

Editorial

A call for dignifying health personnel's work

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In times of crisis, the magnitude and impact of situations that concealingly undermine well-being and situations that constitute protective factors for health and quality of life become evident. Several authors (1) point out the limitations of health models subjected to market dynamics, which, added to inequities, widen the gap for timely and quality care. Besides, they demand the effective recognition of the right to health.

On the other hand, psychosocial conditions characterized by job uncertainty, presence of different types of violence, primary and institutional support networks fragmentation, and current conditions associated with the COVID-19 pandemic have a great impact on important areas for human beings such as social, family, and couple life, factors conducive to allow different kinds of emotional and behavioral expressions, which activate coping strategies in the individual, family, and community. Moreover, considering that health professionals are called to be the first line of care in these situations, coping expressions can be consolidated as a protective or risk factor for stress (2).

Although this situation is present in the general population, health care workers experience the satisfaction of caring for life on the one hand, and higher levels of stress on the other hand (3), putting their mental health at risk due to the high demands of and commitment to their work, with the insufficient implementation of current regulations, and care conditions that violate the rights by health care providers.

Unprecedented events such as the COVID-19 pandemic, going on for more than a year now, have uncovered the "humanity" and actual value of health personnel in society. This health emergency soon led to developing strategies to deal with what was seen as a threat to health systems without solid foundations. Initially, chaos ensued, and health personnel was on a two-way street: a group of

people recognized them as "heroes", while others perceived them as potential carriers of the virus. The latter perception brought about discrimination, rejection, and, on some occasions, violence (4).

Faced with this uncertain scenario where the fear of contagion and death became a constant threat during the workday, and personnel struggled not only with their own emotions but also with the emotions of an at-risk or ill population and its families, challenges were posed in decision-making. Given the accelerated number of infections and deaths, complications, and ICU management needs, Colombia increased its capacity of hospital beds (5) and supplies and deployed technological resources as encouraging measures to face the pandemic. However, given the situation's magnitude, these actions were insufficient. Moreover, they led health personnel to face a series of ethical dilemmas (6), such as considering survival probabilities of ill people and the quality of life of those who recovered from the disease and their support network and limiting the comprehensive support in the death and mourning processes.

In this way, health personnel included assistance for patients' evolution uncertainty in their essential role of caring for and preserving life, without losing sight of the need to believe that it was possible to fight COVID-19. Changes in daily life were inevitable. In a short time, we adjusted to the new normal that implied long working hours, staff shortages, work overload, limited access to personal protective equipment and supplies to provide care. All this, together with the physical distancing from loved ones, fear of contagion, and continuously facing pain, death of patients, family members, and colleagues, and the uncertainty about the behavior and management of the virus, negatively affected the already harmed mental health, which increased the rates of depressive symptoms, anxiety, insomnia, stress, and irritability (7).

Health personnel had the difficult task of maintaining their own care measures and teaching them to the community, while at times the information disseminated through the media distorted and raised doubts about their work, perpetuating fear and ignorance, and causing in the community emotional discomfort and a feeling of lack of protection and imminent harm, all of which resulted in further stigmatization of health personnel and questioning their own values and the way they performed their work. In addition, the quarantine forced a rapid adaptation to isolation, which led to mood swings, confusion, fatigue, anxiety, depression, and sometimes rejection or absenteeism from work (8).

With health personnel at risk, not only in their physical but also in their mental health, institutions in charge had to face this problem by creating safe spaces in the workplace, dignifying the profession and giving importance to what was already being developed by the Colombian Ministry of Labor in Resolution 2404 of 2019 (9) regarding the tools for the detection, prevention, and intervention of psychosocial factors in the working population.

There has been a worldwide interest in researching to determine risk factors for anxiety, depression, stress, and emotional distress. For instance, interviews (10) were conducted to identify factors that influence the commitment of health personnel to the actions taken in the management of the pandemic and to encourage listening to their needs and proposals for building a safer and more comfortable work environment amid the health crisis. Thus, the need to evaluate working days and the importance of creating comfortable spaces for rest, rotating personnel from greater to lesser complexity areas, promoting communication channels with loved ones, and providing emotional assistance were on the table.

Thanks to this, channels of attention were opened using digital platforms to offer counseling, accompaniment, listening, and intervention spaces such as psychological first aid depending on the need of the moment; however, the effectiveness of these actions has not yet been evaluated. Additionally, these opportunities fought against social resistance to expressing emotions, stigmatization of seeking psychological help, and the idea of using only willpower to manage emerging psychological symptoms. In response to this fact, education to raise awareness of the identification and management of symptoms of depression, anxiety, sleep problems, psychoactive substance abuse, and suicidal ideation was provided, making it okay to ask for help. The purpose of this was to promote mental health and prevent mental disorders through early detection and timely intervention.

In line with the recognition of the high risk posed by the pandemic and faced by health workers, the World Health Organization reminded governments of their “legal and moral responsibility to ensure the health, safety and well-being of health workers” (11) and invited them to adopt measures such as establishing synergies between health worker safety and patient safety policies and strategies, developing and implementing programs to promote occupational health and safety, protecting health workers from violence in the workplace, improving their psychological well-being and mental health, as well as protecting them from physical and biological hazards. The World Health Organization also urged governments to recognize the importance of caring for health care workers as a fundamental piece in the care, prevention, management, and containment of this pandemic and future situations that may affect the balance of our society. For their part, some researchers pointed out that mental health problems caused by this situation can affect attention, comprehension, and decision-making, important skills for performing health care activities (12) and suggested that prioritizing health personnel's mental health care in the fight against the COVID-19 pandemic is essential.

The Colombian Ministry of Health and Social Protection laid down guidelines for addressing mental problems and disorders in health workers within the framework of coronavirus (COVID-19) measures in March 2020 (13). This document urges hospital directors and workers' compensation insurers to early assess the psychosocial risks of each worker by committing to provide activities to promote mental health care and, in specific cases, to assess the need for targeted therapies and interventions for the management of mental disorders. Once again, this document calls attention to the importance of reorganizing work shifts to give rest spaces and setting up a psychosocial support hotline operated by qualified mental health staff to give psychological first aid, counseling, referrals, and follow-ups.

Currently, implementing the National Vaccination Plan against COVID-19 (14) presents a safer scenario in the mid-term, but it poses new challenges in the community. Once again, the responsibility falls on health workers in a scenario where different points of view converge on the immunization effectiveness and the hope of going back to normal. This is an uncertain moment when the waiting time to be vaccinated is puzzling and perpetuates anxiety and fear of being left adrift.

While it is true that the government must protect health workers' mental health, reflection on the need to promote self-care as self-determination and adopt relevant measures is important. As the Pan American Health Organization and the World Health Organization proposed regarding health personnel's mental health care: “This is not a sprint. It is an endurance marathon that requires on-going self-care and support in some cases” (15). Therefore, they made seven important recommendations focused on the following basic needs: eat a healthy diet, stay hydrated, and sleep at least eight hours; rest by engaging in fun and relaxing activities, take active breaks at work, and avoid using alcohol, tobacco, and other drugs; stay connected with co-workers and colleagues to listen to each other respecting personal differences, without judging people, and identifying colleagues at risk and notify it immediately; stay connected with loved ones; self-observe emotions and feelings such as exhaustion, insomnia, lack of appetite, prolonged sadness, intrusive thoughts, and desperation; limit exposure to media; and, finally, form mutual support or self-help groups based on the need to share emotions with people who instill a sense of safety and trust to regulate such emotions.

The challenge is great, and we are all committed to building mechanisms that will allow us to face health crises of this magnitude in the future without sacrificing our well-being. Strengthening the health system, promoting working conditions that dignify professional practice, and acknowledging the huge value of health personnel in life care is necessary.

Undoubtedly, the COVID-19 pandemic turned the world upside down, leaving multiple lessons that are clearly an example to acknowledge if getting back to normal is possible or if, from this experience, we can cultivate healthier environments for all those who give their lives to take care of others.

REFERENCES

1. Franco-Giraldo A. Sistemas de salud en condiciones de mercado: las reformas del último cuarto de siglo. *Rev. Fac. Nac. Salud Pública* [Internet]. 2014 [citado 2021 abr. 15];32(1):95-107. <http://www.scielo.org.co/pdf/rfnsp/v32n1/v32n1a11.pdf>

2. Huamán Flores E, Condori-Chambi M, Feliciano-Cauna V. Estrategias de afrontamiento al estrés y ansiedad estado en trabajadores de un centro de salud en cuarentena por COVID-19, Juliaca. Universidad Autónoma de ICA; 2020.
<http://repositorio.autonomadeica.edu.pe/handle/autonomadeica/728>
3. Aguado-Martín JI, Bátiz-Cano A, Quintana-Pérez S. El estrés en personal sanitario hospitalario: estado actual. *Med Segur Trab (Madr)* [Internet]. 2013 jun. [citado 2021 en. 16];59(231):259-75.
http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S0465546X2013000200006&lng=es&nrm=iso&tlng=es
4. Huremovi D, editor. Psychiatry of pandemics: a mental health response to infection outbreak. *Croat Med J* [Internet]. 2020 jun. [citado 2020 nov. 28];61(3):306.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7358695>
5. Ministerio de Salud y Protección Social. Colombia amplió 89% su capacidad de UCI [Internet]. MinSalud; 2020 sep. 3 [citado 2020 nov. 28].
<https://www.minsalud.gov.co/Paginas/Colombia-amplio-89-su-capacidad-de-UCI.aspx>
6. Greenberg N, Docherty M, Gnanapragasam S, Wessely S. Managing mental health challenges faced by healthcare workers during covid-19 pandemic. *BMJ* [Internet]. 2020 mzo. 26 [citado 2020 nov. 28]; 368:l-4.
<https://pubmed.ncbi.nlm.nih.gov/32217624/>
7. Lai J, Ma S, Wang Y, Cai Z, Hu J, Wei N, et ál. Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019. *JAMA* [Internet]. 2020 mzo. 2 [citado 2020 nov. 28];3(3):e203976.
<https://pubmed.ncbi.nlm.nih.gov/32202646/>
8. Ojeda-Casares H, Gerardo-de-Cosio F. COVID-19 y salud mental: mensajes clave. *Organ Pan-am la Salud* [Internet]. 2020 [citado 2021 mzo. 1];1(1):1-7.
https://www.paho.org/venezuela/index.php?option=com_docman&view=download&slug=-covid19-y-salud-mental-mensajes-clave&Itemid=466
9. Secretaría Jurídica Distrital. Resolución 2404 [Internet]. 2019 [citado 2021 mzo. 2].
<https://www.secretariajuridica.gov.co/transparencia/marco-legal/normatividad/resolución-2404-2019>
10. Chen Q, Liang M, Li Y, Guo J, Fei D, Wang L, et ál. Mental health care for medical staff in China during the COVID-19 outbreak. *Lancet Psychiatry* [Internet]. 2020 [citado 2020 nov. 28];7:e15-6.
<https://pubmed.ncbi.nlm.nih.gov/32085839/>
11. Organización Mundial de la Salud. Garantizar la seguridad de los trabajadores de la salud para preservar la de los pacientes [Internet]. OMS; 2020. [citado 2021 mzo. 3]. Disponible en: 8
12. Kang L, Li Y, Hu S, Chen M, Yang C, Yang BX, et ál. The mental health of medical workers in Wuhan, China dealing with the 2019 novel coronavirus. *Lancet Psychiatry* [Internet]. 2020 [citado 2021 mzo. 3];7:e14.
<https://pubmed.ncbi.nlm.nih.gov/32035030/>
13. Ministerio de salud y Protección Social. Documentos Técnicos Covid-19 [Internet]. MinSalud; 2020 [citado 2020 nov. 28].
<https://www.minsalud.gov.co/salud/publica/PET/Paginas/Documentos-tecnicos-covid-19.aspx>

14. Ministerio de Salud y Protección Social. Vacunación contra Covid-19 [Internet]. MinSalud; 2021 [citado 2021 febr. 28].
<https://www.minsalud.gov.co/salud/publica/Vacunacion/Paginas/Vacunacion-covid-19.aspx>
15. Organización Panamericana de la Salud, Organización Mundial de la Salud. Cuidando la salud mental del personal sanitario durante la pandemia de COVID-19 [Internet]. OPS, OMS; 2020 [citado 2021 mzo. 3].
<https://www.paho.org/es/documentos/cuidando-salud-mental-personal-sanitario-durante-pandemia-covid-19>