

Educational materials

Education and Medical Simulation Centre

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EDUCATIONAL MATERIALS

**PSYCHOLOGICAL ASPECTS of
the EPIDEMIC**

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CRISIS

Crisis connected with quarantine or treatment - what is it? What could happen? How can it be helped?

We treat a situation as a crisis if it meets several features:

- it is new, we did not expect it,
- is unusual and forces us to new behaviors and actions - the question arises: "I don't know what to do?",
- the danger we come into contact with may endanger values such as health and life,
- changes that bring a threat may be irreversible, such as death.

In a crisis, we are thrown out of the way we act and function so far. Everything is new, surprising, different.

The crisis is also the moment when our ways of acting are not sufficient, because something appears that exceeds our ability to cope in the current way.

Different situations can be a crisis for each of us. For many, if not most, disease or health risks become a crisis.

Numerous researchers of the issues of stress, disease, coping (including Heszen, Motyka, Bomba) identify characteristic features that have a decisive influence on whether we perceive a disease or its potential threat in terms of a crisis. They list such components as: sudden onset, unusualness of difficult events, threat or the perception of the loss of important values such as health and life, the presence of irreversible changes.

In the current situation, we are all experiencing something new on such a large scale.

We are afraid, and even if we already control our fear, we need to develop new ways of coping with this situation.

This coping takes place in characteristic stages.

It is worth knowing about it for yourself, but also in order to understand the reactions of patients with whom you will work.

Patients often do not have enough information about the disease, where to go, and which hospital will receive them. They call from POZ units, through control rooms, ending with Sanepid. They are afraid for themselves and their loved ones. If this situation overlaps with their previous problems or difficulties in the sphere of functioning (neurotic and personality disorders, mental illness, addiction), then we have a kind of accumulation, the snowball effect. Stress often causes low mood in some people, but also irritability, risky or even aggressive behavior.

It is not easy to endure it, having to concentrate on providing professional help.

Maybe at least a little awareness of where the patient's behavior comes from, as well as ours, will help in distancing ourselves, in not entering the ring with patients, in stopping the spiral of tension and frustration on our part.

Kubler-Ross described, on the basis of research and observations, the stages people went through in relation to the mourning situation.

In numerous later publications, many authors use these phases in the context of describing how a person copes with a difficult situation, which is not only a loss of a loved one, but any other loss, including a sense of security.

Let's look at these stages first in the social dimension.

Initially, man functions in a certain **stabilization**. His world is known and fairly predictable, even when it faces challenges and difficulties. Certain situations, actions are repetitive, e.g. going to work, taking care of children in the afternoon, etc.

When there is information about a disease that prevails in the world, at first he does not worry about it, because the situation is not close, it does not concern him and his relatives directly. It is distant.

With time, the situation evolves and the disease reaches the country. The government introduces changes and restrictions overnight. Schools are closing. There is a need to change the way of working (from home) or to intensify it (medics). This triggers a reaction of **denial**.

He does not know the reality of this situation. Questions arise, it is a virus such as the flu? Why such hysteria? Is it season flu? Why close schools? What will I do with the kids?

The person with whom medical staff comes into contact - the patient - is either at the stage of fear that they may be infected, or the symptoms they manifest indicate that they are definitely infected.

A patient with a positive test result - despite the fact that he could have guessed and assumed that he was sick - experiences **shock and disbelief**. Realizes the situation, but doesn't believe it at first. He has a feeling of unreality of what is happening. Sometimes he tries to deny this reality and, for example, escapes from the ward.

The patient needs time to recover; he is afraid.

The next stage is **anger**.

Anger at changes, at having to figure out what to do with children, at the chaos in shops and the hysteria of people buying supplies of food and hygiene products against assurances that nothing will be missing. Anger is directed at state institutions, there are complaints about the anticipated economic and economic consequences related to the situation.

The patient may be very angry about everything and everyone. He asks himself questions like: "why has this happened to me?", "Why do I have to wait so long?", "Where are the tests?". This is a difficult moment that creates tension between the medical staff and the patient. Patient frustration is often met with fatigue in medical staff resulting from work overload.

The next stage is **bargaining**. People settle a bit in change; trying to think it will end soon. Maybe it will not be the same size as in other countries. People don't think they are affected because they are not at risk. Those at risk think about what they must do to avoid getting sick.

Some do not follow recommendations; they do it their way.

The development of the situation or fatigue with changed everyday life lead to the stage of **depression** - understood as a state. There may be a depression, but also irritability and anger. There are questions about how long this will last; concerns about economic costs - how to deal with, how and what to pay for utilities and loans? Discouragement appears, sometimes a drop in motivation to act.

Acceptance. It takes place when one comes to terms with the situation as it is. Here there is an increase in activity associated with taking actions that are possible and real. People start looking for activities that they can take during the quarantine period. He tries to take care of himself and his relatives' safety, organizes the way of everyday functioning.

Of course, the steps may be arbitrary, not always following the sequence mentioned above.

What can help in contact with a patient in crisis ?:

- awareness of various possible emotional reactions in the patient resulting from the loss of the sense of security,
- the belief that these reactions are the result of the situation, are not aimed at me as a person,
- being aware that the patient evokes a number of negative emotions in me,
- awareness that these are emotions that the patient has within himself, and because they are difficult, he transfers them to the environment,
- distancing oneself and keeping calm,
- the use of reflection, i.e. naming the patient's emotional reactions: "you seem to be nervous", "this situation may cause anxiety / irritation",
- providing information support, i.e. all information and explanations necessary for the patient to feel safer,
- enabling you to ask questions,
- providing the most important recommendations and indications,
- summarizing and making sure the patient understands everything.

Applying these tips can help you build contact and relationship cooperation with a patient under severe stress.

Use of the described communication tools and knowledge of the reaction steps crisis allows medical staff to significantly reduce personal injury stress.

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