

## Research Article

# Coping and Emotional Situations in Health Personnel Exposed to COVID-19

**Pablo Jerson Espinoza Palma\*, Catheryn Massiel Ruiz Doña, Katia Yahoska Valencia Gómez and Reynier Fabricio López**

Department of Nursing, National Autonomous University of Nicaragua-León, Leon-Nicaragua, Nicaragua

## Abstract

The global health emergency caused by the current COVID-19 pandemic is arguably one of the greatest challenges healthcare professionals have faced throughout their careers.

With the aim of exploring coping and emotional situations among staff, a cross-sectional phenomenological qualitative research study was conducted. Data saturation was obtained from 12 participants. The data collection method was an in-depth interview, and the sampling method was convenience sampling using Bardin's grounded theory method.

The population is female, aged 21 to 58, from urban areas, and nursing professionals.

The emotional situations and how staff cope are highlighted by fear, fear of contaminating family members, fear of death, and a sense of having to adapt to new changes necessary for survival. However, they express that people do not follow staff guidelines despite the high mortality rate and the policies implemented by the government that have reduced deaths. At this time, staff are trying to cope with the full impact of post-COVID and the emotional toll the event has brought on both personal and family life.

Raise awareness among the general population about the serious causes of not implementing preventive measures. This is necessary to have a resilient healthcare system, otherwise it will face future challenges that healthcare professionals must face.

## More Information

### \*Address for correspondence:

Pablo Jerson Espinoza Palma, Department of Nursing, National Autonomous University of Nicaragua-León, Leon-Nicaragua, Nicaragua, Email: pabloespin61194@gmail.com

 <https://orcid.org/0009-0004-6751-1689>

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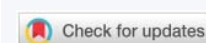
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**Keywords:** Coping; Emotional situations; COVID-19



## Introduction

At the beginning of August 2021, the world surpassed 200 million reported cases, just six months after surpassing 100 million. The country with the most infections remains the United States, followed by India and Brazil. Wreaking havoc on the economy and healthcare systems, however, government efforts have borne fruit in trying to contain this international emergency, and have led to a gradual return to normality in Wuhan, where the contagion originated [1]. The novel coronavirus was first identified in Wuhan, China, in late 2019 and rapidly spread worldwide [2]. The general clinical manifestations and regional prevention aspects, particularly in Latin America, have been previously documented [3]. Early reports from Wuhan detailed fever, cough, and dyspnea as the predominant presenting symptoms [4].

At the beginning of the pandemic, little was known about the impact on the population, as only cases of restricted quarantines in small groups were known. "On the one hand, such drastic changes in daily routines can be detrimental to mental health" in the fight against the pandemic, health personnel may experience mental health problems such as stress, anxiety, depressive symptoms, denial, anger and fear [5].

In Latin America, the World Health Organization is calling on governments to ensure the safety of health workers and, in turn, protect the safety of patients. In this Consultation with the Doctor, Dr. Carlos Eduardo Pérez gives us an overview of the situation facing this sector in Latin America [6].

While in Chile, nearly 70 percent of health workers are

worried about contracting the disease, in Peru and Mexico, their peers are mobilizing due to the lack of Personal Protective Equipment (PPE). In Argentina, the exhaustion of health workers is being denounced by scientific groups, which are urging the population to take extreme precautions to stem the rise in cases [7].

Therefore, in Central America, coping with the stress faced by health workers, which affects other countries, also affects their work and relationships, which is aggravated by stigma and discrimination. There are documented cases of health workers who feel isolated from their friends or even their family, who do not avoid them for fear of getting sick"[7].

As for Nicaragua, it established the strengthening and surveillance of entry points at the borders and at the airport, where a health team was installed to detect any risk situation. As for the Minsa, it provides information about this new virus to its staff, so that they know what is happening and address these cases [8]. Real-time dashboards have been crucial for monitoring case trends and resource allocation [9,10]

Currently, in the different departments of Nicaragua, a low level of exponential contagion of 100 new infections on average per day of covid-19 has been reported, despite this, it has caused a collapse in the public and private health system of Nicaragua: added to the fact that dozens of doctors and health workers are becoming infected, with an approximate balance of 759 cases, a significant number of doctors, nurses and technicians deceased," doctors and media emphasize [11,12].

In Nicaragua, on the other hand, the vaccine has been rolled out to various healthcare centers, both private and public. Authorities stated that the vaccination process is being carried out with the consent of patients and is free of charge. For patients, the vaccine represents a lifeline in the face of the pandemic, depending on their condition, age, and other factors [8].

With our research we respond to sustainable development goal 3 on Ensuring healthy lives and promoting well-being at all ages is essential for sustainable development, this is one of the most important SDGs to take into account in the face of the pandemic, which is an unprecedented global health crisis; COVID-19 is spreading human suffering, destabilizing the global economy and drastically changing the lives of billions of people around the world [7,13]. Major journals have underscored the moral imperative to safeguard healthcare workers [14].

## Goals

### General objective:

- Explore coping and emotional situations in health personnel exposed to the disease.

### Specific objectives

- Characterize the sociodemographic data of the study population.
- Describe how healthcare personnel cope with exposure to COVID-19.
- To investigate emotional situations among staff at a health center in western Nicaragua.

## Methodology

### Type of study

The study is qualitative, cross-sectional, phenomenological.

**Qualitative:** We defined the organization of the processes developed in the research under study to successfully conduct it. We defined the types of tests performed and how the data were collected and examined. This allowed us to gain a deeper understanding through the participants' perceptions, behaviors, and projections, based on their personal experiences, introspection, and life stories. Narrative records were made of the phenomena studied [15].

**Phenomenological type:** It was based on the study of the perception of life through their experiences, based on their ideas, feelings, emotions, seeking to understand how they live and feel, exploring the consciousness of the person [15].

**Cross-sectional:** Because it is framed within a period of time in which coping and emotional situations are evaluated in healthcare personnel exposed to COVID-19, discovering the common elements of the experience.

**Area of study:** This study was conducted at a western health center, where public health services are provided to patients of all ages, regardless of political or religious affiliation, through various programs developed by the Ministry of Health, such as "Todos con Vos" (All with You), "Amor para los más pequeños" (Love for the Little Ones ), and others.

The center is a single-story building with three sections, each with a medical staff, licensed and nursing assistants, a dental office, a fever care unit, a pharmacy, a laboratory, a nursing office, a director's office, a treatment area, human resources, a gynecology, orthopedics, and pediatrics wards, and two restrooms.

**Unit of analysis:** All healthcare personnel who were exposed, tested positive, and are undergoing the post-COVID process.

**Study population:** Healthcare personnel exposed to COVID-19 during the pandemic care process, with the aim of gathering all their perceptions at the time about pandemic survival as healthcare workers who provided comprehensive care in the context of COVID.

### Inclusion criteria

- Workers at the western health center.
- That they be workers of both sexes.
- Workers who have been exposed.
- Workers who agree to participate in the study.

**Sample:** The sample consisted of 12 participants, workers from the western center who were always exposed 24 hours a day to direct care for patients with respiratory infection.

**Sampling:** Simple random convenience sampling was performed on participants from the total population, all in order to address the quality of data collection and avoid some biases, reducing the likelihood of errors in data collection.

### Sources of information

- **Primary sources:** An in-depth interview was conducted directly with healthcare workers exposed to the study, obtaining information verbally through open-ended questions.
- **Secondary sources:** Form, income census and/or schedules of health personnel.

### Dependent variable:

- COVID 19

### Independent variable:

- Emotional situations.
- Coping.

### Data collection method

The methodology used was an interview. Permission was requested via letters addressed to the current director of the western healthcare center, requesting access to the confidential data of the study population and permission to process them. Once authorized, the data collection instrument was administered to the study population using an in-depth interview technique with pre-structured open-ended questions. All nasopharyngeal samples were processed using RT-PCR according to standardized protocols for coronavirus detection [16].

### Data collection techniques and instruments

The instrument used for data collection was the in-depth interview, which is structured with open questions containing the independent variables.

Once informed consent was obtained from both the authorities and each of the sample participants, an in-depth interview was conducted, processed through audio recordings, and cell phones were used as a tool.

Healthcare personnel who decided to participate in the study were explained the terms and conditions of their participation, and any questions and concerns were addressed. They agreed to these conditions verbally and in writing, voluntarily granting their informed consent to begin the data collection process [17,18].

It was coded to avoid information confusion and to avoid analyzing the same interview.

### Pilot test

In order to validate the study, the instrument was applied to two health workers representing 10% of the study population. This population belonged to another healthcare center in the West, all in order to avoid bias in the information provided. In addition, this population had the same characteristics as the study population. In order to improve and/or validate the instrument, it was done in a different place than the study so as not to contaminate the sample.

### Analysis plan

Content analysis, according to Laurence Bardin, was used [15]. This is a set of communication analysis techniques that seek to obtain, through systematic and objective content description procedures, insights from the interviews. It comprises three stages: pre-analysis, coding, and categorization [19].

Once the interview was conducted, it was pre-analyzed to determine information saturation and written down in Microsoft Word, which was coded to avoid information confusion and avoiding analyzing the same interview twice.

Similarly, the study underwent a categorization process, where the data was cleaned according to the problem and variable studied, with the goal of ensuring a study free of potential bias. These processes were conducted using cell phones and Microsoft Word.

### Ethical aspects

**Informed consent:** Participants were presented with a written document containing a complete description of the researchers, the topic and objectives of the study, the instrument used, and the techniques involved. Participants were also explained that their participation was entirely voluntary and that they had the right to withdraw at any time. Participants signed a document confirming that their participation was entirely with their consent or their own decision [18].

**Respect:** A conversation was established with the interviewed workers, dealing solely with the research topic with the purpose of enriching our study, without touching on any family or other topic that was not related to the study objective.

**Autonomy:** They were explained that their participation



would be voluntary and that they would have the right to autonomy, which means they could withdraw at any time or not respond if they so desired.

**Confidentiality:** The workers who participated in our study were explained that the answers and information they provided were completely private and that only the participants who conducted this study and the tutor in charge had access to the information, so they should be completely sure that the information provided was for research purposes only.

**Charity:** Through this study, it was necessary to obtain information that was very useful for both the researcher and for people interested in this topic [20]. Practical emotional-coping guides have been disseminated to assist healthcare staff [21].

**Non-maleficence:** Participants were encouraged to feel comfortable during data collection in order to achieve maximum benefits by minimizing risks that could lead to potential harm [22]. WHO issued guidance on safeguarding staff mental well-being during the crisis [23].

Results

Sociodemographic data

The interviewees were 21-58 years old and female; all had university degrees; six were married, five were single, and one was in a common-law relationship; all were from the department of León, where almost all were Catholic. Ten of them were nurses, one was a doctor, and one was a cleaner (Table 1).

These responses reflect significant concern over limited resources and inconsistent patient compliance. Such challenges are consistent with documented PPE shortages, emotional strain, and systemic limitations reported among healthcare workers in Latin America and elsewhere during the pandemic [4,24]. Symptoms ranged from mild malaise to severe respiratory distress among different participants [13]. These clinical symptoms are consistent with broader case studies in Latin American populations [26].

\*Standard preventive measures include frequent hand hygiene, mask use, and maintaining interpersonal distance [29]. These practices are supported by long-standing infection control guidelines applicable across healthcare settings [26]. (Table 2).

These strategies mirror global guidelines on pandemic containment and occupational health safety [27,28] (Table 3).

Analysis of results

(Table 4)

Conclusion

Regarding sociodemographic data, it was obtained that

The study on coping and emotional situations among healthcare personnel exposed to COVID-19 at the western healthcare center in the first half of 2023 showed that the interviewees ranged in age from 21 to 58 years, were all female, from urban backgrounds, and mostly Catholic. Healthcare-associated infections remain a critical concern when resources are constrained [31].

Emotional situations in health personnel

- The participants argue that despite the fear experienced within these drastic changes brought about by the COVID-19 pandemic, their daily lives and lifestyles have been radically transformed, and they have been forced to adapt to new changes necessary for survival without affecting the performance of their jobs.
- There is a primary concern for the personnel under study, and it is the anguish generated by the fact that despite the impact of contagion and mortality caused by COVID-19 in the world, the population is still not sufficiently aware of its severity and does not implement all the prevention and protection measures. This is why there has not been a decrease in the number of cases; on the contrary, they are increasing. The pandemic has led to increases in stress, anxiety,

Table 1: COVID-19 Overview.		
1. Please tell me what you think about biosecurity measures.		
Interview 1:	Interview 2:	Interview 3:
Within the workplace, there are few protective resources, however, we individually seek our own means of biosecurity.	Healthcare personnel are adapting biosecurity measures, taking preventive measures*, and many patients are not complying with these measures.	They are very important and are appropriate for patient care.
Interview 4:	Interview 5:	Interview 6:
We are failing when it comes to transferring a patient who is in serious condition. I feel that we do not have the necessary equipment for our protection.	Biosecurity measures are very important because through them we have less chance of becoming infected.	We, the people who care for patients, need to protect ourselves in every way possible, primarily by wearing a mask, washing our hands regularly, and using alcohol-based hand gel.
Interview 7:	Interview 8:	Interview 9:
They are important because they are what will help us avoid getting infected.	It's quite important to know how to use masks, change them, and change the hat and gloves because they help protect us from this virus.	Little material for the health protection of staff
Interview 10:	Interview 11:	Interview 12
The mask above all should always be worn	They are of great importance to protect us from this pandemic, and not just a luxury as some use them.	They are all those means that protect us from any pathogen in the environment that surrounds us.



**Table 2:****2. What do you think are the best strategies to use to reduce the spread among healthcare workers?**

Interview 1:	Interview 2:	Interview 3:
By following biosecurity measures, social distancing, and avoiding crowds. Things in the kidneys.	Health personnel are adapting biosecurity measures, and preventive measures* are being taken; many patients do not comply with these measures.	Avoid removing your mask, crowding, and finding a suitable place that isn't too small when meeting.
Interview 4:	Interview 5:	Interview 6:
Among the best strategies is to walk as much as necessary for our protection and avoid crowds.	Use of masks, distancing, alcohol gel, and handwashing.	It should be the population that visits us and the population on the street that uses a mask when they are with us.
Interview 7:	Interview 8:	Interview 9:
The best strategy is prevention, wearing a mask, using hand sanitizer, and telling patients that we need to take care of ourselves.	The main strategy is mask-wearing, isolation, avoiding crowds, counseling, and speaking to both staff and patients.	Avoiding marches and crowds, especially among healthcare workers, and setting an example.
Interview 10:	Interview 11:	Interview 12:
frequent hand washing and masks	Use preventive measures such as hand washing, distancing and especially wearing a mask, washing your hands or using alcohol	There are many strategies, but the most important would-be hand washing and wearing a mask.

**Table 3:** Emotional situations related to exposed health personnel.**1. What new experiences are you gaining in the face of the pandemic we are currently experiencing?**

Interview 1:	Interview 2:	Interview 3:
All of society in general, not just healthcare workers, have gained new experiences from this situation as we are facing something unknown.	Experience has been gained in every sense, but above all, with more consistency in things we rarely practiced before, such as handwashing.	Of course, the practice of handwashing, which we didn't do frequently before, changing our masks at least twice a day, using alcohol, cleaning the care area—all of those things that were rarely done before are new experiences we've acquired.
Interview 4:	Interview 5:	Interview 6:
This pandemic is something that emerged recently and has been developing, in which there was no knowledge of how to protect ourselves.	Yes, because it is a new disease, we have never experienced it before.	Since COVID began, I've been practicing personal protection. When I visit the homes of suspected patients, I wear a double mask and protective eyewear.
Interview 7:	Interview 8:	Interview 9:
Because we have always handled safety methods for both ourselves as staff and for patients,	Yes, because this is something new for us because we are used to treating other types of patients.	If I have acquired them, empirically I used to put them into practice and now it is the reason why they are done
Interview 10:	Interview 11:	Interview 12:
Yes, I have acquired it, and as we know, it is something that we did not know, we did not know how to treat or confront, but now we do know and we can say that we can confront it and reduce it.	The experience is solidarity, but it seems that some people do not take it into account, until we are in other people's shoes.	Of course, personally, one of the experiences has been the deep connection with my family, and the need to research due to the need to know more about the unknown.

**2. While caring for patients, have you experienced or perceived uncertainty in your environment?**

Interview 1:	Interview 2:	Interview 3:
My emotional state each time I treat a COVID patient depends on the patient's condition.	Patients are perceived to be quite tense due to the anguish of not knowing what could happen to them, so it is something that affects us as staff.	In my experience, I haven't felt any uncertainty because I'm not in direct contact with these patients, as they are classified and sent to the respiratory area.
Interview 4:	Interview 5:	Interview 6:
Of course, I have been with patients who have been seriously ill and you can see the need they have, the complications they have, the help they ask for because they don't want to die.	If we have perceived why there is fear of becoming infected and bringing the disease to our loved ones.	I don't treat COVID patients in the health unit; there is a doctor in charge of respiratory care.
Interview 7:	Interview 8:	Interview 9:
Yes, because sometimes patients feel ill and come in afraid; some don't even want to come to the service so as not to get infected.	Sometimes we think about the difficulty they are going through and we would like to do a little more, but due to the magnitude of what is being experienced it becomes impossible and if there is uncertainty	When I have treated someone, I don't know if they are infected or healthy, so I treat them the same way.
Interview 10:	Interview 11:	Interview 12:
I have not directly treated patients with this disease.	Personally, I took care of my mother at home and that was something I couldn't explain.	Of course, because you never know if you're going to get infected just by being in contact with that person, and the fear of getting infected becomes inevitable.

**3. While caring for patients, have you experienced fear?**

Interview 1:	Interview 2:	Interview 3:
This is something new for everyone so if there is a margin of fear since it is not easy to provide a service,	On the part of health personnel, there is always the fear of being infected, even if we are protected.	For me personally, up to this point sometimes I am afraid and sometimes I am not, but since I am not in direct contact with the patients, that feeling is not very present.
Interview 4:	Interview 5:	Interview 6:
Fear has been a huge principal exponent, knowing that we are exposed as health workers, we must ask God to protect us,	At first, there was a lot of fear of getting infected, but not now. It's being handled better now that we know more about the disease.	Yes, there is fear in care, I am an elderly, chronically ill person and I am at risk of getting sick with Covid, but in the face of fear, protective measures must be taken.
Interview 7:	Interview 8:	Interview 9:
From the staff we are not afraid We are already used to it, but on the part of the population, yes, patients do not go to the health center for fear	We are always afraid of getting contaminated, to contaminate our relatives.	In some people it does happen, in my case not anymore because I keep myself informed
Interview 10:	Interview 11:	Interview 12:
Of course, if we are all afraid, at first more than now because we see it as something common that we can control,	Indeed, fear is a factor, but as they say, you have to find strength where there is none to move forward and be able to help them.	In part yes, but the commitment you have with your family to bring resources to your home makes you risk everything for everything.

4. How do you think the way you relate to other people has been affected by the anxiety that has been generated ?		
<b>Interview 1:</b> Before the pandemic we had more direct physical contact with patients, either to demonstrate empathy	<b>Interview 2:</b> Relationships with other people in general have been affected, not only at work, but also with friends and family; we were used to showing affection physically.	<b>Interview 3:</b> Up to this point, I have not felt the anguish I mentioned above since I work in the registration area.
<b>Interview 4:</b> They are distressed by not being with them and not knowing the condition they are in.	<b>Interview 5:</b> Yes, because now we don't go out the way we did before, the relationships we had in society are not the same as they are now.	<b>Interview 6:</b> The relationships we normally have are work-related. Here, everyone wears a mask. We try not to be so afraid of each other.
<b>Interview 7:</b> Yes, because now we can no longer hug or kiss each other, before we greeted each other in a different way.	<b>Interview 8:</b> The main thing is fear and anxiety because you don't know if you can get contaminated or not, if the use of your biosecurity material can protect you,	<b>Interview 9:</b> In some cases, especially with family, the elderly are the most vulnerable and you can no longer visit as you normally would.
<b>Interview 10:</b> Yes, because many people are afraid to approach us because they know that we are a means of contagion.	<b>Interview 11:</b> The important thing is to keep your distance and always take preventive measures, that's the main thing,	<b>Interview 12:</b> Indeed, since distancing has led us to an emotional crisis due to the lack of a simple greeting
5. Have you experienced sadness at the sight of so many deaths during the COVID-19 pandemic?		
<b>Interview 1:</b> It's sad to see the situation the entire world is going through due to a disease that doesn't respect age or conditions.	<b>Interview 2:</b> People right now are not being given a proper farewell, seeing that patients do not have the company of their families in those moments of anguish	<b>Interview 3:</b> Yes, of course, as a human being, as a Christian that I am, it hurts because they are human beings, today it is them, tomorrow it could be me or a relative of mine,
<b>Interview 4:</b> Especially when I have been with older adults, seeing them, caring for them, sharing with them makes me feel part of their family.	<b>Interview 5:</b> Like every human being, it makes me sad to see so many deaths. Thank God, I haven't had any family members see people die.	<b>Interview 6:</b> Yes, because first we were dealing with all the elderly people who were dying, and now we have a lot of young people, people who are not taking care of themselves, which can also affect their families.
<b>Interview 7:</b> Yes, when we see that we have lost someone who has been through our care and we know that they were not successful, it makes us sad.	<b>Interview 8:</b> Sadness is not enough; seeing so many people asking you for help, who don't want to die, who don't want to be alone, is really ugly.	<b>Interview 9:</b> Indeed, I lost my father in the pandemic and we all got infected at home, my mother seriously, me too, and that feeling in the face of death was inevitable.
<b>Interview 10:</b> Indeed, because there have been deaths that one did not expect, not only of sick people but also of healthy people who have died.	<b>Interview 11:</b> Horribly, one becomes more depressed, but in those moments is when one must ask God for strength the most.	<b>Interview 12:</b> Of course, I think that like every human being we have been affected or moved by witnessing such events.
6. How have exposed health personnel perceived feelings of loneliness in the face of the distancing restrictions that have been involved? in your family environment ?		
<b>Interview 1:</b> In the family environment, this is attempted since as health personnel we are exposed, this provides distancing and at a certain moment, as a human being, we feel lonely.	<b>Interview 2:</b> In my experience at home, my relatives are elderly adults who are at risk, so when we get home we try to avoid them as much as possible.	<b>Interview 3:</b> Of course, we limit ourselves in many ways, especially if a family member is infected, not being able to visit them for fear of getting infected and then infecting my family, friends, and coworkers.
<b>Interview 4:</b> When I know I've been in an area where there are COVID patients, when I get home I don't allow anyone to come near me.	<b>Interview 5:</b> Thank God no, my family always supports me by being careful when you get home to change your clothes and try to keep the children away.	<b>Interview 6:</b> There are not many restrictions that we have as a family because we all use the means of protection.
<b>Interview 7:</b> It affects us because we are culturally accustomed to being close to our patients, but now it is very different.	<b>Interview 8:</b> This is something that if you get contaminated, unfortunately you have to isolate yourself, you always feel the feeling of loneliness.	<b>Interview 9:</b> It has not been affected by digital media, which has kept us close without the need to interact personally.
<b>Interview 10:</b> No feelings of loneliness have been perceived	<b>Interview 11:</b> As for loneliness, my family and I stayed in touch via phone and various tools, which were a great help during this time.	<b>Interview 12:</b> Of course, because we know that, as healthcare workers, we distance ourselves from our families in an attempt to protect them.
Coping related to exposed health personnel.		
1. What are your expectations for getting back together with your family and friends?		
<b>Interview 1:</b> Once this is finished, we must take advantage of family time and, above all, show love.	<b>Interview 2:</b> More than anything, sharing with family, we all miss those details of having more time together.	<b>Interview 3:</b> Start going out to more places, enjoying yourself, traveling.
<b>Interview 4:</b> Continue to be careful and always take preventive measures, not only for the pandemic but also for viruses and other diseases.	<b>Interview 5:</b> I think this disease will always exist, I don't think it will ever disappear, we will be in isolation our whole lives.	<b>Interview 6:</b> To say that we are going to meet is too soon. I think it will take a long time before we can say that COVID is under control.
<b>Interview 7:</b> As healthcare workers, we practically don't go to any activity unless it requires our presence.	<b>Interview 8:</b> The activities that we normally did when we left the house, when we imagined that we would be wearing a mask,	<b>Interview 9:</b> To begin with, this is not going to end, at least not now. It is a large-scale pandemic and there is no expectation that it will end.
<b>Interview 10:</b> It would be to remove the fear and mentality of people towards health personnel, since by the fact of being health personnel they think that we carry the virus	<b>Interview 11:</b> First, taking my mom to church and going out, which is what she liked to do, having healthy fun, but now taking care of ourselves.	<b>Interview 12:</b> Time will tell, as it is unknown whether we will return to normal life or whether we will be forced and required to continue taking these measures.
2. What do you think are the strategies that can be implemented to have a positive attitude to reduce the tension generated by the context ?		

<b>Interview 1:</b> The main thing about having a positive mindset is to think that this will end and that we can move forward.	<b>Interview 2:</b> Among the strategies, it is not to fill ourselves with fake news, with information on social networks that is not real, that is true, that generates frustration	<b>Interview 3:</b> Advise people to get vaccinated and use protective equipment to prevent everyone from becoming infected.
<b>Interview 4:</b> Try to raise awareness among the population to take care of themselves, work together, and, to the extent possible, demand that they protect themselves.	<b>Interview 5:</b> First, trusting in God and taking all possible safety measures to avoid contagion.	<b>Interview 6:</b> If we all take care of ourselves, there won't be this tension that I might get sick. The idea is that we all take care of ourselves.
<b>Interview 7:</b> I think we have exhausted all the strategies. We are working on prevention, we medicate, we give educational talks, we go door to door.	<b>Interview 8:</b> First, educational talks to all health personnel, public personnel in general, people do not understand the damage	<b>Interview 9:</b> First of all, be aware of the disease we are experiencing, to know how to cope with it, always maintain the means of safety.
<b>Interview 10:</b> Well, one of the strategies would be to talk to people, to raise awareness about the disease.	<b>Interview 11:</b> The strategy is education, without education we have nothing, and the main thing is to educate people, since many times it is due to ignorance or lack of awareness.	<b>Interview 12:</b> Through the information that has come in from all sides, some good, some not so good, but it has helped us in one way or another to stay alert to all the changes.
<b>3. How do you think having a positive attitude would help reduce stress in the face of COVID-19?</b>		
<b>Interview 1:</b> By having a positive mind, we have the skill to be able to continue and avoid stress.	<b>Interview 2:</b> Having a positive attitude helps us not to believe in a psychological illness in which we believe we have symptoms that do not exist and generate stress.	<b>Interview 3:</b> Don't watch fake news, it often distorts things so much that it's not reality, and if I see those things it causes me stress.
<b>Interview 4:</b> As healthcare workers, we must not let our guard down and think positively. Our minds are powerful. Giving or hearing a word of encouragement motivates us greatly.	<b>Interview 5:</b> As always, we must keep our minds on the positive side; if we cling to the idea that we're going to get infected, we become afraid.	<b>Interview 6:</b> Expecting that everything will pass, but always with the care that we all take.
<b>Interview 7:</b> By taking good care of the patient from the moment they walk in the door, we try to provide them with good care and hospitality.	<b>Interview 8:</b> Putting into practice the acquired knowledge such as personal protection and that of others by using different means of protection such as masks, hand washing, and social distancing	<b>Interview 9:</b> Of course, if you have a positive attitude that this is going to improve, which it won't change, but it will improve, you even help your coworkers.
<b>Interview 10:</b> When they look at you positively in the face of adversity, patients gain strength and everything changes.	<b>Interview 11:</b> It is very important because even your body's defenses increase if you stay depressed.	<b>Interview 12:</b> Maintaining a positive attitude gives you hope that everything will change for the better and that is reflected in your body.
<b>4. Based on your experience, can you tell me how you have learned to appreciate the small things in everyday life?</b>		
<b>Interview 1:</b> The COVID context has taught us to value life so much, because sometimes there are things so insignificant that we take them as small things and do not value their meaning,	<b>Interview 2:</b> In a big way, valuing things like affection, closeness with a loved one or a friend, which perhaps we didn't give importance to before.	<b>Interview 3:</b> Contact with people, affection for my friends, coworkers and family, since I try not to socialize
<b>Interview 4:</b> Since this disease arose, one has learned to value things, since we are exposed to losing our lives, to live in peace and tranquility.	<b>Interview 5:</b> If because today we have that disease and tomorrow we don't, then we have to evaluate everything.	<b>Interview 6:</b> Personally, I value everything, especially the small things, since God the Father is still allowing us to speak, we have to value everything, especially life.
<b>Interview 7:</b> Every day I thank God for giving us another day. Every day that God gives us health, I stop to think that others can't achieve what I've achieved, so I've learned to appreciate it.	<b>Interview 8:</b> I think too much because sometimes because of work we don't value how important family can be, the truth is that family is not something small for us ,	<b>Interview 9:</b> Of course, for example, in my case if I wanted to visit a distant relative, I could no longer do so. It happened to me that my father passed away and sadly I could not see him or
<b>Interview 10:</b> With so many deaths that have occurred due to an unknown disease and that from one moment to the next today we are tomorrow, no one knows.	<b>Interview 11:</b> The truth is that I have always valued the small things, not until now, but in the context we are living in, I value family above all,	<b>Interview 12:</b> Giving that meaning to life and knowing that at any moment our existence can end and this allows you to find a deeper meaning
<b>5. What lessons are you learning from this in terms of patient care?</b>		
<b>Interview 1:</b> Caring for a COVID patient has taught me that we must value life because we can lose it at any moment.	<b>Interview 2:</b> We should be more clean when dealing with patients, disinfect our care area frequently, and wash our hands, which we should always do.	<b>Interview 3:</b> Do not be too close to the patient and, above all, use biosecurity measures.
<b>Interview 4:</b> The lessons we are learning are that most patients are reconsidering in the face of the pandemic,	<b>Interview 5:</b> We have learned a lot through this disease as nursing staff. We rarely washed our hands, now we do it every moment.	<b>Interview 6:</b> Always guiding our patients regarding what COVID is, but also maintaining advice for our chronic patients
<b>Interview 7:</b> We have to take care of ourselves. Before, we used biosecurity measures, but now we do it more.	<b>Interview 8:</b> The care we must give to these patients is of quality, warmth, humanity since they are vulnerable,	<b>Interview 9:</b> Specialized treatment of patients, we cannot treat everyone equally knowing that they could be infected with the disease,
<b>Interview 10:</b> The more the patient is aware, the more he or she becomes aware of what is good and bad for his or her health and adapts to all kinds of changes and learns to live.	<b>Interview 11:</b> The main teaching is kindness, respect, care, seeing your patients as if they were your family and not just another patient, in order to be able to help them.	<b>Interview 12:</b> First of all, the empathy we feel towards others, knowing that we could be the ones in such a regrettable situation.
<b>6. Could you explain how you've perceived the change in your daily activities prior to COVID-19?</b>		
<b>Interview 1:</b> In the workplace, things are different now; direct patient care has changed. Home visits have been implemented, both for preventive medication and for the treatment of chronic conditions.	<b>Interview 2:</b> It has changed a lot, we were used to a different lifestyle, a life in which we could be in one place and share with many people without worrying that we could catch something.	<b>Interview 3:</b> The limitation of many activities in the family environment, and in my case the practice of domestic shopping.

<b>Interview 4:</b> When it comes to work, we have no free time to enjoy, time is what we lack,	<b>Interview 5:</b> Obviously, the activities carried out today are not the same as before, since the crowding of people cannot continue.	<b>Interview 6:</b> I am an older person, my activities are housework, the only thing is that now we have to do it with protection, not like before when we did it freely.
<b>Interview 7:</b> Activities have changed quite a bit, we've felt very limited, we used to have activities, but now everything has practically disappeared.	<b>Interview 8:</b> Since the pandemic began, this has been a radical change for us; just by wearing a mask, we know that we are exposed to all types of viruses and diseases.	<b>Interview 9:</b> People are avoiding going to stores or markets more, children are going to school less often, and some businesses are closing their doors.
<b>Interview 10:</b> I have perceived them in a positive way, for example in hand washing, before we knew what had to be done,	<b>Interview 11:</b> It has been a big change because life is not the same anymore, you have to look for other ways to survive and move forward.	<b>Interview 12:</b> It has been a radical change in our lives, this has come to shape and shape our daily lives.

**Table 4**

<b>I. Sociodemographic data</b>		
All the participants interviewed were between the ages of 21 and 58 and were female; all held university degrees [30]; six were married, five were single, and one was in a common-law relationship; all were from the department of León, where almost all were Catholic. Ten of them were nurses, one was a doctor, and one was a cleaner.		
<b>II. Emotional Situations Related to Healthcare Personnel Exposed to COVID-19</b>		
<b>1. What experiences are you gaining from the COVID-19 pandemic we are currently experiencing?</b>		
Answer	Theory	Analysis
<ul style="list-style-type: none"> <li>• "All of society in general, not just healthcare workers, have gained new experiences from this situation as we are facing something unknown."</li> <li>• "This pandemic is something that emerged recently and has been developing. We now have more knowledge and experience about the means necessary to protect ourselves."</li> <li>• "Since COVID began, I've been practicing personal protection. When I visit the homes of suspected patients, I wear a double mask and protective eyewear."</li> <li>• "We've always managed safety methods for ourselves, our staff, and our patients, but we had flexibility in that. Now we have to exhaust all safety measures."</li> </ul>	<p>Today's society is experiencing a series of dizzying changes and growing economic, political, social, cultural, and environmental transformations. The COVID-19 pandemic is a completely new event for humanity.</p> <p><b>Author:</b> Dong E.</p>	<p>The general population, as well as healthcare workers, are facing an unprecedented transformation in which new protection experiences and knowledge have been learned. They consider biosecurity measures to be the most viable option to prevent the spread of the disease.</p>
<b>2. While caring for patients, have you experienced uncertainty in your environment regarding patient care?</b>		
Answer	Theory	Analysis
<ul style="list-style-type: none"> <li>• "Of course. I've been with patients who have been in critical condition, and you can see the need they have, the complications they experience, the help they ask for because they don't want to die. It's a difficult situation not being able to do anything about that condition."</li> <li>• "We have realized why there is fear of becoming infected and bringing the disease to our loved ones."</li> <li>• "Sometimes we think about the difficulties they're going through and we'd like to do a little more, but the magnitude of the situation makes it impossible. And if there's uncertainty, it's because we'd like to do more for them, but we can't."</li> <li>• "Of course, because you never know if you're going to get infected just by being in contact with that person, and the fear of getting infected becomes inevitable."</li> </ul>	<p>Uncertainty and fear are two of the feelings that have accompanied human evolution throughout history. The fear of the unknown of this disease, as well as the uncertainty about the tools we have to deal with it.</p> <p>The COVID-19 pandemic can be stressful for people. The uncertainty surrounding a new disease and what might happen when it occurs can be overwhelming and generate strong emotions in both adults and children.</p> <p><b>Author:</b> Usher K.</p>	<p>One of the challenges healthcare workers face in the face of the pandemic is the uncertainty surrounding caring for COVID-19 patients. Fear, contagion, and bringing the disease home are always present, along with the feeling of helplessness at not being able to do more for these patients than they can.</p>
<b>3. Why do you think fear has been a key factor in the care provided to patients?</b>		
Answer	Theory	Analysis
<ul style="list-style-type: none"> <li>• "This is something new for everyone, so there is a margin of fear, as it is not easy to provide a service, and a fear of becoming infected, but we face it and do our job."</li> <li>• "As a person, up until this point, sometimes I'm afraid and sometimes I'm not, but since I'm not in direct contact with the patients, that feeling is less so. Thank God, it hasn't been a limitation for me to continue doing my work."</li> <li>• "We're always afraid of getting infected, of infecting our family members, of giving poor care, and the only thing we can do is face it."</li> <li>• "Of course, if we are all afraid, at first more than now because we see it as something common that we can control, but that doesn't mean we are immune, just that we have more control over the context."</li> </ul>	<p>Dealing with stress, fear, anxiety, or depression in a positive way is a current need; learning and applying these skills will strengthen each individual, family groups, and the community. The coronavirus (COVID-19) outbreak that began in December 2019 poses a real threat to the world's population, causing fears about the risk of contracting a disease for which, unfortunately, we have more questions than answers, and about which we know almost nothing.</p> <p><b>Author:</b> Durkin J</p>	<p>As healthcare workers, we have a field of care for the population, and although fear is a primary factor in the face of direct exposure to the virus, it has not been a limitation in continuing to perform our duties.</p> <p>A portion of the study population also described being more fearful at the beginning of the pandemic, as they are beginning to consider the COVID context as something "common." The return to normalcy of daily activities is no longer frightening to some people, and they are adapting to a new lifestyle.</p>
<b>4. How do you think the way you relate to other people has been affected by the anxiety it has caused?</b>		
Answer	Theory	Analysis





<ul style="list-style-type: none"> <li>• “Before the pandemic, we had more direct physical contact with patients, either to demonstrate empathy or solidarity. Now I try to do so effectively, while maintaining proper social distancing and using preventive measures.”</li> <li>• “Relationships with others in general have been affected, not just at work, but also with friends and family. We were used to showing affection physically, but now, emotionally, especially, the most appropriate way to do it is from a distance.”</li> <li>• “Yes, because now we can no longer hug or kiss each other. We used to greet each other differently. Now we walk at a distance because we are afraid.”</li> <li>• “The relationships we normally have are work-related. Here, everyone wears a mask. We try not to be so fearful among ourselves. When we go to patients’ homes, we use double protection with masks. Even if there is fear, we must provide care.”</li> </ul>	<p>Distress is an unpleasant emotion, feeling, thought, condition, or behavior. Distress can affect how you reason, feel, or act, and can make it more difficult to cope with a disease like COVID-19, as well as deal with its symptoms, treatment, and side effects. While this might be understandable in the acute phase of an outbreak, when health systems prioritize testing, reducing transmission, and critical patient care, psychological and psychiatric needs should not be overlooked during any phase of pandemic management.</p> <p><b>Author:</b> Bhullar N</p>	<p>Social distancing and physical distancing restrictions are among the main factors that have been affected. Healthcare workers are aware that to continue providing care to the population, they must continue to use protective equipment to prevent contagion among themselves. Interpersonal relationships have been affected not only in the social sphere, but also in the family and workplace.</p>
<b>5. Could you explain to me if you have experienced sadness at the time, in the context of COVID-19, when we saw the many deaths that have occurred due to the pandemic?</b>		
<b>Answer</b>	<b>Theory</b>	<b>Analysis</b>
<ul style="list-style-type: none"> <li>• “It’s sad to see the situation the entire world is going through due to a disease that doesn’t respect age or conditions.”</li> <li>• “People are not being given a proper farewell right now. Seeing patients without the company of their families in these moments of anguish, and seeing family members suffer from not being there, makes me deeply sad.”</li> <li>• “Yes, of course, as a human being, as a Christian, it hurts because they are human beings. Today it is them, tomorrow it could be me or a relative of mine. I work doing death certificates, people cry, and I share their pain.”</li> <li>• “Like every human being, it makes me sad to see so many deaths. Thank God, I haven’t had any family members see people die.”</li> </ul>	<p>Under the current circumstances, emotions such as anxiety, fear, sadness, anger, or impatience will be very common for most people. These emotions share the function of preserving life and mobilizing us to defend ourselves against what is threatening us (COVID-19, in this case).</p> <p>These emotional states can not only affect the quality of care provided by healthcare personnel, but also their clinical understanding and decision-making skills, which could hinder the fight against COVID-19 infection. They can also have a significant impact on their well-being and quality of life.</p> <p><b>Author:</b> Alberto Hurtado.</p>	<p>The situation the entire world is experiencing due to the pandemic is lamentable. The sadness and pain at the loss of human beings who are not given a farewell is something that shocks not only healthcare workers but the entire society.</p> <p>All of these feelings, perceived by healthcare personnel at a given moment, can affect the quality of care provided, since emotional state is a key factor in concentrating while performing their duties.</p>
<b>6. How have healthcare workers exposed to COVID-19 experienced feelings of loneliness due to the social distancing restrictions imposed on their families?</b>		
<b>Answer</b>	<b>Theory</b>	<b>Analysis</b>
<ul style="list-style-type: none"> <li>• “In the family environment, we strive to ensure that, as healthcare workers, we are exposed, which fosters social distancing.”</li> <li>• “In my experience at home, my family members are older adults who are at risk, so when I get home, I try to stay away as much as possible.”</li> <li>• “This is something that, if you get infected, unfortunately, you have to isolate yourself. You always feel lonely because you’re used to talking to your family and being around each other.”</li> <li>• “It does affect us because we are culturally accustomed to being close to our patients, but now it is very different.”</li> </ul>	<p>During the COVID-19 pandemic, loved ones are unexpectedly separated, there are multiple losses, and close friends die suddenly at home or in hospitals. Social distancing, quarantine, and restrictions prevent us from being physically present: it is at this moment that we realize that a feeling of loneliness is taking over, and hugs, physical displays of affection, are so necessary in times of grief.</p> <p><b>Author:</b> Doctors Without Borders.</p>	<p>They believe that, as healthcare workers, they are constantly exposed to the virus. Protecting their families is the most important thing and what they strive for daily. The distancing from them, the fact of not sharing with family, often overcomes this feeling of loneliness.</p> <p>The daily struggle to protect not only their families but also their patients is why social distancing is paramount, and contact should only be made if the situation truly requires it.</p>
<b>III. Coping related to healthcare personnel exposed to COVID-19</b>		
<b>1. After COVID-19 ends, what are your expectations for reconnecting with family and friends?</b>		
<b>Answer</b>	<b>Theory</b>	<b>Analysis</b>
<ul style="list-style-type: none"> <li>• “More than anything, sharing time with family. We all miss those little touches of having more time together as a family. We have to take advantage of the opportunities we can have in the future to spend time with friends and family.”</li> <li>• “It’s too soon to say we’re going to meet. I think it’ll be a while before we can say COVID is under control.”</li> <li>• “To begin with, this isn’t going to end, at least not now. It’s a major pandemic, and there’s no expectation of it ending, but with treatment and care, we’ll achieve closer ties with family members.”</li> </ul>	<p>Things so mundane, yet so wonderful, like being able to breathe on one’s own, being able to walk, being able to see, being able to smell, being able to get up every day, being able to love and be loved, being able to live with family—these are ways of escaping boredom, pessimism, bad moods, and exhaustion. Life is full of simple events that often go unnoticed because of their mundane nature, or perhaps, simply because they happen, we believe they will be there forever.</p> <p><b>Author:</b> World Health Organization.</p>	<p>The pandemic is a reality we live in today, one that we don’t expect to end soon, but one that we must learn to live with, always taking into account preventive care so we can gradually share with our loved ones over time.</p>
<b>2. What do you think are the strategies that can be implemented to have a positive attitude to reduce the tension generated by the context ?</b>		
<b>Answer</b>	<b>Theory</b>	<b>Analysis</b>
<ul style="list-style-type: none"> <li>• “Advise people to get vaccinated and use protective measures to prevent everyone from getting infected.”</li> <li>• “I think we’ve exhausted all the strategies. We’re working on prevention, we medicate, we give educational talks, we go door-to-door, we’ve worked hard.”</li> <li>• “First, educational talks are given to all healthcare workers and the public in general. People don’t understand the harm they’re doing by not wearing masks and social distancing.”</li> <li>• “The strategy is education. Without education, we have nothing. And the most important thing is to educate people, since many times, due to ignorance or a lack of awareness, we tend to be less educated about the medical profession and everyone in general.”</li> </ul>	<p>Adopting a positive attitude is an effective coping mechanism. And although it may seem strange, such a simple approach can be a driving force for change that allows us to not only face the situation in the short term but also in the long term [30].</p> <p>A positive and optimistic attitude is beneficial in all aspects, including the most important one, that of healing.</p> <p><b>Author:</b> World Health Organization.</p>	<p>Achieving education, raising public awareness, and implementing biosafety measures are the main strategies healthcare workers consider to help them feel positive about the pandemic, as this is the only way to reduce the spread of the virus.</p> <p>A positive attitude involves three fundamental elements: knowledge, feelings, and behaviors in both healthcare personnel and the general public.</p>



3. How do you think having a positive attitude would help reduce stress in the face of COVID-19?		
Answer	Theory	Analysis
<ul style="list-style-type: none"> <li>• “By having a positive mindset, we have the ability to move forward and avoid the stress that can lead to depression or other illnesses.”</li> <li>• “Having a positive attitude helps us avoid creating a psychological illness, in which we believe we have symptoms that don't exist, generating stress that can trigger a real illness.”</li> <li>• “Of course, if you have a positive attitude that this will get better—which it won't, but it will get better—you even help your coworkers feel more secure, especially the doctors.”</li> <li>• “Maintaining a positive attitude gives you hope that everything will change for the better, and that is reflected in your body and your health.”</li> </ul>	<p>Stress during an infectious disease outbreak can, in certain cases, lead to reactions such as: Fear and worry about your health and the health of your loved ones, your financial or employment situation, or the loss of support services on which you rely. Changes in sleeping or eating patterns. Difficulty sleeping or concentrating. However, problem-solving provides us with pleasant emotions.</p> <p><b>Author:</b> World Health Organization.</p>	<p>Positive thinking in the face of the pandemic's magnitude is a skill that healthcare workers must adopt to achieve both psychological and emotional balance, instilling confidence in patients and their colleagues.</p>
4. Based on your experience with COVID-19, can you tell me how you've learned to appreciate the small things in everyday life?		
Answer	Theory	Analysis
<ul style="list-style-type: none"> <li>• “In a big way, it's about appreciating things like affection, being close to a loved one or a friend, which perhaps we didn't give enough importance to before, and now I feel I need to learn to value the moments we share with those people.”</li> <li>• “Giving that meaning to life and knowing that our existence can end at any moment allows you to find a deeper meaning in the simple act of sharing a meal with your family and greeting a friend.”</li> <li>• “The contact with people, the affection I felt for my friends, coworkers, and family, since I've been avoiding socializing as much out of caution. It would be worthwhile to appreciate the time and affection I had.”</li> <li>• “The COVID context has taught us to value life so much, because sometimes there are things so insignificant that we take them as small things and don't appreciate their meaning. Today we would like to be able to do those little things, like sharing moments with family without restrictions.</li> </ul>	<p>Things so mundane, yet so wonderful, like being able to breathe on one's own, being able to walk, being able to see, being able to smell, being able to get up every day, being able to love and be loved, being able to live with family—these are ways of escaping boredom, pessimism, bad moods, and exhaustion. Life is full of simple events that often go unnoticed because of their mundane nature, or perhaps, simply because they happen, we believe they will be there forever.</p> <p><b>Author:</b> Romero Aguilar.</p>	<p>Healthcare workers believe that one of the most important things they have learned to value is the joy of life.</p> <p>Another important aspect is contact with people, such as family, friends, and coworkers. This has been one of the small things that has been valued, since social distancing is now something that cannot be done, but it is a human need to feel and give affection.</p>
5. What lessons are you learning from this in terms of patient care?		
Answer	Theory	Analysis
<ul style="list-style-type: none"> <li>• “First of all, the empathy we feel towards others, knowing that we could be the ones in such a regrettable situation.”</li> <li>• “The main lesson is kindness, respect, and caring. You see your patients as if they were family and not just another patient, so you can help them.”</li> <li>• “The care we must provide these patients is quality, warm, and humane, as they are vulnerable. When they are seriously ill and don't want to be intubated, we become more attached to them, and it makes us feel like they're part of our family, which is quite painful.”</li> </ul>	<p>The panic generated by the fear of contracting or transmitting the disease, with medical personnel among the first responders on the front lines of the pandemic, has been amplified by several factors. Issues such as psychological pressure, workload, media coverage, legal issues, lack of protection, lack of rest, new roles, discrimination, and aggression are some of the situations that professionals must face today and in the future.</p> <p><b>Author:</b> Rubén Valdés.</p>	<p>For the staff interviewed, the main lesson learned from seeing the suffering experienced is the kindness, empathy, respect, and care they can offer patients in order to provide quality and warm care, making their time in the healthcare setting more pleasant despite the fear this situation may generate.</p>
6. Could you explain how you've perceived the change in your daily activities prior to COVID-19?		
Answer	Theory	Analysis
<ul style="list-style-type: none"> <li>• “It's changed a lot. We were used to a different lifestyle, a life where we could be in one place and spend time with lots of people without worrying about catching something. We could go to a restaurant and many of us wouldn't wash our hands before eating, and now we were all forced to change those behaviors.”</li> <li>• “Obviously different. The activities taking place today are not the same as before, since the crowding of people cannot continue.”</li> <li>• “People are avoiding going to stores or markets more often, children are going to school less often, and some businesses are closing.”</li> </ul>	<p>Social security measures are useful for preventing the spread of infections. However, when such measures are too long or strict, as is the current case, they can have negative consequences. This is of utmost importance considering that, while the main strategy worldwide has been to advise the population to stay indoors, healthcare workers have been prepared for the opposite: to travel to healthcare centers to care for patients carrying a highly transmissible virus.</p> <p><b>Author:</b> The Lancet</p>	<p>With the arrival of the pandemic, a radical change has occurred in everyone's lives. It has shaped our daily lives, our lifestyles have changed, and we must learn to live with it in order to survive.</p> <p>It's proven that crowding is one of the main factors of contagion, something we must avoid, affecting not only social but also work-related activities.</p>

and depressive symptoms across health professions [32,33]. Frontline staff reported insomnia, depression, and post-traumatic stress symptoms [34]. Structured interventions targeting stress and fear have shown promise in reducing depressive symptoms [35].

### Coping in health personnel

- Interviews revealed that adopting positive thinking among both healthcare workers and the general population is vitally important, as it fosters strategies

that foster both physical and mental well-being, thereby avoiding illnesses caused by the stress and workload generated by the current pandemic.

- From the participants' perspective, it was concluded that the pandemic is a reality we live in today, one that there is no expectation of ending soon, but one that we must learn to live with, always taking into account preventive care so that we can gradually share time with our loved ones. Feelings of loneliness and guilt among frontline workers can exacerbate psychological

distress over time [36]. Religious beliefs can provide an important framework for meaning-making in crisis [37].

Dealing with stress, fear, anxiety, or depression in a positive way is a current need; learning and applying these skills will strengthen each individual, family groups, and the community [38]. Such emotional regulation techniques have been widely emphasized in clinical emotional health guides [39].

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