall health and quality of life of the general public. Research in this area has hitherto been little and insufficient; however, this issue has recently come to the foreground owing to an increased interest in the well-being of healthcare workers during the COVID-19 pandemic [1]. Nevertheless, among the plethora of papers advocating the need for

immediate action, the number of concrete inter-vention strategies proposed remains disappointingly low.

Healthcare workers suffer from work-related or occupational stress. Often this is because healthcare workers face high expectations and they may not have enough time, skills and social support at work. This can lead to severe distress, burnout or physical illness. In the end, healthcare workers may be unable to provide high quality healthcare services. Stress and burnout can also be costly because affected healthcare workers take sick leave and may even change jobs.

The aim of the study – is to identify the factors and processes that help protect healthcare workers from psychological stress in the context of post-COVID-19 and other diseases pressure, and thereby provide information for future outbreak planning. **Methods and materials:** system analysis, expert analysis method, radar construction method.

Research results. Stress is a state of mental or emotional strain or tension the paraphysiological function of which is to trigger a fight-or-flight reaction from the body in the face of a threat (National Institute of Mental Health 2020).

Working through the “distress” was facilitated by self-commitment and care (adequate sleep, diet, hobbies, small celebrations, festivities, etc.) that boosted self-confidence and positive lifestyle changes (fig. 1).

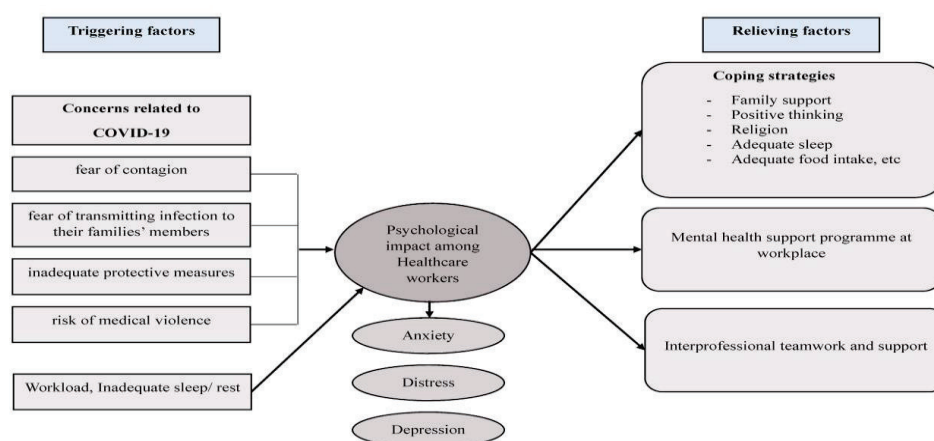


Fig. 1. Triggering and relieving factors for psychological impact among healthcare workers during COVID-19 pandemic

Signs and Symptoms of Compassion Fatigue in the current highly stressful environment are [2]:

- Increased startle response to activity around you, a feeling of being “on edge”
- Difficulty making decisions
- Exhaustion
- Difficulty sleeping
- Impaired ability to care for patients and/or clients *f* Intrusive thoughts about patients and/or clients
- Reduced enjoyment or satisfaction with work
- Sense of lack of control or agency in your job
- Feelings of disconnection from colleagues and work teams
- Feelings of being overwhelmed by the amount of work to be done
- Anger and irritability
- Reduced ability to feel sympathy or empathy
- Avoidance of reminders of upsetting experiences with patients
- Increased use of alcohol or other drugs.

We conducted a study in a tertiary care facility that experienced the impact of COVID-19 after the first two waves and is currently at risk of a new wave of COVID-19 cases. Consistent with the large number of deaths associated with the study of psychological stress protection in a health sector facility, we assessed psychological well-being, work stress, perceived risks and barriers, training, self-reported adherence to protective measures, perceived workplace hazards, and potential supportive relationships. including consideration of mediating and mitigating factors that may be involved. The study was conducted for six months after two COVID-19 waves (from August 2022 to January 2023) in public clinics providing first aid to the population. Among the countries and clinics, the following were selected Ibn Tofail University Hospital (Marrakesh, Morocco), The provincial hospital of Meknes, Benslimane Hospital (*Ben-Slimane, Morocco*).

During the study period, these clinics employed more than 6,000 staff and served as a referral center for the treatment of critically ill COVID-19 patients.

This created additional psycho-emotional burdens on medical workers.

To check whether medical workers in these clinics are experiencing excessive psychological stress in the context of the covid-19 pandemic, as well as which categories of these workers are most susceptible to stressful situations, we conducted a pilot survey among different categories of doctors, nurses, medical staff and administration.

To do this, we asked in the questionnaire to assess the level of personal stress at the workplace in the conditions of the covid wave on a 10-point scale. We presented the results of the study in the form of a radar chart built in Microsoft Excel (fig. 2).

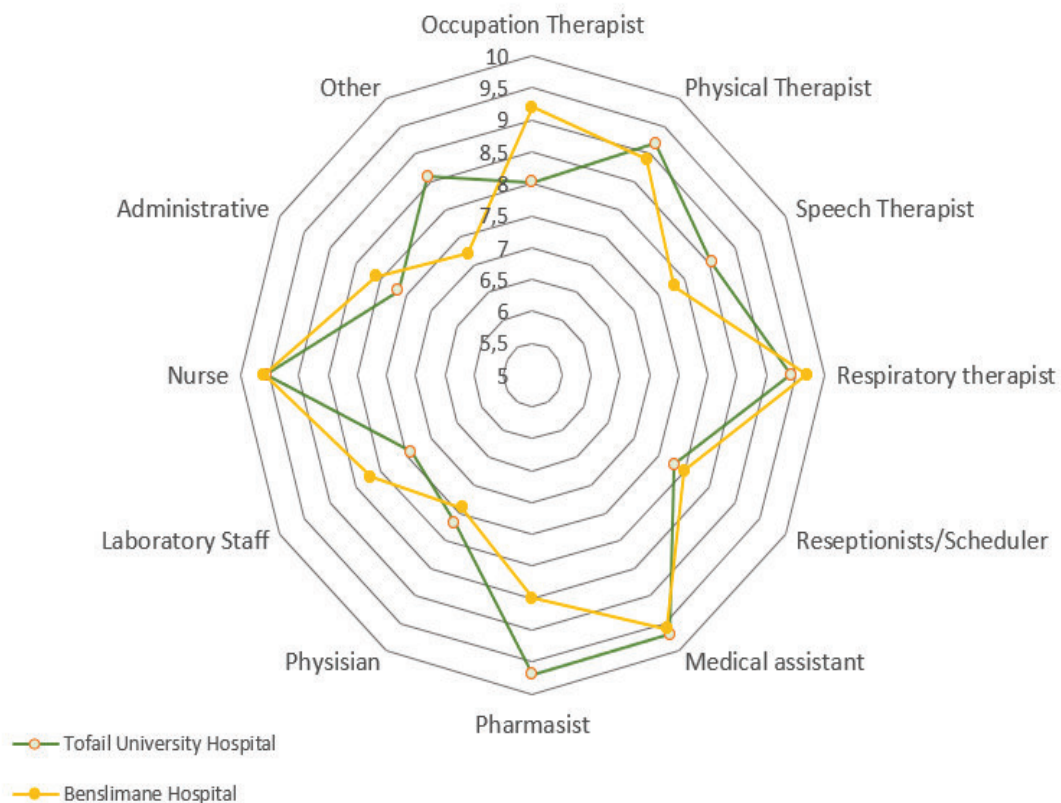


Fig. 2. Distribution diagram of psychological stress scores among different categories of medical staff in surveyed hospitals in Morocco

Many healthcare workers experienced increased workload in the face of short staffing and shortages in critical personal protective equipment. This led to increasing anxiety and the risk of personal harm. Some healthcare workers report symptoms consistent with post-traumatic stress disorder related to the pandemic.

We believe that it is necessary to put into practice a set of measures to prevent the occurrence of stress conditions among medical workers and develop recommendations on techniques for anti-stress conditions and the prevention of professional burnout. At the same time, it is necessary to take into account not only the psycho-emotional and professional characteristics of workers, but also mental ones, adapting the adopted rules for specific workers in individual countries (fig. 3).

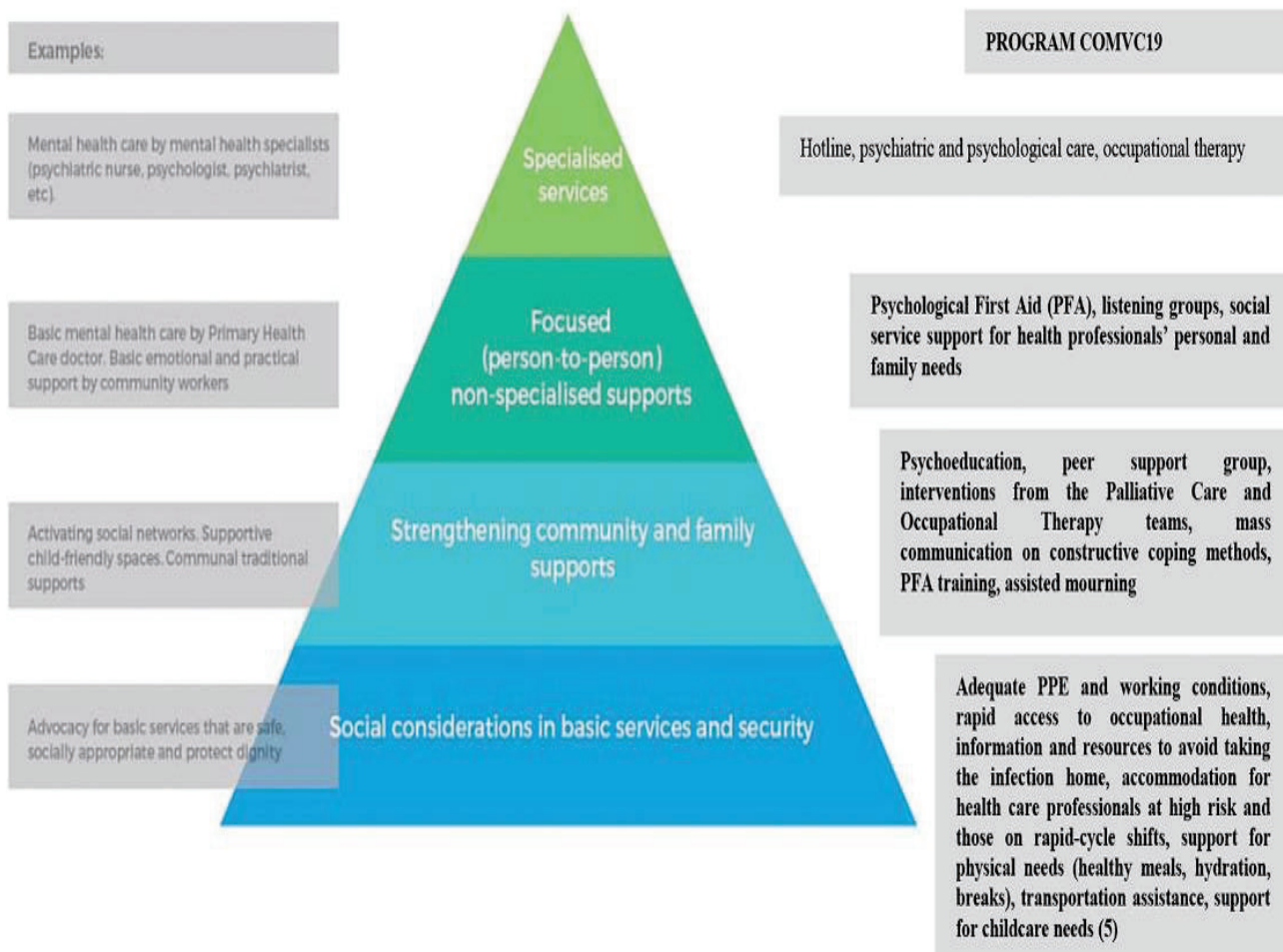


Fig. 3. Pyramid of Mental Health and the Psycho-emotional support

We considered the helpful ways of thinking about maintaining staff mental health before, during and after the COVID-19 pandemic.

1. Individual Responses and Building Resilience. We advise that there is a need for people to recognize that fears and anxieties are justified and it is natural for these to be present in the face of threat as these fears enable us to identify risk and keep safe [3]. Sometimes the anticipation of stressful events can be worse than when the actual event occurs. During the actual event we might neglect our emotional needs by focusing solely on our current tasks. During the pre-phase we have lots of time to think about what may occur, how it may feel, worst case scenarios, and what the job will be like in the initial and core phase.

2. Organizational Response. At this pre-stage, team grounding is important. Grounding involves noting the emotional and cognitive information being shared in a group, acknowledging this and using it to structure an agenda for discussion. This is important because thoughts and emotions can become amplified within a group setting and fear and anxiety can migrate across team members [4]. Therefore, in the same way that we ask a client to ground themselves to the present when their distress exceeds their window of tolerance, the team leader may need to offer a greater sense of present moment awareness. A number of techniques are applicable with groups. For instance, ask the group to clap their hands at the same time or stamp their feet.

Conclusion

Medical workers in Moroccan clinics interviewed in this study expressed a strong need for social support. There were specific needs and expectations from each social network, which consisted of family, friends, superiors, and colleagues. But stress management, the development of recommendations and programs for the prevention of stressful situations in medical workers and professional burnout are very important. This is especially important for healthcare workers in Morocco, who have faced the waves of the covid pandemic, as well as in the post-pandemic period. Special attention to stress reduction activities and trainings will improve the efficiency of healthcare workers and the industry as a whole.

Literature

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Summary. The problem of professional stress among medical workers is hardly new, but there is a lack of effective measures in this area, despite the dire need, especially in the conditions of the COVID-19 pandemic, as well as in the post-pandemic period. In the course of a study of health care workers in Moroccan clinics, signs of stress were found among doctors, nurses and administrative staff of hospitals, and signs of professional burnout were also found. In order to rehabilitate and improve the psycho-emotional state of medical workers, recommendations have been developed for cognitive-behavioral therapy and mental and physical relaxation to reduce stress and prevent burnout.

Key words: *professional stress; prevention; medical workers; psychosocial interventions, professional burnout*