Psychosocial Impact of COVID-19 among Recovered Workers in the Banking Sector: A Cross-Sectional Study

Alhousseine Yansane [a,b,c*], Aminata Diallo [a], Ebenguela Ebatetou Ataboho [d], Moussa Keita [b,c], Amadou Mouctar Diallo [a,e], Tidjani Dalil [b] and El-Mouksitou Akinocho [f]

[a] *Faculty of Health Sciences and Techniques (Gamal Abdel Nasser University of Conakry), Guinea.*
[b] *National Occupational Health Service, Guinea.*
[c] *Guinean Society of Occupational Safety and Health Professionals, Guinea.*
[d] *Faculty of Health Sciences, Marien Ngouabi University, Congo.*
[e] *Department of Forensic Medicine (Conakry University Hospital), Guinea.*
[f] *School of Public Health, Free University of Brussels, Brussels, Belgium.*

Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

Article Information

Original Research Article

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Corresponding author: E-mail: alyansan31@gmail.com;

ABSTRACT

Introduction: The emergence of COVID-19-induced psychosis has seen a notable increase in the workplace, leading to significant psychosocial repercussions among employees, with a potential impact on business productivity. This study aimed to analyze the psychosocial impact of COVID-19 on recovered employees working in the banking sector in Conakry.

Materials and Methods: This was a cross-sectional study conducted over a one-year period, from January to December 2022. It focused on employees in the banking sector who had overcome COVID-19. Validated questionnaires were used to assess anxiety, depression, psychological distress, stress, and sleep disorders.

Results: Among the seven banks selected in Conakry, 1239 employees were employed. Of this number, 112 presented symptoms of COVID-19 and recovered, representing a frequency of 9%. The average age of the recovered employees was 43 ± 11 years. Men accounted for 72.3% of this sample. The psychosocial consequences observed among the recovered employees were manifested by mild anxiety in 46.4% of cases, and mild psychological distress in 34.8% of them. Moderate severity insomnia and stress affected 35.7% and 40.2% of individuals, respectively. Less than half (44.6%) had a good work resumption capacity.

Conclusion: COVID-19 has undoubtedly led to consequences on the mental health of recovered employees in the banking sector in Conakry. It would be prudent to consider implementing a multidisciplinary care program during epidemics to mitigate the psychosocial effects of the disease and ensure optimal conditions for professional resumption.

1. INTRODUCTION

COVID-19 (Coronavirus Infectious Disease 2019) is a disease caused by a virus belonging to the *Coronaviridae* family and the betacoronavirus genus [1]. It is transmitted directly through saliva droplets during coughing and sneezing episodes, or indirectly by touching the face after hands have been in contact with the virus [2]. This disease, discovered in Wuhan, China, in December 2019, has rapidly spread to all regions of the world [3]. The World Health Organization declared it a pandemic on March 11, 2020, and the first case in Guinea was recorded on March 12, 2020 [4].

As of March 9, 2023, according to the Center for Systems Science and Engineering (CSSE), the world had 676,544,800 positive cases with a 98.98% recovery rate and 6,817,737 (1.02%) deaths. Guinea had 38,267 positive cases, 37,800 recoveries (98.78%), and 467 deaths (1.22%) on the same date [5].

To address this pandemic, the initial measures taken by the Guinean authorities included declaring a state of health emergency, closing schools and places of worship (mosques and churches), reducing the number of passengers in public transport, prohibiting gatherings of more than 20 people, mandatory wearing of masks in public places, and maintaining social distancing [6].

The interaction between these preventive health measures and the risk of technical layoffs for employees has intensified fears of infection and stress over their social, economic, and professional well-being in the banking sector [7].

However, banks have continued to provide services to clients, reinforcing preventive measures and barrier gestures, encouraging frequent use of ATMs by their clientele, and suspending in-person meetings [8].

Enterprise psychosis increased during this pandemic. Initially, much of the anxiety was fueled by information and misinformation regarding the pandemic; now, we are at a point where drastic lifestyle changes are causing additional stress [9,10].

Stress and anxiety levels were similar in Europe and Asia. In Spain, a study reported 11% stress, 6.2% anxiety, and 9.8% depression in the general population [11]. In Saudi Arabia, there were 8.6% moderate stress, 10.1% moderate anxiety, and 11.9% moderate depression in the general population [12]. In Bangladesh, a study reported that 11.1% and 10.6% of bankers were extremely stressed and severely anxious during COVID-19 [13].

In Guinea in 2020, a study within the general population during COVID-19 found 5.2% moderate stress and 17.2% moderate worry [6].

In our region, banking services are essential for maintaining economic activities in both the public and private sectors. Some employees responsible for these tasks must handle cash during transactions. These operations, combined with constant operational pressure and frequent public interaction, can raise concerns about the risk of COVID-19 reinfection, especially among these workers who have been affected by the disease. Therefore, this study was conducted with the objective of analyzing the psychosocial impact of COVID-19 on recovered employees in the banking sector in Conakry.
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2. MATERIALS AND METHODS

2.1 Study Setting

(Seven (07) banks in the city of Conakry served as the settings for this study: the Sahel-Saharan Bank for Investment and Trade, the International Bank for Trade and Industry of Guinea, the New Interafrican Insurance Company, the Société Générale de Banques in Guinea, Skye Bank Guinea, Ecobank the Pan-African Bank, and the Central Bank of the Republic of Guinea.

2.2 Study Design

This was a descriptive study conducted over a one-year period, from January 2nd to December 31st, 2022.

2.3 Participants

Included were employees who had recovered from COVID-19 and had a medical certificate, had returned to work, were present at their workplace during the study, and agreed to participate in the study. Employees who had not been infected with COVID-19 and those who had recovered from COVID-19 but did not have a medical certificate or were absent during the study were not included.

2.4 Study Variables

The study variables were categorized into socioprofessional data, clinical data, and data related to returning to work post-recovery.

As for the clinical data, it focused on assessing the psychosocial symptomatology of employees during their hospitalization. For this purpose, several validated questionnaires were employed, including:

- The Generalized Anxiety Disorder - 7 (GAD-7) scale from 2006 was used to assess anxiety. It consists of 7 questions, and the score ranges from 0 to 21 points. No Anxiety: 0–4 points; Mild Anxiety: 5–9 points; Moderate Anxiety: 10–14 points; Severe Anxiety: 15–21 points [14].
- The Kessler scale (K10) was used to determine the level of psychological distress. It has 10 items, and the score is interpreted as follows: Good mental state with no depression ≤ 19; Mild mental disorder: 20–24; Moderate mental disorder: 25–29; Severe mental disorder: 30 and above [15].
- The DASS 21 scale was utilized to measure stress. The score ranges from 0 to 63 and is rated as follows: Never Stressed: 0–14; Average Stress: 15–18; Moderate Stress: 19–25; Severe Stress: 26–33; Extremely Stressed: 34 and above [16].
- For insomnia, we used the test developed by Charles Morin in 1993. The Insomnia Severity Index (ISI) has 7 items, and the total score ranges between 0 and 28 points. No Insomnia: 0–7 points; Sub-clinical (Mild) Insomnia: 8–14 points; Clinical (Moderate) Insomnia: 15–21; Clinical (Severe) Insomnia: 22–28 [17].

We also investigated certain clinical aspects of the recovered employees, such as the source of infection, comorbidities, and supportive psychotherapy. Finally, the return to work after recovering from COVID-19 was assessed using the Work Ability Index (WAI) in occupational health. It was defined based on the following score: Poor WAI ≤ 7 (restore work ability); Moderate WAI: 8–14 (improve work ability); Good WAI: 15–21 (support work ability); Excellent WAI: 22–28 (maintain work ability) [18].

2.5 Sampling and Sample Size

The selection of banks was carried out probabilistically among all the banks in Conakry, and the selection of participants, based on inclusion criteria, was nearly exhaustive.

2.6 Data Analysis

Data were entered and analyzed using Epi Info software version 7.2.2.6.

Variables are expressed in absolute and relative frequencies; mean and standard deviation were determined for quantitative variables.

3. RESULTS

Seven (41.17%) out of seventeen banking institutions in Conakry gave their consent for the conduct of this study, where we recorded 112 employees who have recovered from COVID-19 out of a total of 1,239 employees, yielding a frequency of 9%.

3.1 Socio-demographic Profile

The average age of employees who recovered from COVID-19 was 43 years, with a range of 23 to 65 years. The male-to-female sex ratio was 2.6. Married individuals accounted for 68.7% of those recovered. All socio-demographic parameters are illustrated in Table 1.

3.2 Clinical Events during Hospitalization of Employees

The source of infection was identified as colleagues in 81.3% of cases, as opposed to 18.7% of cases traced back to family members.

Comorbidities among employees recovered from COVID-19 included hypertension (8.9%), diabetes (5.4%), and sickle cell anemia (2.8%).

More than half of those recovered from COVID-19 (64%) did not receive supportive psychotherapy during hospitalization, compared to 36% who did. Furthermore, 57% of the recovered individuals were concerned about a potential recurrence of the disease.

Psychosocial manifestations among the recovered employees during the illness were characterized by mild anxiety in 46.4%, mild psychological distress in 34.8%, moderate insomnia in 35.7%, and moderate stress in 40.2%. The details are presented in Table 2.

3.2 Return to Work Post-Therapy

The Work Ability Index was good in 44.6% of the recovered employees upon resuming work, and the reception from colleagues was highly favorable in 47.3%, as presented in Table 3.

4. DISCUSSION

This study aimed to describe the psychosocial manifestations experienced by employees who recovered from COVID-19 during their hospitalization and/or home treatment. To this end, our study period, extending from January to December 2022, was chosen due to the reduction in measures taken to manage the pandemic by the authorities from September 2021 onwards. However, the reluctance of some banking institutions and the unavailability of some recovered employees from COVID-19 posed challenges.

Table 1. Distribution of bank employees recovered from covid-19 according to socio-demographic profile

Socio-demographic profile	Number (n=112)	Frequency (%)
Age (years)		
≤ 29	11	9.8
30 – 39	37	33
40 – 49	30	26.8
50 – 59	18	16.1
≥ 60	16	14.3
Average Age ± SD: 43 ± 11 years; Range: 23 years and 65 years		
Gender		
Male	81	72.3
Female	31	27.7
Sex-ratio : 2.6		
Marital status		
Married	77	68.7
Single	24	21.4
Divorced	7	6.3
Widowed	4	3.6

Table 2. Distribution of bank employees recovered from COVID-19 according to psychosocial manifestations

Psychosocial Manifestations	Number (n=112)	Frequency (%)
Anxiety		
Absent	31	27.7
Mild	52	46.4
Moderate	22	19.6
Severe	7	6.3
Psychological Distress		
Mild	39	34.8
Moderate	11	9.8
Good	60	53.6
Severe	2	1.8
Stress		
None	21	18.8
Mild	25	22.3
Moderate	45	40.2
Severe	16	14.3
Extreme	5	4.5
Insomnia		
Absent	29	25.9
Mild	36	32.1
Moderate	40	35.7
Severe	7	6.3

Table 3. Distribution of recovered employees from COVID-19 based on return to work

Return to Work Metrics	Number (n=112)	Frequency (%)
Work Capacity Index		
Excellent	30	26.8
Good	50	44.6
Moderate	30	26.8
Poor	2	1.8
Colleague Reception		
Very favorable	53	47.3
Favorable	40	35.7
Unfavorable (stigmatized)	19	17

In this research, we conducted a cross-sectional descriptive study in the banking sector to describe the psychosocial manifestations of employees who contracted COVID-19. We identified a 9% recovery rate. Yasmin et al. [19] in Bangladesh reported a 55.6% prevalence of COVID-19 among bankers. In contrast, Guinea has implemented restrictive measures in mixed, public, and private services to reduce the incidence of COVID-19. Nonetheless, the non-compliance with a limit on the number of daily customers in banks could be another source of distress.

Furthermore, 81.3% of contamination cases were due to contact between colleagues. According to Mrazguia et al. [20] in Tunisia, 41.9% of contaminations in a hospital setting resulted from contact with a COVID-19 positive colleague. In terms of preventive measures, the recommended barrier gestures for preventing COVID-19 have disrupted several social norms. Thus, the maintenance of interactions between colleagues in banks could be a factor reducing vigilance in adhering to these measures.

Upon further exploration, all psychosocial symptomatology was identified among recovered employees during their episode of COVID-19. Other authors have also highlighted certain psychosocial manifestations in the professional setting. For example, Blomqvist et al. in 2023

[21] reported that 9% and 6% of workers had reached clinical thresholds for depression and anxiety, respectively, and 2% had been laid off. Shi et al. [22] in 2020 mentioned a 5.7% moderate insomnia rate in the population during the pandemic.

Simultaneously, during COVID-19, victims' psychosocial needs were characterized by medical, social, and professional concerns, as well as unfounded rumors that circulated.

It's also important to note that the impact of cardiovascular and metabolic diseases was also observed in some of our participants. According to Ouédraogo et al. [23] in Burkina Faso, 21.7% of arterial hypertension and 8.3% of diabetes were noted among COVID-19 patients.

Lastly, in this study, 44.6% of recovered employees from COVID-19 had a good work capacity index. The promotion of occupational health and safety is an emerging field in Guinea, aiming to encourage employers to comply with regulations for the physical, mental, and social well-being of employees.

5. CONCLUSION

The results of our study indicate that the COVID-19 pandemic has had psychosocial repercussions on employees in the banking sector in Guinea who have overcome the disease. These repercussions manifested particularly in disorders such as anxiety, psychological distress, depression, stress, and sleep disturbances during their period of illness. Major concerns of the patients included the source of their contamination, the presence of comorbidities, and apprehension related to returning to work. Therefore, the implementation of supportive psychotherapies during outbreaks in Guinea, especially for emerging diseases like COVID-19, would be essential. This would have the dual advantage of reassuring patients and minimizing the psychological sequelae engendered by anxieties related to their condition during and after the illness.

CONSENT AND ETHICAL APPROVAL

Each banking institution received a request for research authorization, and informed consent from each involved category (banks and participants) was obtained. These data are strictly used for scientific purposes only.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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