VIEWPOINT

A Healer's Uncertain State of Mind in COVID-19 Pandemic

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ABSTRACT:
Current plight of COVID-19 in developing countries entails uncertain prognosis, impending severe shortages of resources for testing and treatment and inadequate safety measure for health care providers. The imposition of unfamiliar public health measures that may infringe on personal freedoms, large and growing financial losses, and conflicting messages from authorities are among the other major stressors that undoubtedly will contribute to widespread emotional distress and increased risk for mental fatigue associated with COVID-19.

KEYWORDS: Healer, COVID-19, Pandemic, Fear, Emotional distress.

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The global health community is facing the third pandemic crisis in just less than twenty years. Severe acute respiratory syndrome (SARS-CoV) emerged in 2002, followed byMiddle East respiratory syndrome (MERS) in 2012, and now Coronavirus disease 2019 (COVID- 19) (Wuhan) in late 2019.[1]

In the last days of January, 2020, the World Health Organization (WHO) proclaimed the outbreak of novel Coronavirus (2019-nCoV) a "Public Health Emergency of International Concern"**.** Like SARS, there were now travel-related cases abroad in Hong Kong, Macau, Taiwan, Thailand, South Korea, Japan, Malaysia, Viet Nam, Singapore, Sri Lanka, Nepal, Germany, France, the USA, Canada, Australia.[2] Flights out of these areas were canceled and many countries organized special travel arrangements to bring back their emigrants.

In March 2020, the WHO declared COVID-19 a pandemic, pointing to over 110 countries and territories around the world. The origin of this outbreak appeared to be a wet market in Wuhan, China[3]. The chain of disease transmission to humans was thought to be zoonotic, a likely inference. The increasing case numbers, even in the lack of contact of people with wet market animals made a strong case for human-to-human transmission, when investigated**.**[4]

COVID-19 is now officially a pandemic; novel infection with serious clinical manifestations including death, and it has reached at least 124 countries and territories. Although the ultimate course and impact of COVID-19 are uncertain, it is not merely possible but likely that the disease will overwhelm the health care infrastructure. All transportation has shut down. Enormous structures (quarantine centers) are built to confine anyone with a fever. Theemerging viral ailmenthas placed extraordinarydemands on health systems, public health, government officials, and challenge

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for epidemiologists. It will create the need to provide medical equipment and interventions tothe providers of essential community services.

In developing countries including Pakistan, uncertain prognosis, impending severe shortage of resources for testing and treatment, and inadequate safety measure for health care providers, the imposition of unfamiliar public health measures that may infringe on personal freedoms, large and growing financial losses, and conflicting messages from authorities are among the major stressors that undoubtedly will contribute to widespread emotional distress and increased risk for psychiatric illness associated with COVID-19.

How long will this pandemic last? When will we find a treatment or a vaccine? Which drug should we give to our patients? Will we run out of personal protective equipment (PPE)? When will everyone return to work? We find ourselves in a time of great economic, social, and medical crises.

In this complicated situation, the simple question is, are we prepared? Other than this, the more difficult question is; will the global community be able to win the war against COVID-19 with its health strategies?

These public health emergencies may affect the health, safety, and wellbeing of both, individuals (insecurity, confusion, emotional isolation, and stigma) and communities (economic loss, work and school closures, inadequate resources for medical response, and deficient distribution of necessities). These effects may interpret into a range of emotional reactions or psychological burden (distress or psychiatric conditions, like anger, confusion, fear, frustration and stigma associated with quarantine), unhealthy behaviors (excessive substance use), and noncompliance with public health directives (such as home confinement and vaccination), in people who contract the disease and the general population.

In the current state, the home detention of the population for an indefinite period, the dispute among the stay-at-home orders issued by various jurisdictions, and contradictory messages from government and public health authorities will most likely intensify thetorment. These feelings of distress and anxiety can occur even in people, not at high risk of getting sick.

Extensive literature about disastrous impacts on mental health has established that emotional distress is abundant in the affected population by the COVID-19 pandemic.[5,6]

However, we have acknowledged that, the world now feels strange and that doctors, nurses are susceptible to human anxieties. Health care providers are also particularly vulnerable to emotional distress in the current pandemic, given by their risk of exposure to the virus, concern about infecting and caring for their loved ones, shortages of personal protective equipment, longer work hours, and involvement in emotionally and ethically charged resource- allocation decisions. We should be ready to accept unanticipated events rationally and to confront possible undesirable consequences of our instinctive desires.

Our mission as healers or health professionals, in a situation such as the COVID-19 pandemic, makes us feel compelled to do something. As Franklin Roosevelt commented, *"Take a method and try it. If it fails, admit it frankly and try another. But by all means, try something"* Though a "trial and error" method may be appropriate in business and politics, should it be applied to medical decision making during a pandemic?

As health professionals, we should train ourselves in the scientific method; however, we are committed to working in evidence-based practice, which is based on the ability to interpret scientific reports and therapeutic advances. We need to maintain a healthy skepticism and remember the principles of medical ethics, particularly when considering interventions that could cause harm. Otherwise, in our effort to do good for our patients, we may fall victim to cognitive biases and therapeutic errors. Under conditions of information overload and uncertainanxiety, we have an increased tendency to inappropriately favor recently acquired information, because of its ease of recall, which is heuristic known as availability bias.By the time news and information reaches you, it is likely been edited,changed, and filtered through numerous perspectives. A lot of thenews you read these days about global pandemics and local crises is editedto provoke clicks, views, and

audience reactions.If we spendtoo much time and energy focusing on current issues and the predominantly "bad" news, our negative perception of the crisis will understandablybe reinforced and feed our fear and sense of desperation.

For effective crisis management, we should pay particular attention to howwe "feed" our thinking. If we constantly deal with negative news aboutthe crisis, they will ultimately have a crucial negative influence on ourthinking. Preventive efforts such as; screening for mental health problems, psychoeducation, and psychosocial support should be practiced on these health professionals and other groups who are at risk of adverse psychosocial outcomes.

Fear is a natural response to a crisis. No one is immune to fear, nomatter how naturally optimistic we might be. But too many of us allowfear to spread unchecked, and we let fear rule over our every thought. This is neither realistic nor helpful. The fear of dying alone is nearly common, and anyone who's taken care of a critically ill patient is well aware of this fact. So, we sometimes show more flexibility to give patients just a little extra time for family members to arrive and bid their farewell prayers.

One aspect of the COVID-19 pandemic that has been particularly difficultis: instead of our usual promise about doing everything we can to keep him alive until you get here, we find ourselves telling families, because of hospital policy, we cannot allow visitors at this time**.** This conversation sometimes takes place at the doors to the ICU, or in front of the hospital, as families beg to see their loved ones before they die. A very simple request, whichat other times would be encouraged, has become an ethical and health care dilemma nowadays.

A special characteristic of stress-resilient people is the ability to accept things we cannot change. This sounds easy, but it's very challenging to accomplish. When you refuse to accept what's happening around you, you invest all your time and energy into trying to manage uncontrollable circumstances. Preparedness and quick responses are necessary, but solidarity and cooperation are also key to fighting emerging infectious diseases all over the world. A SWOT analysis is one of the simplest and most effective instruments for assessing current plight whether as an individual, team or even as an entire organization. SWOT stands for Strengths, Weaknesses, Opportunities, and Threats. The SWOT analysis starts with a focus on your strengths throughout life, but especiallyin a crisis or difficult situation. In this course of action, we tend to easily focus on our perceived weaknesses and pessimism in the situation.

We believe that our healthcare system can do better to overcome this grueling situation. As telehealth and virtual meetings have become the new normal, so telecommunication between isolated patients and their families is also possible. Such efforts maynot represent the evidence-basedmedicine we all strive to practice, but they may capture some of the artof caring not just for patients, butalso for their families and friends.

There may be no way for families to hold patients' hands or hug them while they are dying, but with the care and compassion of frontline health care workers, we can join creative solutions to help them feel a connection or bonding with their families while keeping everyone safe.

CONFLICT OF INETEREST

None to declare.

FINANCIAL DISCLOSURE

None to disclose.

REFERENCES

1. Yang Y, Peng F, Wang R, Guan K, Jiang T, Xu G, et al. The deadly Coronaviruses: The 2003 SARS pandemic and the 2020 novel Coronavirus epidemic in China.J Autoimmun. 2020; 109 (1): 102434.
2. Lai CC, ShihTP, Ko WC, Tang HJ, & Hsueh PR. Severe acute respiratory syndrome Coronavirus 2 (SARS-CoV-2) and Coronavirus disease-2019 (COVID-19): the epidemic and the challenges. Int J Antimicrob Agents. 2020; 55 (3): 105924.
3. Surveillances VJC.The epidemiological characteristics of an outbreak of 2019 novel Coronavirus diseases (COVID-19)— China CDC Weekly. 2020; 2 (8): 113-22.
4. Sohrabi C, Alsafi Z, O'Neill N, Khan M, Kerwan A, Al-Jabir A, et al. World Health Organization declares global emergency: A review of the 2019 novel

Coronavirus (COVID-19).Int J Surg. 2020; 76 (2): 71-6.
5. Chen Q, Liang M, Li Y, Guo J, Fei D, Wang L, et al. Mental health care for medical staff in China during the COVID-19 outbreak.Lancet Psychiatry. 2020; 7 (4): e15-e16.
6. Yao H, Chen JH, & Xu YF. Patients with mental health disorders in the COVID-19 epidemic. Lancet Psychiatry. 2020; 7 (4): e21.

Author's Contribution

ZA: Acquisition of data, drafting of manuscript.

MG: Conception, intellectual input to the manuscript.

SK: Conception of data and critical revision of the final version.