

Heroes Without a Cape: The Romanticization and Fail in Communication with Healthcare Workers in The COVID-19 Pandemic

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Abstracts: In December 2019 in the Chinese city of Wuhan, Hubei province, health systems reported patients affected by atypical pneumonia of unknown origin, the disease was identified as SARS-CoV-2, a new virus of the Coronaviridae family, The COVID-19, and it appeared suddenly generating a global crisis, with serious effects on economies and health systems. To describe the feelings and perceptions of a group of health workers, whom in Ecuador, the government, using the media, romanticized, placing them at the level of heroes without a cape who faced the pandemic in the front line. This article presents testimonies that narrate the experiences of human beings strongly marked by closeness to death, the feeling of loss, powerlessness and guilt, since their effort, work, experience and training were not enough to save the lives of critically ill patients of COVID-19. Health workers were romanticized as heroes but at the same time precarious, they received little bio-security protection, which increased infections and deaths at the level of health personnel. The negative impact of COVID 19 at the psychosocial level and the effects on the mental health of health workers is a poorly studied issue; work should be done to better understand the perceptions of frustration, fear, stress and social stigma than many health workers did. They felt by being potential carriers of the virus and taking it to their close environments.

Keywords: Guilt, Health Workers, Communication, Romanticization, Ethnography.

1. INTRODUCTION

In December 2019 in the Chinese city of Wuhan, Hubei province, health systems reported patients affected by atypical pneumonia of unknown origin, the disease was identified as a new virus of the Coronaviridae family, called SARS-CoV-2. The associated clinical condition was named COVID-19. As mentioned by the Spanish Ministry of Health (1), it appeared suddenly, generating a deep crisis at a global level, with serious effects on economies and health systems. It is important to highlight that little has been done about the post-pandemic, especially the potential effects at a psychosocial level that in many countries are presented as effects on the mental health of their populations. In Mexico, for example Torres-Muñoz mentions:

The National Institute for Excellence in Health and Care recommends maintaining active monitoring of health personnel, even when the crisis has been overcome, to ensure that those who present data of moral damage or some mental alteration are identified and helped to access evidence-based care (2)

The World Health Organization-WHO (2020) estimated that half of the population exposed to COVID-19 could suffer some psychopathological symptoms. Therefore, it is important to investigate the potential negative effects on the mental health of health workers, related to stigma, fear and feelings of guilt that are expressed with greater intensity in extraordinary stages such as the pandemic we are experiencing. For example, Huarcaya (3) mentions that in a study carried out in Peru on 187 nurses during the MERS-CoV outbreak, it was found that stigma influenced or negatively affected the mental health of this professional group.

Stigma towards health professionals must also be considered. While no studies have been found in the current pandemic, research conducted during other epidemics or pandemics

showed that between 20% and 49% of health professional's experienced social stigma related to their work and community fear and relatives of being infected by them (3).

2. MATERIEL AND METHODS

Health workers around the world have had to reorganize their meanings of belonging, due to deep feelings of helplessness, when their work and all their professional training were not enough to save lives.

How to understand the senses of belonging, anguish, pain, and guilt of a human being? This is what anthropologist Michael Jackson (4) calls the production of the senses of being. This researcher has dedicated himself to understanding human beings from existential anthropology. He states that we all need to create senses of belonging, integrate, which implies a daily struggle to live facing adversity and loss. It relates it to a result between certain dynamic circumstances, over which we have little control, and our ability to live that it was transformed into our experiences, our lifeworld. Along the same lines, another anthropologist, the Swedish Sverker Finnström(5), considers that the struggle for being crystallizes in certain environments that he calls bad surroundings or spaces where we experience negative or evil feelings, frustration and guilt. Spaces where we fight against a life without hope, to make life worthwhile and make sense of episodes as strong as death. This article presents testimonies converted into ethnographic stories about the experiences of human beings strongly marked by a feeling of stigma, fear and guilt.

For the health workers interviewed, the hospital became bad surroundings, since they considered that their life in that place had no meaning or benefit, especially after the episodes of strong trauma experienced by their collapse, because of the COVID-19 pandemic. The life surrounded by negative spaces, appeared as a recurrent moral questioning, that caused anxiety, anguish, and lack of sleep, added to a feeling of stress, fear and guilt, since they could be potential carriers of the virus and contaminate their families with the disease (2-8-11). The collected testimonies were converted into ethnographic narratives that concentrated in the imaginaries of many doctors, nurses and other health workers, in the face of the pandemic and the health crisis, could not find the meaning of their lives, after helplessly observing the death of thousands of patients in hospitals collapsed by COVID-19.

3. RESULTS AND DISCUSSIONS

3.1. Near-Death Jobs, Feelings of Guilt, Anxiety and Poor Communication

Feelings of guilt, stigma, frustration and fear are little-analyzed effects in the current health crisis; they take a backseat when priorities were seeing just from an economic perspective. For Torres Muñoz (2), it is necessary to take into account helping those who need it can be rewarding, but also difficult, since workers can experience fear, grief, frustration, guilt, insomnia and exhaustion. The COVID-19 crisis is exposing health personnel to intense suffering in the face of a death in isolation that has families heartbroken for not being able to accompany and help their loved ones. The lack of resources, the overload and the patients' own uncertain evolution sometimes mean that the professional is forced to make complex decisions in a short time, generating intense moral dilemmas and guilt. The appearance of this new virus has radically changed the way of life and the economy of practically everyone in a very short time, confronting humanity with a reality for which we are not prepared.

In Ecuador, for example, a former health minister, in a public interview, blamed doctors for having been carriers of the virus and having infected patients in hospital environments, increasing the feeling of guilt, the poor information and communication of the government, increasing stigma towards health workers.

The health personnel who were infected (with Covid-19) and who died are not because they were infected in the hospitals but in the social sphere, they were the ones who brought the disease to the hospitals, obviously without bad intentions, but with total ignorance what were the rules to protect themselves.

Another problem that this pandemic highlighted was social inequality. ECLAC (6), in its latest study, highlights the problems of inequality in the American continent. It points out that, due to the direct and indirect effects of the pandemic, it is very likely that extreme poverty and poverty rates, as well as social inequality gaps, will increase even more in the short term, making a more complex world where few will accumulate much more wealth and power.

3.2. Chaos and Death in Hospital Corridors

On February 29, 2020, Ecuador announced the first case of the so-called coronavirus in the city of Guayaquil, along with the implementation of a mandatory quarantine and the stoppage of all work activities except essential ones, marked the beginning of a new reality in the country. Tropical diseases such as dengue, malaria, chikungunlla and zika; that have systematically and at different times collapsed the weak public health system for decades have hit Guayaquil, Ecuador's main port. According to data from the Ministry of Health (7), 2,051 health workers have been infected with the virus, including doctors, nurses, and assistants. The numbers of infected health professionals stopped being published at the beginning of June. According to the latest report, on June 11, there were 36,126 confirmed cases of COVID-19 nationwide, of which 1,851 were doctors and 34 had died. Next were nurses, nursing assistants, dentists, obstetricians, among others (7). The arrival of COVID-19 once again highlighted the problems in the city's hospitals, destroying them in a couple of weeks; however, the government and the media romantically called them heroes without capes.

The media has placed us, health workers, at the level of heroes without capes, saviors, warriors who face the pandemic on the front lines; however, the reality is different and is reflected in precarious, bad jobs. Salaries and few bio-safety instruments for our protection, while the government calls us heroes, it has fired hundreds due to the cuts demanded by the International Monetary Fund (IMF). With the famous austerity, investment in health has decreased, which meant the dismissal of thousands of health workers, non-payment of salaries, increased work hours, extra shifts, that is, the precariousness of work (7).

CONCLUSIONS

Since March 14, 2020, Ecuador has been experiencing a state of alarm due to the health crisis. The pandemic has highlighted social inequality, precariousness of health workers, as well as the recurring feeling of frustration and guilt, when working and living in environments of death. Quarantine and social isolation have caused frustration, caused by the uncertainty of not knowing what will happen in the near future, also anxiety due to fear of contagion and sustained suffering due to the loss of loved ones, who cannot be said goodbye. For doctors, nurses, assistants, who worked in extraordinary situations, in an extraordinary moment like the one we expected as humanity, there were a feeling of guilt that generated moral questions and caused by the impotence of seeing first-hand death, to this are added episodes of social stigmatization that they have suffered, even hospitals have been blamed for being virus carriers.

Mental health problems, such as depression, anxiety, distress and stress are some of the biggest causes of suffering; interestingly those who are most at risk are frontline healthcare workers. The United Nations (8) in its report "COVID-19 and the Need for Action on Mental Health" deepens the panorama of the mental health of the world population in the pandemic and warns of a probable increase in psychological suffering as well as an increase of suicide rates.

Finally, for Wahed (9), mental health care becomes a fundamental element to face the crisis that currently being experienced. It is clear that the virus not only attacks our physical health; it also increases psychological suffering. Medeiros agrees with the above (10). The grief over the loss of loved ones, the shock caused by the loss of employment, isolation and restrictions on movement, the difficulties of family dynamics, uncertainty and fear of the future. COVID-19 has had unfortunate impacts and consequences on the Ecuadorian population. We are living in a difficult, extraordinary, conflictive stage where health professionals work and provide care in times of crisis, which is also the importance of understanding the potential mental health problems of all populations including caregivers and health workers.

COVID-19 arrived at a time of fragility of the global economy, health systems, lack of employment, poverty and social inequality that have exposed an unfair model of development and social organization. The post-pandemic helps us reflect in the search for common sense, to balance what we want as a world and society, the priority of governments should be the common good and social justice (11).

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