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Original article

Building a resilient hospital in Tor Vergata: the role of emotional defusing for health care workers during COVID-19 pandemic

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SUMMARY

The COronaVIrus Disease 2019 (COVID-19) epidemic crisis caused the re-organization of different hospitals. A key factor in this process of answering mainly for functionality and health security was played by resilience, i.e., the ability to find and apply resources for support, engage in successful coping, or utilize other accessible protective factors. In the process of building a hospital that could show resilience, we adopted the emotional defusing that, by dealing with psychological distress of health care worker in our COVID-19 university hospital, has proven to be a technique at the basis of the growth of individual and group level.

Key words: anxiety, coping, COVID-19, depression, emotional defusing, fear, resilience, stigma

COVID-19 outbreak: the need of a resilient hospital

The COronaVIrus Disease 2019 (COVID-19) epidemic crisis has constituted a sort of stress test for the national health system and in particular for the so-called COVID hospitals. This highlighted some critical points of the health system such as insufficient hospital availability of beds, lack of emergency services and intensive care, lack of medical and health personnel, inadequacy of intervention paths in continuity of care. In addition, many health care workers (HCWs) have been forced to change their specialist way of working and to endure the great stress of treating COVID-19.

The pandemic situation caused the re-organization of different hospitals in COVID-centres, the rapid and intense change of life and work habits of HCWs and, in an initial phase, "fighting" against a little-known enemy with an increased distress and increased risk of living traumatic incidents. Furthermore, the biggest question is: When, and how, will it end? [1]. This situation appears as "an unexpected war against a difficult enemy" [2].

In this demanding situation, resilience plays a key role. Resilience is the ability to find and apply resources for support, engage in successful coping, or utilize other accessible protective factors where there has been exposure to risk or adversity trauma. For resilience, protective factors include internal resources (such as i.e. coping skill, self-efficacy) and external resources (such as social support and access to the service). Feldman [3] has recently emphasized the three tenets of resilience: plasticity, sociality and meaning. The social aspect of resilience is linked directly to the organizational response of a hospital that must not only deal with trauma/problem/stress in its reorganization but must also develop a significant survival advantage. In our case functionality (mainly, organizational, welfare) and social response (mainly, in terms of health security).

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Conflict of interest
The Authors declare no conflict of interest

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It can be assumed that the resilience of an organization is a functional metacapacity, based on the elastic modulation of the different mechanisms of interaction of the units present within the organization [4]. The resilient hospital is, therefore, the hospital that has the ability 1) to implement proactive actions to anticipate the criticalities of the event, 2) to cope with the management of the emergency when the crisis develops and 3) to change plastically with reactive actions once the event has passed.

In the case of the COVID-19 pandemic, we can identify different dimensions of hospital organizational resilience: reduction of the risk of infections; increase in production-organizational capacity; financial resilience; operational clarity and transparency; staff protection and motivation; development of efficient, economic and sustainable management procedures; cultural resilience, i.e., learning from ongoing experiences and applying the new knowledges to original, more efficient and dynamic organizational models.

Therefore, resilience is essential to building an hospital that strengthen internal and external resources of HCW's against COVID-19. This meant having to develop great resilience on an individual, group, hospital and organizational level.

Emotion defusing as a resilience strategy in COVID-19 hospital

A significant higher risk of adverse mental health outcomes during the COVID-19 outbreak is present in HCWs [5,6]. Consequently, it is important to provide listening and a frontline treatment focused on prevention, like the treatments used in military during the wars. For this reason, we used emotional defusing in HCWs in the moment of re-organization in a COVID-centre, to create a COVID-centre that takes into account the distress and strengthen the internal and external resources of each single HCW. The defusing (from English defuse) is a short intervention organized through group interviews, which is held on subjects who have experienced a highly dramatic or traumatic event [7]. The goal of this intervention is to try to start briefly and collectively reworking the meaning of the event, and to reduce the emotional impact of a potentially traumatic event. Defusing consists of three phases: introduction, in which the intervention is presented and what its characteristics are, in a non-judgmental climate; exploration, in which we try to bring out facts, thoughts and moods; information, in which the goal is to support, reassure about normal stress reactions and propose the sharing of psychological resources to deal with the stressful event.

We led 19 groups of emotional defusing between the 16th March and the 29th April 2020. The total sample consisted of 189 HCWs from a COVID hospital (Fondazione Policlinico Tor Vergata, the Hospital of University of Rome Tor Vergata) in Rome, Italy. Our sample was primarily composed by women (70.9%) with a mean age of 44.40 (SD = 8.86). Nurses were 102 (44.78%), doctors 48 (25.4%) and others 39 (20.6%). To inves-

TABLE I. *Questionnaire on the concern degree in COVID-19 health emergency. Data are frequencies (and percentages).*

	Absent	Mild	Moderate	Severe
What is your preoccupation about the situation?	2 (1.06%)	19 (10.05%)	132 (69.84%)	36 (19.05%)
How afraid are you of getting infected?	2 (1.06%)	46 (24.34%)	118 (62.43%)	23 (12.17%)
How worried are you about your family members?	0 (0%)	14 (7.41%)	86 (45.50%)	89 (47.09%)
How often do you experience moments of acute anxiety related to the infection?	47 (24.87%)	77 (40.74%)	51 (26.98%)	14 (7.41%)
How much has your quality of sleep changed?	47 (24.87%)	71 (37.56%)	48 (25.40%)	23 (12.17%)
How much has your life changed?	5 (2.65%)	31 (16.40%)	97 (51.32%)	56 (29.63%)
How satisfied are you of the security measures taken so far?	12 (6.35%)	75 (39.68%)	82 (43.39%)	20 (10.58%)
How much the information disseminated by the media influence your preoccupation?	8 (4.23%)	38 (20.11%)	91 (48.15%)	52 (27.51%)
How worried are you at home?	30 (15.87%)	68 (35.98%)	68 (35.98%)	23 (12.17%)
How worried are you at work?	9 (4.76%)	39 (20.63%)	105 (55.56%)	36 (19.05%)

tigate the concern regarding the ongoing COVID-19 health emergency we created a simple questionnaire comprising 10 questions (1. What is your preoccupation about the situation? 2. How afraid are you of getting infected? 3. How worried are you about your family members? 4. How often do you experience moments of acute anxiety related to the infection? 5. How much has your quality of sleep changed? 6. How much has your life changed? 7. How satisfied are you of the security measures taken so far? 8. How much the information disseminated by the media influence your preoccupation? 9. How worried are you at home? 10. How worried are you at work?). During the emotional defusing, we didn't only evaluate the quantitative answers (see Table I) to the single questions but we listened and discussed the qualitative answers of each individual HCW.

Most of our sample show a moderate preoccupation about the situation (69.84%) and are afraid of getting infected (62.43%), while a moderate to severe preoccupation about family member were found (respectively 45.50% and 47.09%). Furthermore, a moderate to severe change in life of HCW's were found (respectively 51.32% and 29.63%) and the quality of sleep was change in over of 90% of our sample. HCW's are worried more at work than at home (see Table I) and are mild to moderate satisfied of the security measures (see Table I).

In the early defusing sessions, we have highlighted a main fright that was fear of contagion. In fact, being in hospital and treat the pathology COVID-19-related has produced this type of fear. Considering the open answer of these questions, day by day, we observed a better management of this type of fear while another type of fright was found, that is the fear of infecting family members. Consequently, we found a double lockdown: the lockdown of HCWs and the lockdown of their family members.

Towards the end of the defusing sessions, which occurred in the last week (end of April 2020) of phase 1 (the general lockdown for COVID-19 pandemic in Italy), an absolutely new fear appeared, which is the anguish of pandemic recovery and the redesigning life's HCWs that does not consist only in resuming the activities that were interrupted but above all to imagine the objectives and values of life during with the presence of the COVID-19.

A peculiar issue emerged during the emotional defusing sessions: stigma-generating behaviors against HCWs. Indeed, impact on HCWs' mental health including the question of stigma. Stigma is a powerful social process that is characterized by labelling, stereotyping, and separation, leading to status loss and discrimination. In a pandemic emergency, stigma can be from the non-health worker to the health worker involved in the emergency that is seen as an "infector". Stigma for HCWs of our COVID-19 hospital generated in HCWs an higher discomfort and frustration with an increase of fear, anxiety and depressive symptoms.

Conclusions

The emotional defusing was generally very appreciated by participants because it has permitted a better management of emotional, individual and group distress (in particular of anxious one) and because in a moment of isolation and solitude, sharing emotions, fear and experiences allowed to increase individual and group resilience.

These results supported emotional defusing as an early, frontline intervention for HCWs' mental health and well-being. Emotional defusing, in fact, acting on sharing fears and concerns can help HCWs to reduce loneliness and fears and to increase resources to deal with the stressful event. Furthermore, during the reorganization of our hospital in a COVID-centre, data, collected during the emotional defusing sessions, have been provided to the risk management unit in order to reduce the fears and anger exposed by its HCWs and to develop appropriate assistances if an HCW needs to a psychological or psychiatric support. In conclusion, emotional defusing proved essential to understand the difficulties of HCWs in the reorganization of a hospital and of their professions, resulting in a COVID-centre that takes into account the distress of each single HCW.

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