RESILIENCE AND EMOTIONAL SUPPORT IN HEALTH CARE PROFESSIONALS DURING THE COVID-19 PANDEMIC

To the Editor:

The health emergency in Wuhan, China concerning the new coronavirus, currently known as COVID-19, led the World Health Organization (WHO; 2020) to declare a worldwide state of alert due to the rapid spread of human-to-human transmission through droplets, respiratory secretions, and direct contact (Chughtai et al., 2020; Guo et al., 2020).

COVID-19 spread throughout China, Europe, and other countries, making it the third introduction of a large-scale, highly pathogenic epidemic coronavirus in humans in the 21st century. The clinical symptoms of COVID-19 include fever in 93% of cases, cough in 70% of cases, and dyspnea in 35% of cases, as well as fatigue, sore throat, and headache. It is relevant to highlight that older adults and people with underlying conditions are more susceptible to infection and the rapid development of acute respiratory distress syndrome, septic shock, metabolic acidosis, and coagulation dysfunction, which may lead to death within a few days of disease onset (Lai et al., 2020).

The first case in Spain was registered on January 31, 2020, in Palma de Mallorca, and as of February 28, 2020, a total of 31 cases of COVID-19 were confirmed, with rapid spread throughout Madrid and Barcelona (Gobierno de España Ministerio de Ciencia e Innovación, 2020). In response to this outbreak, the Spanish government officially declared the COVID-19 epidemic a public health emergency of national and international concern, and further declared a state of alarm on March 15, 2020. However, the number of new cases in Spain is now increasing by more than 1,000 daily. As of March 31, 2020, the Spanish Ministry of Health had registered 102,136 cases across the country, with 9,053 deaths due to COVID-19 (Gobierno de España Ministerio de Sanidad Ministerio de Ciencia e Innovación, 2020).

Analysis and follow up of cases have shown that one of the main epidemiological risk factors is contact with a person who has a probable or confirmed diagnosis of COVID-19 (43%), with the highest risk of transmission in health workers (23%) (Chughtai et al., 2020; Guo et al., 2020). Therefore, the use of personal protective equipment for the direct care of patients with COVID-19 is essential (Gobierno de España Ministerio de Ciencia e Innovación, 2020; WHO, 2020).

Spanish hospitals have created emergency committees as a response framework for the prevention, detection, and protection of patients, families, and health care and non-health care staff using containment measures, including the opening of hospital rooms and intensive care units, the reorganization of psychiatric wards, and even the use of hotels as hospital facilities.

The unexpected outbreak with high transmission rates has caused fear and anxiety in the general population as well as health personnel (Legido-Quigley et al., 2020). Resilience is the ability of individuals to bounce back or cope successfully despite adverse circumstances and has been referred to as a dynamic process (Foster et al., 2019). Resilience can be understood as a process of positive adaptation to stress and adversity, involving dynamic interactions between personal and environmental factors and resources. Research literature highlights the challenges that nurses and health care professionals face in the workplace, which can impact their work performance, health, and emotional well-being (Foster et al., 2019). Therefore, managers and organizations are accountable for developing and maintaining staff resilience in this health emergency through proactive approaches and interventions to ensure a safe and secure work environment.

These interventions should be aimed at maintaining good physical and mental health through initiatives that improve resilience to the crisis, such as the creation of Mental Health Intervention Teams (Mcdonald et al., 2016). These teams include psychiatrists, psychologists, and mental health nurses who can provide emotional support and perform assessments regarding potential burnout, emotional well-being, and personal safety (Prevención de Riesgos Laborales, 2020). This unexpected health emergency has created feelings of uncertainty, frustration, anger, and fear, as well as anxiety and depression, in health professionals. In most cases, these feelings occur due to the isolation of patients, as health professionals are the only ones who can provide support during end of life. Likewise, these feelings could be the result of health providers’ own experiences, closely related to the reduction in contact with their families due to increased working hours and, in some cases, as a specific preventive method (Kang et al., 2020).

Therefore, it is important to offer specialized professional support in emergency situations using Mental Health Intervention Teams to prevent and detect changes in emotional well-being and reduce burnout in health care providers.

REFERENCES
Letter to the Editor


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