



SELF-DEHUMANIZATION AMONG HEALTHCARE PROFESSIONALS IN MOROCCO: A CROSS-SECTIONAL STUDY OF NURSES AND HEALTH TECHNICIANS

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ABSTRACT

This study explores the phenomenon of self-dehumanization among nurses and healthcare technicians in Morocco, particularly in the city of Fes. Based on a descriptive cross-sectional quantitative methodology, the survey was conducted using sociodemographic questionnaires and a self-dehumanization scale, applied to a sample of 41 healthcare professionals, from July 15 to September 9, 2024. The study revealed that 65.85% of the participants were women, compared to 34.15% of men, reflecting the

dominant gender distribution in the public health sector in Morocco.

The results highlight the impact of working conditions on the mental health of healthcare professionals, with a particular focus on self-dehumanization.

This dehumanization, often triggered by stressful work environments and high emotional burdens, leads to the treatment of patients in a mechanized, non-human manner. The study calls for a reflection on strategies to promote a more humanized approach to care, reducing dehumanization through appropriate infrastructure,

improved communication, and continuous training.

KEYWORDS: SELF-DEHUMANIZATION, MENTAL HEALTH, PSYCHOLOGICAL WELL-BEING, HEALTHCARE PROFESSIONALS, WORK/LIFE BALANCE, OCCUPATIONAL PSYCHOLOGY.

* INTRODUCTION

According to the Ministry of Health and Social Protection, nurses and health technicians represent 37376 out of a total of 59109 healthcare professionals, equivalent to 63.23%, making them the largest number of professionals in the public healthcare sector in Morocco (ministere de la santé et de la protection sociale maroc, 2023).

Nursing practice extends across the entire human life cycle, from birth to death, serving a diverse population of all ethnic backgrounds and socio-economic statuses, and focuses equally on the individual, the family, and the community. This practice must not only keep pace with a disorganized organization of care, still must also maintain a high professional standards, while dealing with the human suffering of patients and their families. Fundamental bioethical values, such as "doing good", "not causing harm", "acting with fairness and justice" must guide nursing actions in order to move from

ethical reflection to high-quality practice (Hesbeen, W., 2017) .

High demands, mental strain at work, and intense workload can lead to chronic stress, or even burn-out. This chronic stress results from an interaction between the work environment and the individual, and can affect various public healthcare professions such as nurses, doctors, and social workers, etc. (Pascal Malola & Pascale Desrumaux, 2020)

Healthcare professionals often face long and demanding workdays, confronted with complex situations linked to the responsibility of having lives in their hands, while also being exposed to administrative pressures and a significant emotional load. Working conditions, characterized by understaffing, overloaded responsibilities, and lack of resources, contribute to burnout and the deterioration of their psychological well-being. Although the COVID-19 pandemic has highlighted the state of healthcare workers' mental health, concern about nurses' psychological well-being is not new. A large survey conducted among nurses in Canada in 2004, along with the writings of Boivio-Desrochers and Alderson (2014), already highlighted the difficulties and suffering at work that had been present for many years.

Despite national and international interest in the psychological health of nurses, the global pandemic of COVID-19 also came to bring the flaws in the system into stark relief, highlighting the depth of distress among nurses (Alken, LH. Sloane, D. M., Clarke, S. Poghosyan, L., Cho, E., You, L., Finlayson, M. Kanai-P'ak. M. and Aunguroch. Y., 2011) (Dall'Ora, C., Ball, J., Reinius, M. and Griffiths, P, 2020) .

Given the above, the question that arises in the context of healthcare in Morocco is: To what extent do nurses and healthcare technicians in Morocco experience self-dehumanization through their professional behaviors and attitudes; such as decision-making, lack of emotional responsiveness and tendency to act automatically? and what strategies could be developed and implemented to reduce this dehumanization and promote a more humane-centered approach in their care practices offered to patients?

*** HUMANIZING CARE**

In today's world, societies and human relationships are unstable and rapidly changing. Our sense of personal identity can also be complex and contradictory. We aspire to connect with others and to find a greater purpose in our lives, but we often fail to get clear answers that

align with the complexity of our times. This fragmentation and rapidly changing society make the humanistic approach particularly useful (Juan A. Mercado, 2018).

Humanistic psychology emphasizes five key principles: a belief in the wholeness of human nature and experience, an emphasis on free will and the individual power to create, an awareness that the human person lives "nested" within biology, culture and history, the importance of conscious intention for human development and action, and the fact that human life involves existential and spiritual issues (Jan D. Sinnott, 2008).

The humanist approach can be understood using the metaphor of dance creating a larger story. This suggests that, just as a dance is made up of individual movements that together form a coherent whole, the humanistic approach sees each human experience as part of a larger, meaningful story. Each person contributes to this "dance" by creating, through their choices and interactions, a collective narrative that gives meaning to human life. To participate joyfully in this modern version of dance, we need a humanistic education that offers the following three elements. Firstly, we need to feel an embodied personal

mastery of many of the steps we've actually and physically tried, so that they feel natural to us and we don't trip over our own feet while dancing. Secondly, we need to feel connected to the other dancers in the circle, working together with a common purpose, so that we don't knock them over or confuse them. And thirdly, we need to be connected to the larger global scheme that dance represents, and to care about its purpose, so that together we can create a joyful and reflective dance collectively. The way in which this "humanistic dance" manifests itself was first described by Ferguson in 1980 (Bland & DeRobertis, 2020).

In the context of health and care science, the humanization of care is a concept that links care to humanity and human dignity. It is a philosophy that is certainly human, but it is also evolutionary and must be adapted to each area of care. We speak of humanized childbirth or humanization of nursing care. This concept is based mainly on communication and information, which are determined by the evolution of new information and communication technologies, but also by social culture (FOLLY K. M., 2024).

Sigmund Freud defines humanization as an infinite process,

which implies that nothing is ever won. We have to be able to accept that there are no real solutions, we have to be able to start from the idea that care and the humanization that goes with it are never-ending. (Martin, Elmiza., 2023)

As Walter Hesbeen points out, every act of care can become a unique form of care, but not the other way around. Care, including that which is put into care, implies a caring intention, an intention animated and oriented by a certain number of values, an intention which therefore reflects the moral value that one gives to one's action (Hesbeen, W., 2021).

According to martin Elmiza, the organization of humanizing care relies on several essential factors, namely a suitable infrastructure, soothing and respectful spaces, and the possibility for patients to be in individual rooms, which promotes a sense of well-being for all. Fluid communication within the team and with patients is crucial. Team cohesion, oriented towards a common goal, as well as coherence between caregivers, patients and care, are essential to ensure meaningful care practices, collaboration with "peer helpers" and patient validation and involvement. Team supervision based on clinical cases helps to nurture approaches, and debriefing

sessions are essential for managing difficult situations. Ongoing training, focused on patients' specific clinical needs, is essential, as is adherence to the institutional culture of care. Fostering goodwill, encouraged by a positive climate established by managers, and cultural diversity within the team, contributes to well-being at work. Finally, recognizing and valuing each team member are key elements in supporting this humanizing approach (Martin, Elmiza., 2023).

*** DEHUMANIZATION IN THE CARE CONTEXT**

Caregivers as a whole feel threatened and insecure in their practice. Many caregivers express a feeling of dehumanization of care in relation to the increase in technicality, the automation of certain tasks and the reduction in time spent with the patient (Hartzband P, Groopman J., 2020).

Yet, in their day-to-day work, carers are exposed to patients' emotions, as well as their own. This hardly quantifiable part of medical practice is clearly neglected in the new organization of care, and an obvious source of stress (El-Hage W, Hingray C, Lemogne C, et al., 2020).

"Palpable suffering among caregivers, who sometimes no longer have the means to provide adequate

and fair care for patients. This suffering leads to a series of discouragements, a loss of bearings, a loss of meaning in tasks, exhaustion...Care teams are sometimes so suffering that they can no longer be in the business of care" (Detavernier, L. (2022, March 21). Sharing experiences on humanizing care in forensic psychiatry. (Martin, Elmiza., 2023)).

Healthcare organizations are no longer just care environments, they are becoming businesses and integrating corporate ideologies and practices, which create a real loss of meaning for nurses, further dehumanize them as caregivers, also dehumanize their work with patients and dehumanize the healthcare system as a whole (Fernandes H, Sala DCP, Horta AL de M., 2018). The healthcare system is affected by the economic and political pressures of the state, and must submit to expenditure control through "policies of budget restrictions, hyperrationalization of work, a system of evaluation, management, steering of performance and quality of work analyzed under the sole prism of the costs of patient care" (Horellou-Lafarge C., 2011).

These imperatives are becoming the main preoccupations of managers in the healthcare system,

and are establishing a results-oriented culture that invisibilizes nursing work. Managerial ideology is overturning healthcare practices and the very essence of our healthcare system, whose primary mission is humanitarian (Chaimae Samih, 2022).

As Fleury explains, the mission of healthcare is to escape dehumanization, which is articulated by: "the pressure of economic rationalization, which wants to turn the name into a number, the qualitative into the quantitative; technological and digital pressure, which tends to reduce the subject to data; neuro-improvement pressure, which also devalues the notion of human perfection by substituting the idea of augmentation; political and democratic pressure, finally, which de-substantializes the social state in the belief that it is protecting the rule of law, whereas the latter is becoming a shadow of its former self" (Fleury C., 2019) .

Managers have to report on the excellence of service quality based on figures, administrative data and quality criteria without taking into account the reality of nurses' work, without considering nurses' contexts and needs, including work-life balance or their physical and mental capacities to administer the best care

(Kim H, Kim JS, Choe K, Kwak Y, Song J seok., 2018).

On the one hand, nursing practices are based on care values and require attitudes of attention, concern and accompaniment for patients, and above all time to carry out these humanistic activities. Guided by these values, they place additional demands on nurses through increased tasks, high nurse/patient ratios, work intensification and tons of forms to fill out to objectify and quantify their care and tasks (Pereira CAR, Borgato MH, Colichi RMB, Bocchi SCM., 2019).

Work overload for nurses no longer translates solely into the quantity of patients and the complexity of medical care, it also translates into an administrative burden, a quantity of papers and forms that must account for care to hierarchical bodies (Chaimae Samih, 2022). Nurses must do more, but not enough, since "not everything that is written down is done", even though "not everything that is done is written down" (Fleury C., 2019).

The new modes of management thus perpetuate the tradition that reduces care perspectives and exploits caregivers to more tasks, in constraints and burdens of responsibilities that are at once caring, medical, administrative,

organizational, economic and bureaucratic (Soliveres AP., 2014).

These new management modes in healthcare organizations affect nurses' work with patients, but also nurses as individuals, with caregivers defined in terms of objects, tools and instruments of the organizational structure by various means (Dayer A., 2015). According to managerial logic, nurses are not only health professionals or caregivers, they are also salaried employees, employees, workforce, human resources or manpower (Cherkaoui W, Montargot N, Yanat Z., 2012). These terms stem from the corporate logic that dehumanizes individuals (Miremont MC, Valax M., 2015).

As mentioned earlier, in addition to dehumanizing others, individuals often dehumanize themselves, as a coping strategy and coping mechanism to protect themselves from emotional pain or to conform to social expectations. Indeed, as self- dehumanization is associated with aversive self-consciousness, a lack of self-esteem or meaning in life, as well as the experience of intense negative feelings (such as shame, sadness, anger and guilt), individuals may resort to self-dehumanizing processes to mitigate the impact of others' suffering. Specifically, research

shows that when employees are continually exposed to stressful work environments, such as healthcare, they tend to dehumanize themselves, an act that serves as a defense mechanism for medical staff to protect themselves from negative feelings. Unsurprisingly, self-dehumanization is, in turn, linked to treating patients as objects rather than autonomous human beings (Roupa et al., 2024).

*** METHOD**

A quantitative research methodology was employed to conduct statistical, descriptive and comparative analyses aimed at assessing levels of self-dehumanization among nurses and healthcare technicians.

To facilitate this examination, a sociodemographic questionnaire and a scale measuring self-dehumanization (Roupa et al., 2024) were used and distributed among healthcare professionals working in different establishments in the city of Fez.

The study's target population was made up of nurses and health technicians with different profiles and specialities, working in various departments and establishments in the city of Fez. These participants were selected from health professionals working in the university hospital, the

regional hospital and primary health care centers.

The total study sample comprised 41 participants, with a gender breakdown showing that 65.85% of participants were women, while 34.15% were men. This large female majority reflects the composition of the nursing workforce in Morocco's public sector, where women often make up a large proportion.

The study was carried out between July 15 and September 09, 2024. Responses to the sociodemographic questionnaire and the self-dehumanization scale were systematically organized and recorded in a database for later analysis.

* Description of the study by gender

Gender	Pourcentage
Female	65.85%
Male	34.15%

Table 1: Gender distribution of the study sample

The breakdown by sex shows that: -

- 1- Female: shown in yellow, making up 65.85% of the group.
- 2- Male: shown in blue, 34.15% of the group.

This distribution indicates that there is a majority of women over men in the group analyzed, almost

two-thirds are women and one-third men.

* RESULTS AND DISCUSSION

This section presents the main findings of the study, shedding light on various indicators of self-dehumanization among nurses and health technicians in Fez. Quantitative results from the self-dehumanization scale reveal significant patterns related to emotional detachment, automatic behaviors, logical decision-making, and the perception of depth and autonomy in professional practices. These findings are interpreted through the lens of work psychology and occupational stress, allowing for a deeper understanding of how healthcare professionals adapt to demanding environments, often at the cost of their own emotional well-being and human connection.

Statement 1: At work, I make most of my decisions based on logic

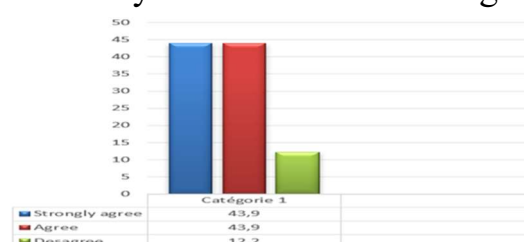


Figure 1: Decisions based on logic

Main result: 43.9% of respondents "strongly agree" and 43.9% "agree" that they make most of their decisions based on logic.

Interpretation: study participants consider logic to be

essential in decision-making at work. Although rationality is essential in the healthcare field, this may indicate a form of self-dehumanization, where the emphasis is on logic to the detriment of emotions and feelings. This could be a response to the pressure or demanding environment of the healthcare environment, which leads professionals to detach themselves emotionally to better manage situations.

Statement 2: I generally do not work emotionally

Level of agreement with the statement "I generally do not work emotionally":	Percentage of respondents:
Strongly agree	21.95
Agree	43.90
Disagree	31.71
Strongly disagree	2.44

Table 2: Emotional detachment at work

Main finding: 43.9% of professionals agree with the statement that they generally do not work emotionally.

Interpretation: A relative majority adopt an emotionally detached mode of operation. This could reflect a protective mechanism against emotional wear and tear, or a need to streamline work to remain productive in a demanding environment. Not becoming emotionally involved may also be a strategy for maintaining a certain professional distance from patients. However, it can also lead to a

dehumanization of self and others, where work is perceived as purely mechanical.

Statement 3: I feel that my actions are not based on personal motives, but result from automatic routines

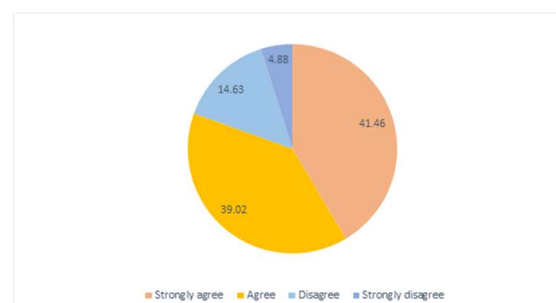


Figure 2: Automatic and impersonal actions

Main finding: 41.46% of respondents "strongly agree" and 39.02% "agree" that their actions are the result of automatic behavior rather than personal motivation.

Interpretation: These results show that almost 80% of participants feel that their actions are mechanical and the result of automatic routine, rather than personal motivation. This reflects a sense of alienation, where professionals feel disconnected from their own emotions and actions, acting as automatic performers.

Statement 4: I am not receptive to stimuli from the outside world that are unfamiliar or unknown to me

Level of agreement with the statement “I am not receptive to stimuli from the outside world that are unfamiliar or unknown to me”:	Percentage of respondents:
Strongly agree	14.63
Agree	51.22
Disagree	29.27
Strongly disagree	4.88

Table 3: Receptiveness to external stimuli

Main finding: 51.22% of respondents say they are not receptive to foreign or unfamiliar stimuli.

Interpretation: A significant majority expresses a reluctance to open up to unfamiliar stimuli or situations. In the care context, this may mean that they close in on themselves in the face of stressful or unpredictable situations. It can also be linked to a form of burnout, where the ability to adapt and be open to new experiences is reduced.

Statement 5: In my relationships with others, I like to express my feelings

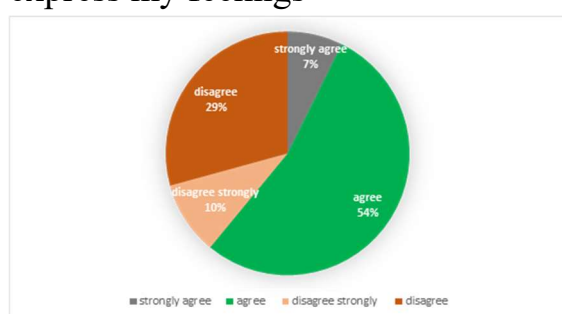


Figure 3: Emotional expression in relationships

Main finding: 53.66% of respondents say they enjoy

expressing emotions in personal relationships.

Interpretation: This shows that despite emotional detachment at work, these professionals retain an ability to invest emotionally outside their professional context. This suggests a separation between personal and professional life, where emotional expression is more valued in private relationships. However, it may also highlight a dissonance between their emotional behavior at work and in their private lives, which could increase the risk of psychological stress and burnout.

Statement 6: I often feel that I lack depth, that I am superficial

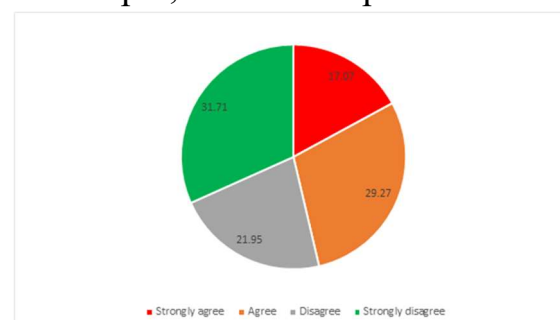


Figure 4: Perception of a lack of depth

Main finding: The results are relatively mixed, but a notable proportion (29.27%) agree with the feeling of lacking depth and feeling somewhat shallow.

Interpretation: These results show that almost a third of healthcare professionals surveyed feel a lack of depth in their commitment. This could be due to the repetitive or systematic nature of certain daily

tasks in the healthcare sector, or to a feeling of not having enough time or resources to fully engage with patients. This feeling of superficiality could be a precursor to dehumanization, where these professionals feel reduced to a function, without being able to fully invest themselves in their work.

Statement 7: I feel warmth and friendliness in my relationships with others

Level of agreement with the statement “I feel warmth and friendliness in my relationships with others”:	Percentage of respondents:
Strongly agree	9.76
Agree	58.54
Disagree	7.32
Strongly disagree	24.39

Table 4: Friendliness in interpersonal relationships

Main finding: 58.54% of respondents agree that they feel friendliness in their relationships with others, showing a positive majority. However, 24.39% do not feel friendliness, and 9.76% strongly disagree.

Interpretation: The majority of participants perceive warmth in their interpersonal relationships, which is an encouraging sign of positive human interaction at work. However, the presence of a quarter of respondents who do not feel this warmth could indicate an attempt to

strike a balance between warm human relations and purely functional ones. This could mean that, while some seek to maintain positive interpersonal relationships, others are more focused on more distant and formal professional relationships, which could accentuate self-dehumanization for some.

Statement 8: I am open to every new experience

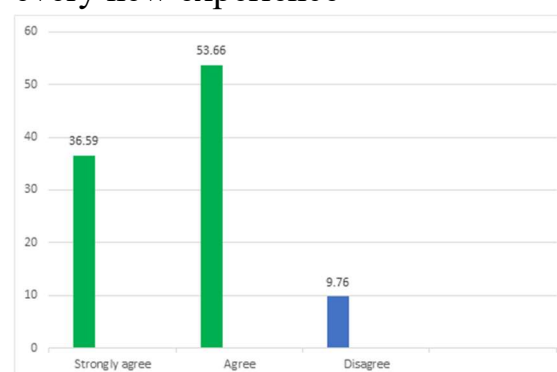


Figure 5: Openness to new experiences

Main finding: A majority (53.66%) consider themselves open to new experiences. Interpretation: Although receptivity to external stimuli is reduced in a stressful professional environment (as seen above), these results suggest that healthcare professionals are open to change and to learning new things. This may reflect a willingness to adapt and evolve in their careers, despite the challenges encountered in their day-to-day work.

Statement 9: Sometimes I work like a machine, without thinking about it, I do certain things like a robot

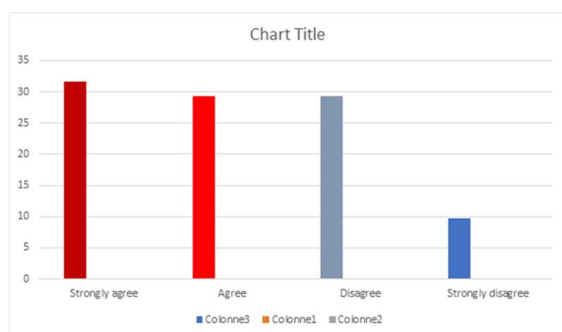


Figure 6: Perception of self-dehumanization in the workplace

Main finding: 61% of respondents (31.71% + 29.27%) agreed with the statement that they sometimes work like machines, without thinking, performing certain tasks automatically. **Interpretation:** This result suggests a high prevalence of self-dehumanization among nurses and healthcare technicians. This feeling of "mechanical functioning" could be attributed to the repetitive and stressful nature of their daily tasks, the lack of time for personal reflection, and a work overload that forces them into "automaton" mode to cope with the demands of their profession.

Statement 10: I believe that most of my actions and choices in life stem from my own autonomous intentions and preferences

Level of agreement with the statement "I believe that most of my actions and choices in life stem from my own autonomous intentions and preferences":	Percentage of respondents:
Strongly agree	29.27
Agree	46.34
Disagree	9.76
Strongly disagree	14.63

Table 5: Perception of self-dehumanization in choices

Main result: 75.61% of respondents (46.34%+29.27%) agree that their actions and choices stem from their autonomous intentions and preferences.

Interpretation: A significant majority of respondents still consider themselves autonomous and able to make decisions based on their preferences, despite the pressure of the work environment. This indicates that, despite the sensation of working automatically (seen in the first graph), these professionals still perceive a certain level of control and independence in their professional practice, which could play a crucial role in their resilience in the face of difficult working conditions.

* CONCLUSION

The results of the self-dehumanization scale reveal several indicators of self-dehumanization among nurses and health technicians in the city of Fez. Emotional detachment at work, a reluctance to open up to external stimuli and a perceived lack of depth in their interactions are all signs of burn-out or professional exhaustion. This often manifests itself in the care and health professions, where carers have to cope with high levels of stress, emotional load and pressure. However, the fact that many of these professionals retain an

emotional openness in their personal lives and remain open to new experiences indicates that they are not entirely disconnected from their own emotions. These findings suggest that they may be aware of their defense mechanisms in the face of stress and seek to balance their personal and professional commitment.

* **RECOMMENDATIONS**

1- Increased emotional support: It would be beneficial to provide more or accessible psychological supports to healthcare staff to help them manage stress and emotions at work.

2- Emotion management training: Workshops or training on managing emotions in a professional setting can help reconcile emotional engagement with work demands.

3- Promoting well-being: Encouraging well-being initiatives at work (breaks, time management, relaxation activities) can reduce the risk of burn-out and self-dehumanization.

In conclusion, self-dehumanization appears to be a defense mechanism for these professionals, but appropriate support measures can help them regain work-life balance.

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