



The pressures resulting from Covid-19 and their relation with chronic fatigue syndrome of the nurses in the hospitals

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Abstract: This study aims at revealing the psychological pressures resulting from Covid-19 and their relation with the chronic fatigue syndrome (CFS) for the female workers in the hospitals, the sample of the study included 35 nurses. We used the scale of the nervous fatigue syndrome of Ben Yaakoub (2010) and the pressures questionnaire designed by the researcher which is made up of two dimensions: the familial pressures and the professional pressures. Findings showed: A high level of Chronic Fatigue Syndrome for the female workers in the hospitals, The level of the familial pressures on the female workers in the hospitals is high, There is a correlation between the pressures and Chronic Fatigue Syndrome for the female workers in the hospitals.

Keywords: *syndrome; fatigue; chronic; pressures; Covid-19.*

1. INTRODUCTION

Covid-19 is among the events experienced by the modern people whose majorities have never lived such terror and fear due to this pandemic that touched the entire world starting from the end of December 2019 and the beginning of 2020 in the Chinese city Wuhan that was the primary of the pandemic. The latter was from an unknown source and ways of limiting it were unknown. This terrified the whole world. Hence, the developed countries started looking for its causes and how to limit it. Due to the difficulty of the task in the beginning, the World Health Organization imposed lockdown; A term that had been absent and far from the thought of mankind. This measure had its impacts on the people and societies and caused psychological problems due to the pressures resulting from the many restrictions that changed the lifestyles. In this context, the Algerians, like the rest of the peoples of the world lived the stress. The most subject to pressures was the nurses working in the hospitals. This group, which found itself facing a dangerous health situation that is difficult to control, with the difficulty of identifying how the epidemic is transmitted and the increase in the number of patients on the one

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hand, and the fear of infection because they are vulnerable to transmitting the virus to their families, and their feeling of helplessness in front of the large number of infections and the lack of medical equipment, including beds to contain. On the other hand, the number of patients, it has been reflected in their health condition, which may cause exhaustion and chronic fatigue in some of them, which leads to difficulties in psychological and physical tasks that appear in symptoms of difficulty concentrating, headaches, and low energy... Therefore, we will try, through this study, to address the relationship between the pressure in its two parts (stress family and occupational pressures) and chronic fatigue syndrome among nurses working in hospital.

2. Problem of the study

The pressures man lives due to the technological and economic developments, and life development in general, and the rapid demands on all the aspects reflected on the physical and psychological state of the world peoples in general, and the Algerian in particular leading to alerts because these pressures are the first cause of death as confirmed by researchers, not cancer, diabetes, or cardiovascular problems (Mohamed Mabrouk, p. 357). This drew the attention of the researchers in public health and psychology to study the effects of the pressures on the human health because it is the problem of the current era as it has a wide range of various powerful effects on man that depletes his emotional and psychological state and make him lose his psychological equilibrium.

In this line, the pressures have effects resulting from the evaluations of the individuals in situations that exceed their potential and abilities. Hence, they are a source of threat. In this regard, Covid-19 that appeared at the end of 2019 and beginning of 2020 in Wuhan causing tremendous international horror had negative effects on the human side such as deaths, economic struggles, and unprecedented restrictions on the human interactions. A census by Reuters based on the data of the ministries of health and governmental officials showed that more than 164 million people got Covid-19 worldwide. Moreover, the total deaths due to Covid-19 reached 3408060 worldwide. As for Algeria, the statistics showed 125000 cases till 17 May 2021 with 3381 deaths.

This pandemic was alarming leading countries to take preventive measures to limit the rapid spread. Thus, Algeria imposed lockdown and shutdown of the public places such as airports, markets, ballrooms, gyms, and even schools. Moreover, it insisted on wearing masks, the use of the sterilizer of the hands, and the social distancing. These measures left in an exceptional state that had never been experienced by the current generations and led to an unprecedented change

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in the lifestyles. The continuity of the pandemic became a source of stress for all people in general and the health care staff, in particular, because they are the frontline including the nurses who represent a big proportion of the labour force in this sector. They face big risks of infection because they provide the bigger part of the main healthcare. Hence, they live for sensitive period facing the pandemic that menaces the human life and the work pressures resulting from the lack of the important preventive tools such as the masks, the sterilizers, the ventilators, and the beds in the intensive care, and the fear on their families; all this increased the pressures. A study in Quebec revealed that the risk of infection with Covid-19 is 10 times higher for the healthcare staff and that 83% of those who were infected got the virus from the work environment; 33% due to dealing with the patients, 10% with colleagues, and 40% from an undetermined source. Moreover, the study found that 70% of the infected were nurses and their assistants (Gastion, Carazo, Lorcy, 2020, p. 3).

As for Algeria, there were lots of Covid-19 cases among the medical staff as we knew from the media or from personal contacts. All these pressures affect greatly the physical and psychological states of the nurses. The study of (Wissam, Hingary, Lemongne et al, 2021) revealed the increase of the fear rates of the frontline staff against Covid-19 due to the anxiety about infection and the feeling of severe fatigue which may reach the psychological exhaustion. This may lead to the chronic fatigue syndrome after a time of feeling the psychological restlessness after physical efforts. In addition, it may cause a deficit in attention and memory, muscular soreness, and other physical symptoms that appear intensively on people whose activity is mental or physical. Thus, from the problem of the study, we arrive at revealing CFS and its relation with the pressures on the nurses working in the hospitals through answering following questions:

Do the nurses workin the hospitals suffer CFS?

Is the level of the professional pressures high for the nurses working in the hospitals?

Is there a relation between the dimension of the pressures and CFS for the nurses working in the hospitals?

3. Hypotheses of the study:

From the problematic and questions about the study, we hypothesize that:
The nurses working in the hospitals suffer a high level of the symptoms of CFS.
The professional pressures for the nurses working in the hospitals are high.
There is a relation between the psychological pressures resulting from Covid-19 and the symptoms of CFS.

4. Aims of the study:

This study aims at:

Revealing the symptoms of CFS of the nurses working in the hospitals.

Revealing the types of pressures that are the most spread among the nurses working in the hospitals.

Revealing the relation between the dimensions of the psychological pressures and the CFS of the nurses working in the hospitals.

5. Importance of the study:

5.1 The theoretical importance:

This study enriches the literature of health psychology through tackling CFS and its relation with the variable of “pressures” because it has never been studied to the best of our knowledge. This study sheds light on CFS which is a variable that is not studied sufficiently to show its role as a foretelling factor that hinders the psychological and physical health of the people mainly if the simple symptoms turn into continuous chronic symptoms without a cause of exhaustion.

5.2 The practical importance:

The results of this study reflect the role of the pressures that exceed the potentials of the individual and menace his life. They manifest in the symptoms of the chronic fatigue, which are the results that can be taken into consideration when designing and setting programs of preventive and health awareness.

The study draws the attention of the healthcare experts and staff including doctors and health psychologists to work on applying quantitative scales to measure CFS amid the staff of the hospitals to have early healthcare.

6. The procedural terms of the study:

Pressures: a set of burdens resulting from Covid-19 and represents stress situations related to the familial and professional requirements. It is about the degree got from the nurses in the scale of the pressures designed by the researcher that includes two dimensions that are:

The familial pressures: they are the pressures exercised by the family related to the job of the nurse and the evaluation of the pandemic situation and its outcomes on the familial relations.

The professional pressures: they are the stress, exhaustion, and inability to be compatible with the workplace and its requirements.

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Chronic Fatigue Syndrome:It is a set of symptoms related to the continuous physical exhaustion that is unjustified. It is measured with the degree got from the nurses in the scale of chronic fatigue of Ben Yaakoub (2010).

Covid-19: An infectious disease has been recently discovered. The virus was not known before its 1st spread in the Chinese city Wuhan in December 2019 (UNRWA, 2020).

7. The theoretical frame of the study:

7.1 Chronic Fatigue Syndrome:

Eric defies it as the extreme fatigue that does not amount up to the effort made. It lasts 6 months or more and happens due to unknown causes. It is accompanied with a decrease in the power of the muscles and physical force with an avoidance of the difficult activities (Eric Tairin, 2014). As for (Daniel Gloaguen, 2007, p. 27), he sees it is a state of fatigue that cannot be interpreted and is unrelated to the ordinary causes and symptoms of the professional and personal fatigue. Moreover, the World Health Organization defines it as a state where the individual feels physical and mental fatigue and exhaustion most of the time after the minimum effort. He faces attention deficits and weakness in doing the daily activities. Its symptoms include the weakness of the muscles, headache, muscular soreness, continuous and repetitive fatigue, weakness of the memory, and decrease of the energy in doing the educational, professional, and social activities (Haroun Rachid Fares, 2018, p. 360), according to (nilloofar & Buchwald, 2003) Chronic fatigue syndrome is an illness characterized by profound disabling fatigue lasting at least 6 months and accompanied by numerous rheumatological, infectious, and neuropsychiatric symptoms.

-Clinical Presentation of CFS:

As the name indicates, fatigue is the hallmark of chronic fatigue syndrome. Patients often report excellent pre-illness, physical fitness and energy, and an abrupt onset of fatigue, typically with a flu-like illness. After illness onset, however, patients indicate that physical exertion tends to exacerbate the fatigue. Many patients with chronic fatigue syndrome also often experience anorexia, nausea, drenching night sweats, dizziness, and intolerance to alcohol and other pharmaceuticals that affect the central nervous system. Finally, those with chronic fatigue syndrome have significant functional impairment. Nearly all patients with chronic fatigue syndrome note a decrease in social relationships in addition to other unwanted consequences of illness ; about one-third are unable to work, and another one-third can only work parttime. Recent findings from community-based studies suggest that women, members of minority groups, and nonworking individuals with chronic fatigue syndrome may experience greater functional

disability and symptom severity than men, whites, and working individuals. Fortunately, the diagnosis of chronic fatigue syndrome is not associated with increased mortality. (Niloofar, Buchwald, 2003, p222)

7.2 Pressures:

According to Nahla (2020) quoting from Farouk Othman, the term is used to indicate a wide range of cases of the individual that emerge as mechanism to the various effects that have high force and lead to emotional fatigue and, thus, require remaking compatibility to the individual. Moreover, Haroun Arrashidi defines it as an event resulting from stress that manifests in psychological aspects. In addition, it is a factor that is related to the feeling of sadness, unhappiness, discomfort, and pain. Furthermore, it reflects the recognition of the problems existing in the environment and indicates a wide category of problems due to the fact that they deal with demands that exhaust the psychological system of the individual (Ashkhabna, 2020).

In addition, Al Abd (2013) defines it as a state of psychological pressure generated due to the physical fatigue and muscular spasm. In addition, it results from a set of factors including the stressing situation for a long time, not temporarily. Besides, Lazarus (1984) sees it is due to an evaluative process with which the individual evaluates his self-resources to see their efficiency in satisfying the environmental requirements, i.e., the compatibility between the internal requirements of the individual and the external environment (Al Aziz, 2009, p. 24).

Types of the psychological pressures:

According to Selye, they include:

The bad psychological pressure: It is the pressure resulting from the pain due to the imbalance between the requirements of the individual and the available potentials.

The good psychological pressure: it is the pressure resulting from positive feelings because it restores the compatibility between the individual and the available potentials.

On the other hand, Kalagar classifies the pressures into:

Violent sudden pressures: this includes the sudden events, which are violent, happen suddenly, and affect many people in one time. The natural catastrophes such as earthquakes, storms, and plane crashes are good examples. The pressures resulting from these are general.

The personal pressures: this covers the main life events such as the loss of a dear person, loss of a job, or anything that threatens with diseases.

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The socio-environmental pressures: this covers the problems man faces in daily life such as waiting in a long queue in a bank or traffic. The severity differs from one time to another and from one person to another. (Arafi, 2002, p. 21).

7.3 Covid-19:

It is a big specimen that may attack man or animals. It is known that the SARS viruses cause infection of the respiratory system for the individual. The severity ranges from common flu to the more severe cases such as the Respiratory Middle East Syndrome and SARS. The recently discovered virus causes Covid-19 disease (Tademri, Faouz, Hamia, 2020, p. 2).

Symptoms of Covid-19 disease:

The most common are the fever, fatigue, and coughing. Some patients may suffer pains, nasal congestion, cold, sore throat, and diarrhea. Generally, these symptoms start mild and get worse gradually. Some people get infected without showing symptoms or feeling the disease. In this context, 80% of the patients recover without special medication. The disease aggravates for 1 out of 6 infected people. The latter suffer difficulty in breathing. The possibility of infection increases for the elderly and those who suffer chronic diseases such as high blood pressure, diabetes, and cardiovascular diseases (UNRWA, 2020).

8-Previous studies:

Among the studies that dealt with stress resulting from Covid 19 or that dealt with chronic fatigue syndrome, we find:

Senussi and Jalouli study (2020): which aimed to know the most important indicators of a decline in mental health in light of the spread of the Corona virus, social distancing, and the continuation of quarantine. The study sample consisted of 446 people who used a mental health questionnaire designed by the researchers. The results concluded that the most important indicators of a decline in mental health are (I feel great fear of being infected with this epidemic, I feel powerless to protect my family members). The study also revealed that the level of mental health in light of the Corona crisis is low.

Nahla Salah El-Din (2020) : aimed to study the Relationship between psychological stress resulting from the spread of the emerging corona virus (Covid 19) and psychosomatic disorders among working women. The study sample included 100 working women between the ages of 30-50 years and who do not suffer from chronic diseases. The researcher used the scale of psychological stress resulting from the spread of Covid 19 and the scale of psychosomatic disorders among working women prepared by the researcher. The study concluded

that there is no statistically significant correlation between psychological stress and psychosomatic disorders. There are statistically significant differences in the degree of psychological stress due to the social status variable

Nebbar reki (2021): The study aims to identify the level of psychological pressures under home quarantine among a sample of the Algerian society, and to reveal statistically significant differences, if it exists, in the degree of psychological pressures that are attributed to the variables of sex and age. To achieve the objectives of the study, the descriptive approach has been used. For the collection of data a questionnaire, consists of 24 items that cover three dimensions (psychological, economic, and social), has been designed. The results revealed that there were an average level of psychological pressures among the sample members and there were no statistically significant differences due sex and age variables.

9. The practical side of the study:

9.1 Methodology of the study:

We relied on the correlation descriptive method because it helps process the set hypotheses.

9.2 Sample of the study:

It included 35 nurses who answered an electronic questionnaire due to the lockdown imposed. The questionnaire was shared in groups. Hence, the spatial limitation was electronic, and the number of the informants was the number of those who answered the questionnaire. As for the temporal limitation, it was from July till September 2020. We expected the sample to represent a bigger population.

9.3 Study tools:

9.3.1 CFS scale:

We used the nervous fatigue syndrome scale of Ben Yaakoub (2010) who relied on the previous studies and the theoretical frame of CFS. The scale is made up of 50 statements. However, we deleted 5 because they do not serve the sample of our study and, thus, we have 45 statements. That covers the psychological side and the physical. The degree is calculated as a total degree for the scale that expresses the existence of CFS. The answer to the questions is according to Lickert's 5 points that are too much (5), much (4), somehow (3), little (2), and never (1). The theoretical range of the scale is between 225 as the highest degree and 45 as the lowest, and with a hypothetical mean of 135.

The psychometric characteristics of the scale:

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The validity of the scale had been calculated through the calculation of the validity of the content through the calculation of Pearson correlation between the degree of each statement and the total degree of the scale. Findings show the correlation of all the statements with the scale, as the correlation coefficients are (0.57 to 0.81) which are statistically significant values at 0.01 and 0.05. As for the consistency of the scale, it is calculated with Cronbach's Alpha. Findings show 0.86, which is a high value that indicates a high consistency.

9.3.2 Questionnaire of the psychological pressures resulting from Covid-19:

We relied on the theoretical frame about the psychological pressures and the previous studies that studied it in relation with many variables such as the study of Nahla Salah Ali (2020) and that of Rym Faouaz (2020). Moreover, we had a look on the scales in this side through which the questionnaire of the study had been designed. The latter is made up of two dimensions that are the familial pressures and the professional. Each dimension covers eight statements and, thus, the questionnaire has 16 statements that are answered according to Lickert's 5 points, which are never (1), rarely (2), sometimes (4), much (4), and very much (5).

The theoretical range of the scale is between 80 as the highest degree and 16 as the lowest, with a hypothetical mean of 48.

The psychometric characteristics of the questionnaire:

We calculated the validity through calculating the consistency. This is through calculating the correlation coefficient between each statement and the degree of each dimension to which it belongs. Findings show the correlation of all the statements with the scale as the correlation coefficients were between 0.52 and 0.76, which are statistically significant values at 0.01.

As for **the consistency of the questionnaire**: it has been calculated with Cronbach's Alpha. Findings show 0.72 for the dimension of the familial pressures and 0.85 for the dimension of the job pressures, which are high values that show that the consistency of the questionnaire is accepted.

10. The statistical styles:

We used SPSS 20 to calculate the validity and consistency of the tools, in addition to processing the results of the hypotheses with the percentage, Pearson correlation coefficient, and T. Test.

11. Presentation and discussion of the study results:

11.1 Presentation of the 1st hypothesis:

It states that the nurses working in the hospitals suffer a high level of the symptoms of CFS. To check the hypothesis, we calculated the frequencies and the percentages. Then, we calculated T test to know the significance of the statistical difference between the arithmetic mean of the study sample and the hypothetical one to know if there are differences for the chronic fatigue. Findings are as follows:

Table 01: the frequencies and percentages of the results of the estimation of the level of CFS

| | | Number | Percentage |
|-----|-------------------|--------|------------|
| CFS | Low (45-99) | 4 | 11.42% |
| | Average (100-166) | 7 | 20% |
| | High (167-225) | 24 | 68.57% |

Source:prepared by the researcher

From the results of the table, we see that most of the nurses have a high level of CFS as the value reached 68.57 with 24 nurses while 20% (7 nurses) suffer an average level of the syndrome, and 11.42% (4 nurses) have a low level

Table 02: Tests of one sample to reveal the level of CFS

| | Sample | Arithmetic mean | Standard deviation | Degree of freedom | Hypothetical mean | T | Significance level |
|-----|--------|-----------------|--------------------|-------------------|-------------------|-------|--------------------|
| CFS | 35 | 157 | 17.96 | 34 | 135 | 24.19 | 0.000 |

Source: prepared by the researcher

From the results of the table, we see that the arithmetic mean of CFS of the nurses is 157, which is higher than the hypothetical 135. This shows that they suffer CFS.

11-2Presentation of the 2nd hypothesis:

It states that the professional pressures for thenurses working in the hospitals are high.

To check the validity of this hypothesis, we calculated the arithmetic mean and the standard deviation of the level of the pressures.

Table 03: the results of the arithmetic means and the standard deviation of the pressures

| Psychological pressures | Arithmetic mean | Standard deviation |
|-------------------------|-----------------|--------------------|
| Familial pressures | 28.12 | 6.32 |
| Professional pressures | 22.53 | 5.17 |

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Source:prepared by the researcher

From the results shown in the table, we see that the level of the familial pressures is higher than the professional. The arithmetic mean of the 1st is 28.12 with a standard deviation of 6.32 which are higher than the arithmetic mean of the professional pressures which is 22.53 and the standard deviation 5.17. Thus, the hypothesis is not confirmed.

11-3Presentation the results of the 3rd hypothesis:

It states that there is a relation between the psychological pressures resulting from Covid-19 and the symptoms of CFS. To confirm its validity, we calculated Pearson correlation coefficient between the dimensions of the psychological pressures and the syndrome. The results are shown in the table:

Table 04: Pearson correlation coefficient between the dimensions of the psychological pressures and CFS

| Pressures resulting from Covid-19 | CFS |
|-----------------------------------|--------|
| Familial pressures | **0.79 |
| Professional pressures | **0.86 |

Source:prepared by the researcher

We see from the results in the table the existence of a statistically significant correlation between the familial and the professional pressures and CFS. Pearson correlation coefficient between the professional pressures and CFS is 0.86 which is significant at significance level 0.01. Moreover, there is a relation between the familial pressures and CFS because the correlation coefficient is 0.79 which is significant at significance level 0.01. Thus, the hypothesis is confirmed and the psychological pressures have a relation with CFS.

12- Discuss the results:

Discussion of the 1st hypothesis:

The results of the study showed the nurses suffer CFS as we expected because many studies confirmed that the syndrome may appear due to unusual psychological pressures that exceed the individual's potentials. This is what happened to the nurses because Covid-19 symptoms were severe and the deaths of the health staff were high. Thus, this caused exhaustion and depleted their defence mechanisms. Moreover, other causes include the absence of ventilators and beds in the intensive care units which caused big pressure and exhaustion and reflected on the their daily social and familial life due to the severe fear of infecting the others without forgetting the social stereotypes and the heavy professional load

that reflected on the psychological and physical state with the symptoms of the severe fatigue, difficulty of attention, restlessness after a physical effort, pains, and continuous headache. In this line, studies showed that the staff of the healthcare around the world was affected in particular by Covid-19 as in China there were 3.8% of the cases, 18% in France, 16% in Spain, 12% in Italy, and 12% in Germany according to the study of Gaston (2020). The pressures are unusual and may lead to the appearance of the syndrome for people who had never been ill according to Mabrouk Abu Zayd (2019). This appears clearly in the nurses working in hospitals that treat Covid-19 patients.

Discussion of the results of the 2nd hypothesis:

From the result that showed that the familial pressures are higher for the nurses working in the hospitals, we see that this reflects the orientation of the researcher because the sample of those working in the health sector is subject to the severe professional pressures due to the direct transaction with the patients, the high number of the patients that requires the necessary tools and equipments such as ventilators which are not found in most of our hospitals causing the exhaustion in dealing with the pandemic. We can interpret the increase of the results in the familial pressures to the severe fear of transmission of the infection and, thus, the severe prevention is needed and the nurses fear the disease causing high pressure on them and their families. This confirms the study of Wissam et al. (2020) that found that the pressures related to the fear of the female workers in the health sector of the infection of their children, the stigma that follows them, the social alienation resulting from being avoided by the familial milieu, and the focus on the professional environment. Thus, the result is logical because of the familial responsibilities caused by Covid-19 and the change in the communication, frequency, and life styles. This caused the highest level of pressures for the nurses

Discussion of the results of the 3rd hypothesis:

We notice a correlation in the familial and professional dimensions and CFS. Thus, both dimensions affect the physical and psychological health and lead to the appearance of the symptoms of CFS in the nurses. Back to the theory of Hans Seley about the syndrome of general adaptation, he mentions 3 phases of his theory which are the response to the alarm, the resistance, and the exhaustion due to the continuous exposure to the pressures for a long time till he becomes unable to resist and gets exhausted and unable to adapt (Nouaissa, 2011, p. 9). This is what happened to the nurses and manifested in the symptoms of the syndrome including the physical and psychological fatigue as confirmed by Gaston (2020) saying that the experts of the healthcare are exposed increasingly to high levels of stress and exhaustion which may have long-term psychological effects due to the

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many pressures that require confrontation or reduction to go back to the psychological adjustment and adaptation.

In the end, we find that the results of the study are considered logical to a large extent. With regard to the high level of chronic fatigue syndrome, it is due to the fear of infection transmission and the deficit that was observed in our hospitals at the beginning of the epidemic, since the study was conducted during that period. When our hospitals suffered from a lack of medical devices and the number of beds at the level of their wards, in addition to the problem of scarcity of suffocating oxygen bottles that led to a large number of deaths, as well as with regard to the high family pressures of nurses. Since most of them suffered from their families not accepting work during that period and the obsession with infection and death and the absence of community support as the majority of society was He evades contact with any health care worker working in hospitals, and this is what resulted in the existence of a correlation between professional and family pressures and chronic fatigue syndrome in a sample of nurses. as the majority of society was He evades contact with any health care worker working in hospitals, and this is what resulted in the existence of a correlation between professional and family pressures and chronic fatigue syndrome in a sample of nurses.

Conclusion:

From the study objectives and discussion of the results of the hypotheses from which we started, we found a high level of CFS in the nurses working in hospitals and that the familial pressures are the highest. The result is logical because the family has a big role in the life of the nurse. Furthermore, we found a correlation between the dimensions of the familial and professional pressures and CFS. This paves the way for us to suggest:

The necessity of working to spread the awareness of the staff about CFS through campaigns in the health sector.

Working to psychologically intervene to strengthen the psychological culture of the staff of the healthcare and to strengthen the strategies of prevention and response in order to support the planning of the preventive strategies against the epidemics in the future.

Working to provide psychological services for the nurses inside the hospitals due to the pressures they face.

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