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Mental Health of Muslim Healthcare Workers During COVID-19: Key Findings

Impact of the Pandemic on Mental Health and Distress, Discrimination, Coping Strategies, and More

To understand how American Muslim healthcare workers (HCWs) in the United States have been impacted by this stress, and how they have coped with it, this study surveyed nearly 700 American Muslim HCWs about one year into the pandemic. Results include the psychological impact of the COVID-19 pandemic, the impact of religious and racial discrimination on mental health, as well as an investigation into “healthy” and “unhealthy” coping strategies.

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Mental Health and Distress

Stress, distress, and anger increased as a result of the COVID-19 pandemic

- More than 80% of Muslim HCWs report they felt “more stressed” or “much more stressed” as a result of the COVID-19 pandemic.
- About 30% of our sample screened positively for severe or moderate psychological distress according to the PHQ-4.
- Nearly 60% of the sample report feeling angry on a regular basis.
- Almost 80% of HCWs report feeling isolated occasionally or regularly.

Discrimination

Forty-seven percent of the overall sample report experiencing at least one form of discrimination during the pandemic.

- **30%** percent of the sample report experiencing Islamophobia occasionally or regularly outside of the workplace.
- **19%** report experiencing Islamophobia within the workplace.



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- In regard to racial discrimination within the workplace, **22%** of those surveyed report occasional or regular incidents.
- **25%** report experiencing gender discrimination within the workplace.

Discrimination is associated with higher risk of psychological distress, including depression and anxiety

- Healthcare workers who report experiencing occasional or regular Islamophobia outside of the workplace in addition to racial discrimination within the workplace, compared to those who experienced no discrimination, had **five times** higher risk of mild psychological distress, and **6.6 times higher** risk of moderate or severe psychological distress.
- Healthcare workers experiencing occasional or regular discrimination of mixed forms (racial, gender, or religious), compared to those who experienced no discrimination, had **five times higher** risk of mild distress, and nine times higher risk of moderate or severe distress.
- This information is particularly concerning given that, in the absence of strong protective factors, these outcomes could be even further exacerbated.

Islamophobia in the workplace is associated with increased healthy coping strategies, particularly those of a religious nature

- We also found that those who report experiencing Islamophobia within the workplace utilize a **higher** number of **healthy** coping strategies, particularly religious healthy coping strategies.
- Additionally, they were found to adopt **fewer unhealthy** coping strategies.
- It may be surprising that **those who experienced Islamophobia were also more likely to use healthy coping strategies**, given the detrimental effect of discrimination on the overall mental health of our participants. However, in light of existing research which shows that those who perceive Islamophobia tend to also view their religion as a more important part of their life, there may be a way to make sense of this finding.



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Racial discrimination in the workplace is associated with less healthy coping and more unhealthy coping

- Those healthcare workers who report racial discrimination in the workplace were **less** likely to utilize **healthy** coping strategies and **more** likely to utilize **unhealthy** religious coping strategies.

Coping Strategies

Examples and use of coping mechanisms

- A coping strategy can be defined as a behavior a person partakes in or a belief a person relies on when dealing with stress, whether consciously or unconsciously, as an attempt to relieve their negative emotions.
- The most commonly used coping strategy report in our sample was calling friends and family, with **82%** of the sample reporting doing so occasionally or regularly. This demonstrates that this sample of HCWs often leaned on their social support networks to help cope with pandemic-related stress.
- The other most commonly utilized non-religious coping strategies were:
 - eating comfort food (**79%**)
 - shopping online (**62%**)
 - exercising (**57%**)
 - and sleeping more than usual (**51%**)
- The most commonly utilized religious behavioral coping strategies were:
 - Extra du'a (**78%**)
 - Extra Qur'an (**52%**)
 - Extra prayer (**48%**)

Some coping strategies linked with increased risk of distress

- There are some coping strategies thought to be maladaptive, which have been linked to high psychological distress and lower overall mental health; this is in contrast with positive, or adaptive, coping strategies that can successfully relieve negative emotion and promote well-being (Mong & Noguchi, 2021).



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- Some of these maladaptive, or unhealthy, coping strategies were observed in our sample, such as eating comfort food (**79%**), shopping online (**62%**), or sleeping more than usual (**51%**).
- Using multiple logistic regression analyses, all of these strategies had significant associations with poorer mental health, each being linked to more than two times **increased risk of moderate to severe** psychological distress as measured by the PHQ-4.

Remembering blessings and thanking God was widely protective

- Those who reported trying to remember their blessings and thank God were at a **significantly reduced** risk for psychological distress.
- Healthcare workers from our study report **utilizing this form of gratefulness at a high rate (93%)**, indicating that this was a commonly held value.
- The protective impact of this strategy, on top of expansive existing literature about the positive impact of gratefulness, points to another major strength among American Muslim HCWs. Alongside our finding about calling friends and family (used by over 80% of participants), our study reveals a strong tendency for American Muslim HCWs to utilize healthy coping strategies that are well-supported by existing evidence. These strategies can be capitalized on and encouraged among American Muslim HCWs to further protect against the stresses of their role, particularly amidst a pandemic.

Seeing a mental health professional during the pandemic was widely protective

- **Eighty-three percent** of our sample report seeing a mental health professional “to help with the impact of COVID-19.”
- This is a very high proportion, particularly given previous evidence that western Muslims overall have **underutilized** mental healthcare (Zia et al., 2013).
- Additionally, our regression analysis found that seeing a mental health professional during the pandemic was determined to be **protective against feeling angry, screening positively for depression, anxiety, and mild and moderate psychological** distress.



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Recommendations for Healthcare Systems and Individuals

This report presents a body of evidence to suggest that American Muslim HCWs may be at increased risk for a number of negative mental health outcomes resulting from COVID-19 as well as discrimination. However, we also present evidence to suggest that there are numerous tools and strategies being utilized in the population that may be promoted to ameliorate those adverse outcomes. Existing research has found significant protective effects of system-wide mental health interventions in the general HCW population, including such programs as peer-to-peer support and designated professional mental health care (Albott, 2020). Given the particular risks faced by American Muslim HCWs, our study provides insight into how such programs can be tailored to the particular needs of this marginalized population.

Recommendations for healthcare systems:

- Firstly, **healthcare systems that employ American Muslim HCWs should provide easily accessible mental health support to their healthcare professionals.** Primarily, systems must provide easy access to professional mental healthcare, given our study's findings that utilizing professional mental health services was associated with better mental health outcomes and healthier coping strategy utilization.
- Secondly, our study highlighted several widely protective coping strategies being utilized in our sample, many of which are compatible with existing empirical literature and Islamic cultural practices. Healthcare systems should support these strategies in particular by **allowing space and time for the practice of healthy religious coping strategies** like extra prayer and reading Qur'an, as well as non-religious coping strategies like calling friends and family. Each of these strategies was found to decrease the risk of adverse mental health outcomes, possibly by providing connections to individual strength and interpersonal support in our sample.
- Lastly, to combat the compounded effects of discrimination on the mental health and coping abilities of American Muslim HCWs, **healthcare systems should incorporate Islamophobia awareness and prevention into existing diversity and inclusion programming.** This training must additionally encourage leadership to intervene in cases of active prejudice and marginalization amongst their workforce and provide all necessary support and guidance to upkeep the mental health of those who have been targeted. To this end, data collection and documentation about the prominence of Islamophobia and other forms of discrimination in healthcare settings must be facilitated



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to provide the necessary evidence for interventions. This information should be made transparent and available to assist the work of all who wish to support the mental health needs of American Muslim HCWs, both during this COVID-19 pandemic and beyond.

Recommendations for individuals:

- Firstly, our study’s investigation of negative religious thoughts highlighted that some methods for cognitively processing adversity are maladaptive. Such thoughts as, “Wondering if I am being punished by Allah,” and “Losing my faith in the wisdom or compassion of Allah,” and “Being angry with Allah” were all associated with negative mental health outcomes. Awareness of these maladaptive cognitions is important for American Muslim HCWs as they continue to face challenges in their workplaces and beyond. Reliance on aforementioned healthy outlets such as friends and family, as well as other religious strategies, may be a promising avenue for mitigating these negative thoughts.
- Secondly, gratefulness, particularly remembering blessings and thanking Allah, stood out as not only one of the most widely utilized cognitive coping strategies in our study but also as one of the most protective against adverse mental health outcomes. Individual American Muslim HCWs should note the importance of this concept in both the religion of Islam and the pursuit of mental well-being (Abdul-Rahman Z., 2017). Highlighting this thought during self-care activities, which may include other coping mechanisms outlined in our study, such as calling friends and family and extra du’aa, may be a powerful tool for supporting mental resilience in the face of stress.
- Lastly, our study **emphasized the protective power of seeing a mental health professional**. Utilizing professional mental health services was associated with better mental health outcomes and healthier coping strategy utilization, and existing research has found it to be an effective support for the general HCW population amidst the pandemic. Individuals who have not sought professional mental healthcare to help cope with the COVID-19 pandemic should consider doing so, in addition to incorporating mental health services into their future strategies for self-care as new stressors continue to emerge.