

Mental Health of Muslim Healthcare Workers During COVID-19

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 and coped with the stress of the COVID-19 pandemic, we surveyed nearly 700 American Muslim HCWs about one year into the pandemic.



Mental Health and Distress

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



More than 80% of Muslim HCWs surveyed report they felt **“more stressed”** or **“much more stressed”** as a result of the COVID-19 pandemic.



Nearly 60% of the sample report feeling **angry on a regular basis**.

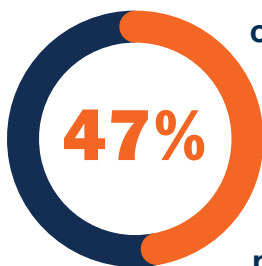


30% of the sample screened positively for **severe or moderate psychological distress** according to the PHQ-4.



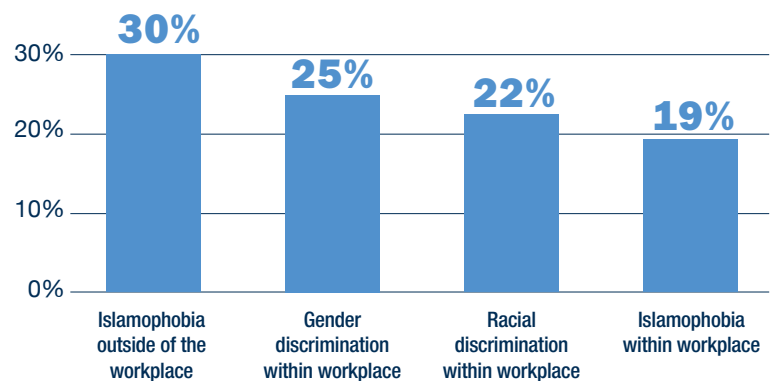
Almost 80% of our sample of Muslim HCWs report feeling **isolated** occasionally or regularly.

Discrimination



of the sample report experiencing at least one form of discrimination during the pandemic.

Q How often, if at all, have you personally experienced discrimination in the past year because of...



Percentage of respondents who reported occasionally or regularly experiencing discrimination

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

- HCWs 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.
- HCWs experiencing occasional or regular discrimination of mixed forms (racial, gender, or religious), compared to those who experienced no discrimination, had **5 times higher** risk of mild distress, and **9 times higher** risk of moderate or severe distress.
- This is particularly concerning given that, in the absence of strong protective factors, these outcomes could be even further exacerbated.



Experiencing Islamophobia is associated with increased healthy coping strategies



Those who report experiencing Islamophobia within the workplace utilize a **higher** number of **healthy** coping strategies, particularly religious healthy coping strategies and adopt **fewer unhealthy** coping strategies.

- This may be surprising 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.



In contrast, 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.

- Our analysis cannot make conclusions about why Islamophobia results in more healthy coping strategies and racial discrimination results in more unhealthy coping. Continued research into the nuances of identity, discrimination, and stress response is needed.

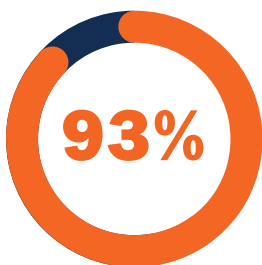
Coping Strategies

- 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.

- The most commonly utilized religious behavioral coping strategies were:



Coping Strategies (cont.)



of HCWs from our study reported trying to remember their blessings and thank God

- **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. 93% of HCWs from our study reported **utilizing this form of gratefulness.** Alongside calling friends and family, 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.

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.

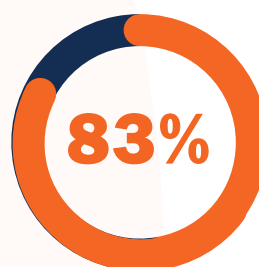
- The other most commonly utilized non-religious coping strategies were:



- 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.



Seeing a mental health professional during the pandemic is widely protective



of our sample report seeing a mental health professional "to help with the impact of COVID-19."

- Seeing a mental health professional during the COVID-19 pandemic is **protective against feeling angry, screening positively for depression, anxiety, and mild and moderate psychological distress.**

Given the particular risks faced by American Muslim HCWs, our study **provides recommendations** for healthcare systems and individuals that can be tailored to the particular needs of this marginalized population.