

When Health Professionals Look Death in The Eye: The Mental Health of Professionals who Deal Daily with the New Coronavirus Outbreak of 2019

Modesto Leite Rolim Neto^{1,2*} | Francisco Jonathan de Oliveira Araújo³ | Ricardo Inácio de Souza¹ | Nádia Nara Rolim Lima⁴ | Cláudio Gleideston Lima da Silva^{1,2}

***Correspondence:** Modesto Leite Rolim Neto

Address: ¹School of Medicine of Juazeiro do Norte-FMJ/Estácio, Juazeiro do Norte, Ceará, Brazil; ²Federal University of Campina Grande-UFCG, Cuité, Paraíba Brazil; ³School of Medicine, Federal University of Cariri-UFCA, Barbalha, Ceará, Brazil; ⁴Research Group: Suicidology-Universidade Federal do Ceará (UFC), Brazil

e-mail ✉: modesto.neto@ufca.edu.br

Received: 27 March 2020; **Accepted:** 30 March 2020

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Short Communication

The novel coronavirus (COVID-19) outbreak continues to evolve, with more cases and quarantines popping up on news feeds everywhere. The closer it gets to their homes, the more people are worrying. But what about the people on the front lines? Nurses, doctors, healthcare workers and other medical professionals who are testing for and treating patients with COVID-19 are at a higher risk of contracting it than the general public. What can they do to take care of themselves, physically and emotionally? (Magellan Health Insights, 2020). As if risking exposure to the COVID-19 coronavirus during the global pandemic wasn't enough, healthcare workers face another risk: burnout due to overstress in an increasingly burdened healthcare system. The combination of stress and possible exposure puts healthcare professionals, from physicians, to nurses, to specialists, at greater risk of contracting COVID-19 and potentially spreading it to others (Health Care Finance, 2020).

Given this critical situation, health professionals directly involved in the diagnosis, treatment and care of patients with COVID-19 develop the insertion of psychic spaces for the installation of pain and psychological suffering and other mental health symptoms. The growing number of confirmed and suspected cases, overwhelming workload, depletion of personal protective equipment, extensive media coverage, lack of specific medications and feelings of inadequate support can contribute to the mental burden of these health professionals (State Council of China, 2020; Lai *et al.*, 2020; Lee *et al.*, 2007).

Work-related stress is a potential cause of concern for health professionals and is associated with anxiety with multiple clinical activities, depression in the face of the coexistence of countless deaths, long

work shifts with the most diverse unknowns and demands in the treatment with patients with COVID-19 - being an important indicator of psychic exhaustion (Adams and Walls, 2020; Kushal *et al.*, 2018). It's the classic rock-and-a-hard-place scenario - healthcare workers and caregivers are desperately needed during the global response to the outbreak, but represent one of the most vulnerable populations in terms of contracting the highly virulent disease (Admas and Walls, 2020).

The difficulty in assessing the extent to which health professionals have been affected emotionally is difficult because data worldwide has not yet been released by the Centers for Disease Control and Prevention (CDC), medical associations or unions of health professionals at the moment (Washington Post (2020). Dozens of health care professionals on the front lines of the coronavirus pandemic have become ill with the coronavirus and more are quarantined after being exposed (Changing America, 2020).

The fact that COVID-19 is transmissible from human to human (Li *et al.*, 2020; Rothe *et al.*, 2020), associated with high morbidity and potentially fatal, can intensify the perception of personal danger (Wang, Tang and Wie, 2020). In addition, the foreseeable shortage of supplies and an increasing flow of suspected and real cases of COVID-19 contribute to the pressures and concerns of health professionals (Lai *et al.*, 2020; Adams and Walls, 2020; Kushal *et al.*, 2018; Chan-Yeung, 2004) Coronavirus generates a lot of uncertainty, and this has a particular resonance with health professionals who suffer or have suffered from anxiety, obsessive-compulsive disorder and OCD in the treatment of patients in hospitals. Panic attacks can also be a response to the stress load linked to the demands of the coronavirus outbreak (The Guardian, 2020; Lai *et al.*, 2020; Adams and Walls, 2020; Lee *et al.*, 2007).

As coronavirus cases jump and deaths surge in Italy, new figures show an "enormous" level of contagion among the country's medical personnel. At least 2,629 health workers have been infected by coronavirus since the onset of the outbreak in February, representing 8.3 percent of total cases. New figures show percentage of infected health workers is almost double number registered in China throughout epidemic (Aljazeera, 2020). Intensive care unit doctors are at the limit of stress, especially when dealing with older patients and with prospects of death. Because the doctor, not a relative, is inevitably the last person a dying COVID-19 patient will see (Lima *et al.*, 2020; Carvalho *et al.*, 2020; Moreira *et al.*, 2020; Reteurs, 2020).

Despite the common mental health problems and disorders found among health professionals in such settings, most health professionals working in isolation units and hospitals are not trained to provide mental health care. The evidence highlights some timely mental health care that needs to be developed urgently, such as: 1) use of psychotropic drugs, prescribed by psychiatrists for severe psychiatric comorbidities; 2) Specialized psychiatric treatments and appropriate mental health services

and facilities for patients with comorbid mental disorders; 3) Psychic treatment plans, psychiatric illness progress reports and health status updates for professionals in the Intensive Care Unit; 4) regular updates to address your sense of uncertainty and fear; 5) Psychological counseling using electronic devices and applications (such as smartphones and WeChat); 6) Offering emotional and behavioral responses to extraordinary stress, and psychotherapy techniques such as those based on the stress adaptation model (Xiang *et al.*, 2020; Maunder *et al.*, 2003; Folkman and Greer, 2000).

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