

Review of: "Psycho-Emotional Impact of the First Wave of the COVID-19 Pandemic in Health Care Workers of a Large COVID-19 European Hospital"

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Thanks for the relevant and interesting topic. The literature on COVID-19 is indeed an expanding field which can use more knowledge. The COVID-19 pandemic did highlight the importance of considering the psychological health especially for health care workers. This is reflected on the need for assessment and intervention especially for depression, anxiety and stress which are common findings.

The article is coherent with focused target and clear language but I have few points which require further clarification. I will address them through each section of the article.

Introduction:

- ***“The COVID-19 pandemic has been a traumatic event apart from the clinical consequences of infection on the psycho-emotional level of the general population and specific occupational groups professionally engaged directly and indirectly in the care of SARS-cov-2 patients.”*** Would you mind paraphrasing? It is too long and it is repeated in a simpler language in the next paragraph.

Subjects and Methods

- Since workload is an important predictor of mental health outcomes in HCW. Can you please clarify the total capacity of the hospital and what was the state of the hospital at the time of recruitment (overfilled or not)? Although the number of patients received at the time of recruitment was mentioned but the hospital capacity vs the number of patients would make a better reflection of workload.
- Do you mind clarifying what are the territorial services dedicated to the care of patients affected by SARS-CoV-2? And how the HCW involved are different from those in hospital? Also, there is no further analysis for these data in the results .
- I would be interested to know how was the sample size determined? Also, why did you recruit subjects not working in COVID ward ? Can please highlight the rationale behind recruiting non first line HCW as administrative clerks. I would be interested to know their role with the patients or your rationale since many review article tackle the HCW who are in direct contact with patients. Furthermore, the majority of your sample are nurses and those who work in COVID wards.
- what are the measures for data protection and confidentiality?

Results

- Is there a clinical significance of the age stratification?
- since the majority of your sample is females, how did you try to control for the gender discrepancy in the recruited subjects?
- I am wondering if there is any form of psychological support routinely done at the hospital?

Discussion

- If possible, can you mention the reason for the time lapse between data collection and publication?
- I think the discrepancy between levels of stress among the scales can also be seen clinically as the perceived stress in PSS does not necessarily mean clinical symptoms on DASS or even PTSD symptoms on IES-R.