Table 1 Respondents' demographic data

Demographic data			Quarantine Hospital (*N* = 55)		Non-Quarantine Hospital (*N* = 485)		Test value (*P*-value)
	N	%	N	%	N	%	
Age	Mean ±SD (37.3-9.2) Range (20 -70)		34.4±8.6		37.6±9.2		-2.52(0.012)
Sex							
Female	246	45.6	22	40.0	224	46.2	0.76 (0.383)
Male	294	54.4	33	60.0	261	53.8	
Education							
Diploma (after prep)	6	1.1	1	1.8	5	1.0	
Diploma (after secondary education)	18	3.3	3	5.5	15	3.1	8.31(0.030)
University	93	17.2	16	29.1	77	15.9	
Postgraduate	423	78.3	35	63.6	388	80.0	
Marital status							
Single	121	22.4	25	45.5	96	19.8	
Married	400	74.1	29	52.7	371	76.5	
Divorced	10	1.9	1	1.8	9	1.9	16.18(0.002)
Widow	4	0.7	0	0.0	4	0.8	
Did not tell	5	0.9	0	0.0	5	1.0	
Occupation							
Physician	416	77.0	45	81.8	371	76.5	
Nursing	49	9.1	5	9.1	44	9.1	
Pharmacist	38	7.0	1	1.8	37	7.6	3.06 (0.642)
House officer	12	2.2	1	1.8	11	2.3	
Technician	9	1.7	1	1.8	8	1.6	
Other	16	3.0	2	3.6	14	2.9	
Years of experience							
< one year	27	5.0	3	5.5	24	4.9	
1-5 year	93	17.2	19	34.5	74	15.3	
5-10 years	114	21.1	12	21.8	102	21.0	15.08(0.005)
10-15 years	115	21.3	10	18.2	105	21.6	
>15 years	191	35.4	11	20.0	180	37.1	
Smoking							
No	485	89.8	47	85.5	438	90.3	1.27(0.259)
Yes	55	10.2	8	14.5	47	9.7	
Chronic illness							
No	418	77.4	45	81.8	373	76.9	0.68(0.409)
Yes	122	22.6	10	18.2	112	23.1	
Current workplace							
Quarantine Hospital	55	10.2	–	–	–	–	Not Applicable
Non-Quarantine Hospital	485	89.8	–	–	–	–	
Type of hospitals							
University Hospital	266	49.3	–	–	–	–	–
General Hospital	145	26.9	–	–	–	–	–
Other hospitals (i.e. Private hospitals, centers,..etc..)	129	239	–	–	–	–	–

Table 1 Respondents' demographic data *(Concluded)*

Demographic data			Quarantine Hospital (N = 55)		Non-Quarantine Hospital (N = 485)		Test value (*P*-value)
	N	%	N	%	N	%	
Governorates							
Giza	63	11.6	–	–	–	–	
Cairo	207	38.3	–	–	–	–	
Alex	34	6.3	–	–	–	–	
Dumiata	59	10.9	–	–	–	–	Not Applicable
Assuit	34	6.3	–	–	–	–	
Sharqia	24	4.4	–	–	–	–	
Gharbia	17	3.1	–	–	–	–	
Kafr el sheikh	9	1.7	–	–	–	–	
Other	93	17.2	–	–	–	–	

Perceived general health and healthy lifestyle

Regarding perceived general health status, the majority (94.6%, *n*=511) of the respondents described their health as very good (26.6%, *n*=144), good (25.0%, *n*=135) or the same (43.0%, *n*=232); the remainder rated their health as worse (5.0%, *n*=27) or much worse (0.4%, *n*=2). Regarding readiness to work in quarantine hospitals, approximately a quarter of respondents (*N*=540) said they were ready (27.8%, *n*=150). Perceived general health was insignificant between quarantine and non-quarantine group (*t*=8.15, *P*=0.076).

Health-care professionals' response (*n*=540) to questions regarding healthy lifestyle is presented in Figure 1. Quarantine group and non-quarantine group participants had significant differences in receiving enough rest and eating healthily during the working

Figure 1 Healthy lifestyle
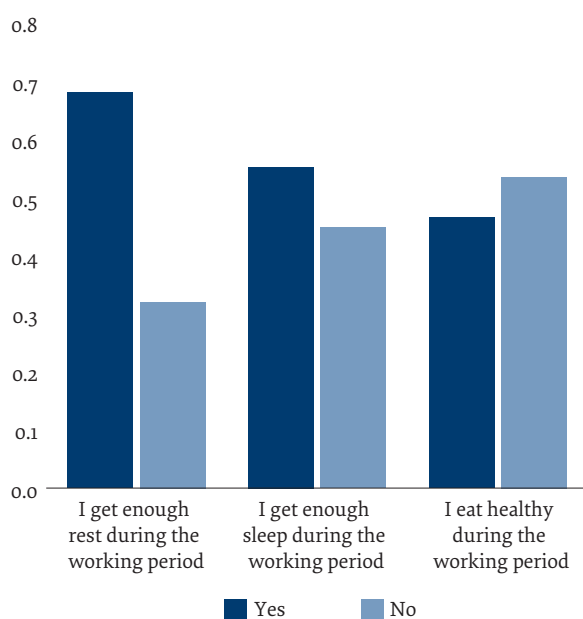
period (*t*=4.08 *P*=0.044, *t*=7.24 *P*=0.007, respectively). However, there was an insignificant difference regarding receiving enough sleep during the working period.

Psychological symptoms and insomnia

Over one half of the respondents reported some form of adverse psychological symptom as follows: mild to severe stress (37.2%, *n*=201), depression (59.0%, *n*=319), and anxiety (42.6%, *n*=230). Just over one half of respondents (51.9%, *n*=280) reported sub-threshold insomnia to severe insomnia. The quarantine group and the non-quarantine group had an insignificant difference in adverse psychological symptoms and insomnia (Table 2).

Factors associated with perceived psychological symptoms using bivariate analysis

Our results show that participants who were of a young age, female, married, and with less than 1 year of work experience were more likely to experience stress, depression, and anxiety (*P*<0.001). Participants educated to university and postgraduate level were also more likely to experience stress and depression.

Insomnia was high among those who reported experiencing stress, depression and anxiety (*P*<0.001). Respondents who reported 'yes' to working in quarantine hospitals were more likely to have lower adverse psychological symptoms than respondents who said 'no' or 'not sure' (*P*<0.001). Additionally, respondents who did not receive enough rest, sleep, or healthy food during their working period were more likely to report adverse psychological symptoms (stress, depression and anxiety) (*P*<0.01). Participants having low perceived general health and worries over the risk of transmission of COVID to families were more likely to experience stress, depression and anxiety, among whom panic attacks were not uncommon and an avoidance of the workplace due to fear of infection (*P*<0.001).

Table 3 displays the multivariable logistic regression analysis to determine predictors of stress, depression