



Covid and Stress-related symptoms, Empathy and Coping strategies among healthcare personnel

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"Everyone who works in the hospitals and in all the structures intended to protect us and save us from this epidemic is certainly doing more than what they did every day, but they are doing their best to help others. We recognize each of them the great merit, diligence, huge effort that we are asking for, but please, do not put them on a pedestal that dehumanizes them. Because they are human, very human, absolutely human, and if we cannot think about this, it means that we have no confidence in our fellow men. We humans are capable of incredible wickedness, but also of truly unexpected generous momentum".

Marco Aime, *an Italian Anthropologist*

The current Covid 19 pandemic has had a substantial impact on the healthcare system due to the need to reorganize hospitals with the creation in a short time of units for the management of the infected patients. Although the expertise and professionalism of most doctors and nurses, this emergency has resulted in a great stress factor for all healthcare personnel. As we know very well, besides risk to contract the virus during our work in a hospital, at the same time there is a risk to the infected family when we come back home. Many health workers have to change regular living habits, avoiding cohabitations with family members and deciding on forms of protective self-isolation.

The blocking of personal relationships could be, in the long run, a factor of aggravation of the emotional state and constitute a big problem for the operator and the whole health organization. The Covid-19 pandemic is still representing a significant impact on the world population. Just as a physical disease has its pathogens, its host, so in people, the

psychological aspects of the epidemic have ganglia of misinformation, feed on uncertainty, grow in doubts while incubating in the limbic system. Finally, through the media and communication vectors, they explode in the form of individual or mass panic, threatening to overwhelm the individual's or community's coping resources.

The other mirroring process is a parallel between an infectious disease as an actual infection and a mental disease as a symbolic infection. "Madness is contagious," wrote Joseph Heller. The health personnel is not immune from this form of emotional contagion. On the contrary, it concentrates the conflict between the rational (and technical) aspects and the phobic and anxious elements that escape self-control. Targeted clinical research is needed to evaluate the effects of this particular emotional stress in its multi-factorial forms, and the resources of coping and empathy in developing a form of professional and personal resilience.

Although many interventional protocols have developed in the field of emergency psychology, little attention paid within psychiatry and psychology to mental problems related to pandemics. After the relatively geographically-confined experiences of the past decades with Sars and Ebola outbreaks, the current pandemic has affected all continents, thus requiring a broader and specific analysis in literature and research.

The Covid-19 disease has had an enormous and incalculable impact not only in terms of health burden and economic damage but above all for the consequent effects it has had on people's mental health. In the last years, there are no experiences of pandemics that have had such devastating and uncontrollable effects on contemporary societies. For this reason, it is necessary to remodel what we have previously learned, expanding the range of effects that this emergence determines the individual's mental health. According to recent studies (*Huremović, 2019*) the Covid-19 pandemic is characterized by several aspects that have their prevalence over the mental health of the population:

- lack of time frame regarding the contagiousness and the severity of the disease as well as the necessary planning of the organizational, clinical and epidemiological approaches.
- A significant burden in terms of mental health for healthcare professionals, who in pandemics both take care of infected patients and are themselves at considerable risk of contracting the infection with consequent psychological distress. Furthermore, a high rate of Posttraumatic Stress Disorder (PTSD) can be detected as it can affect up to 20 per cent of the staff, similarly to 2003 SARS epidemic

(*Angelina O. M. Chan, and Chan Yiong Huak, 2004*)

- the need for a quarantine, which for centuries has been the only method of controlling infections. Quarantine and social distancing have never been deeply investigated by mental health researches, despite the signs that recent epidemics have highlighted in the world. Prolonged isolation and separation from the family and the social community could have a considerable effect on individuals isolated without being affected by the disease. Similar findings can be observed in healthcare professionals placed in isolation.

All these psychopathological elements can occur among survivors of Covid-19 disease, not only in the general population but especially among the health professionals. These observations support the need to build psychological and psychiatric counselling and care programs in order to prevent and minimize long-term disabilities.

Furthermore, the social community influenced by a behavioural contagion and emotional epidemiology concerning the concerns related to the spread of fears as well as by wrong information and misconceptions. For this reason, also mental health providers are engaged in the front-line to formulate and provide correct answers to alleviate anxiety among the population.

In this scenario, the ever-changing organization of the hospital structures due to the continuous transformation and updating of knowledge, epidemiological trends and care pathways can critically increase the emotional stress of the health personnel. It could jeopardize trust in the health system and its ability to respond to the pandemic.



At present, the epidemic could have an indefinite time duration, with an increase in staff's psychological attrition factors. Many features make this experience different from the routine stressful events in the workplace:

- the high incidence of health workers infected with Covid-19 virus;
- enhanced by media, there is a pervasiveness concern for the global consequences of the epidemic in the life of people and the whole society;
- the poor control of reality, a form of emotional contagion to which healthcare workers are not immune with a conflict between the technical (rational) aspects and the phobic and anxious elements that escape self-control;
- the increasing number of critically ill patients and the inability to guarantee a standard of humanization of death and its rites with a growing risk of burn out and a sense of ineffectiveness of one's work;
- the long-acting effect of the work stress, due to the persistence of the emergency;
- the conversion of many hospital wards into Covid-19 units which has forced many health professionals to carry out their activity in a clinical field different from the usual ones, increasing the fear of inadequacy and jeopardizing trust in own self-efficacy.

For all these aspects, the Covid-19 pandemic plays the role of a stressful event capable of interfering with the personal and professional quality of life of the operators involved. Poor knowledge of infectious characteristics of the coronavirus and its disease patterns has stimulated the development of florid collective imaginations. During the emergency, a study protocol to investigate all the variables that can determine a burnout in healthcare

personnel is practically unfeasible for apparent reasons. Predictive factors could include excessive workload and undue responsibility towards the patients, overwork which elicit overzealous behaviours or carelessness of personal protection.

Thus burnout can become the way through which the operators translate and express their difficulty in facing the possible strategies of change.

Previous studies highlighted the correlation between individual factors, including aspects related to personality, and the response to traumatic and stressful events. In particular, pre-trauma conditions, individually how the minds of people work and process inputs, constitute an essential factor in defining how some subjects develop severe symptoms related to a high level of stress. If pre-existing conditions predispose individuals to develop more severe symptoms, this could be related to an aspecific comprehensive vulnerability to mental disorders and psychosocial vulnerability. In determining mental vulnerability in patients with PTSD, a detection bias could play as their severe clinical pictures makes it difficult to diagnose other co-existing vulnerabilities.

Further research is urgently needed to investigate: - the onset of any psychopathological symptoms associated with the specific stress of the pandemic; - the correlation between the pandemic and the contiguity to Covid-19 and the prevalence of post-PTSD psychopathological disorders (depression and anxiety); the prevalence of personal emotional impairment and explicit form of PTSD in health staff; the level of empathy of the health personnel and its correlation with the level of professional stress; - the efficacy of resiliency and coping strategies developed by health professionals and their critical aspects; the most compelling supporting and therapeutic modalities for the single operators and the teams.