

Mini-Review

Health professionals directly involved in the diagnosis, treatment, and care of patients with Covid-19

Modesto Leite Rolim Neto¹ 

Productivity Scholarship at the Faculty of Medicine of Juazeiro do Norte - FMJ / ESTACIO, Juazeiro do Norte, Ceará, Brazil.



Modesto Leite Rolim Neto
Faculty of Medicine of Juazeiro do
Norte - FMJ / ESTACIO, Juazeiro
do Norte, Ceará, Brazil.
modestorolim@yahoo.com.br

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Juliana Ramos de Andrade

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Abstract

Introduction: 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.

Objective: Carry out a analysis of the psychiatric repercussions based people on the front lines: Nurses, doctors, healthcare workers, and other medical professionals who are testing for and treating patients with COVID-19

Method: This current literature review has utilized literature reserves and scientific search engines MEDLINE, EMBASE and Web of Science. The search terms included, "SARS-CoV-2", "Mental Health," "psychiatric repercussions", "People on the front lines " "COVID-19". Specific choices of unique papers from each of the searches were identified. The inclusion criteria were relevance and availability of full-text. Papers were excluded on the basis of relevance and non-availability of full-text. Papers were identified in the general literature reserve as pertinent to the search terms.

Results: Work-related stress is a potential cause of concern for health professionals.

Conclusion: Evidence highlights some timely mental health care that needs to be developed urgently, such as: use of psychotropic drugs; specialized psychiatric treatments and appropriate mental; and health status updates for professionals in the Intensive Care Unit; psychological counseling; and psychotherapy techniques such as those based on the stress adaptation model.

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The novel coronavirus (COVID-19) outbreak continues to evolve, with more cases and quarantines popping up on news feeds everywhere. But what about 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?¹ As if exposure to the COVID-19 during the global pandemic was not 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 and nurses to specialists, at greater risk of contracting COVID-19 and potentially spreading it to others.²

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 inadequate support feelings can contribute to the mental burden of these health professionals.³⁻⁵

Work-related stress is a potential cause of concern for health professionals. It has been associated with anxiety including 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. Therefore, it is an important indicator of psychic exhaustion.^{6,7}

The difficulty in assessing the extent to which health professionals have been affected emotionally is difficult because the Centers for Disease Control and Prevention (CDC), medical associations or unions of health professionals have not released worldwide data yet.⁸ Dozens of health care professionals on the front lines of the coronavirus pandemic have become ill with the coronavirus and more have been in quarantine after being exposed to it.⁹

Evidence highlights some timely mental health care that needs to be developed urgently, such as: use of psychotropic drugs; specialized psychiatric treatments and appropriate mental ; and health status updates for professionals in the Intensive Care Unit; regular updates to address their sense of uncertainty and fear; psychological counseling ; provision of emotional and behavioral responses to extraordinary stress, and

psychotherapy techniques such as those based on the stress adaptation model.¹⁰⁻¹²

Modesto Leite Rolim Neto

<https://orcid.org/0000-0001-9379-2120>

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Conflict of interests

The authors declare that they have no competing interests.

Ethical Statement

We declare that there is no ethical conflict.

All authors agree to send the manuscript for publication.

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