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Emotional health of emergency area workers during the COVID-19 pandemic☆

Salud emocional del personal sanitario del Área de Urgencias durante la pandemia COVID-19

Dear Editor:

In the context of the COVID-19 pandemic, we report some data in relation to the emotional health of the emergency department staff of a high-tech hospital that has been one of the epicentres of the above-mentioned disease. Between 20th February and 15th April 2020, a total of 12,304 patients were seen in the Emergency Department and 2,306 diagnoses of coronavirus infection were established, with a peak of 133 patients on 27th March 2020. As in other centres, its professionals have had to adapt to working with quarantine measures; shifts and care circuits have had to be reinvented and, thanks to the *Lean* methodology, resource management has been optimized.

On a psychological level, health workers have described emotions of fear regarding their own safety, that of their families, stigmatisation, and interpersonal isolation measures. The same emotional reactions were described during the SARS pandemic,[1] highlighting the importance of leadership based on promoting team cohesion, collaboration and communication between specialties, factors considered essential to reduce the impact of this type of stressor. Avoidance coping strategies, hostile confrontation, blame, and anxious attachment were highlighted as personal factors contributing to a maladaptive response.

The impact of the pandemic is uncertain in the face of an unprecedented situation. In the short term, among hospital workers, the typical *burnout* symptoms, such as fatigue, insomnia, irritability, and loss of appetite, stand out. In the long term, staff may present with post-traumatic stress disorder that is related to cardiovascular, musculoskeletal, sleep and gastrointestinal disorders.[2] Musculoskeletal disorders are the leading cause of disability and sick leave among healthcare workers, and the experience of pain is a complex mixture supported by an interdependent set of biomedical, psychosocial and behavioural factors, whose relationships are not static, but evolve and change over time.. It is considered that the treatment of choice in this type of situation should be multimodal, to improve disability and the use of self-control skills with the personalisation of rehabilitation objectives and the introduction of healthy physical and psychological habits, in a framework of multidisciplinary care centred on the person and beyond the disease.[1,3]

In countries like the US, the standards of medical training, supervised by the *Accreditation Council for Graduate Medical Education* (ACGME), value skills related to Emotional Intelligence (EI) that contribute to the improvement of teamwork and doctor-patient communication (interpersonal skills, communication and professionalism).[4] In line with these standards, since 2016, 1,250 hospital professionals have received humanistic training in Emotional Ecology, of which 45 belong to the Emergency Department.[5] The Emotional Ecology model goes beyond EI since it does not focus solely on the individual but on their links with others and with the world. This approach underlines that, evolutionarily, the most adaptive strategy is the cooperative one, rather than competitiveness.

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