

# The Pandemic from COVID 19: a Lesson that we must not forget

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This issue of the Acta Biomedica for Health Professions magazine was prepared during the lockdown, imposed by the Italian government, for the containment of COVID 19.

This acute syndrome was initially thought to concern only the respiratory system and for this reason it has been defined as SARS CoV-2. To date, however, we know that COVID 19 affects numerous areas of the body (1,2). In Italy, the first western country where the infection manifested itself in the form of an epidemic, we listened to health bulletins that resembled war bulletins, which reported on thousands of people affected by the virus and hundreds of dead people.

We therefore witnessed the organizational upheaval of our hospitals, the transformation of operating theaters into resuscitation rooms, the reopening of wards closed for some time because they were obsolete and even the construction, in a few days, of entire hospitals. We had to wear masks and we witnessed scenarios that, during our life, we had never seen, such as, for example, rows of military trucks carrying coffins.

We have witnessed, and some of us have experienced it in the front line, a sudden and violent catastrophe that many have called a “Tsunami”.

We have often heard that many things will change in the near future, precisely because the experience we have lived has constituted a “lesson” that has taught us many things that we had not considered and that we should take into account.

Our editorial staff worked from home, read and selected scientific articles thus allowing the publishing of this issue. At first, it seemed to us that the articles

that had been sent to us dealt with outdated topics and with scientific discussions contextualized in another “epoch”, but then we understood that it was not so. Reading those articles, during the pandemic, forced us to re-contextualize the scientific discussion, instinctively led us to immerse the contents of what had been written before the appearance of COVID 19 in a “present” different from “before”. In other words, it forced us to make comparisons and reflections, imagining a different “after”, during which those topics took into account what the pandemic was showing us.

Within this perspective, the article by Dionisi et al. “**The application of the Theory of Planned Behavior to prevent medication errors: a scoping review**” becomes extremely current. This contribution deals with the prevention of errors in healthcare, through the application of the Theory of Planned Behavior. It emerges that an individual’s behavior is often dictated by the motivation to please others’ expectations and their approval. This willingness to please sometimes constitutes a barrier to action. On the contrary, the barrier to action is sometimes overcome if the individual perceives that he/she can also face difficult tasks because he/she is convinced he/she can do it (self-efficacy).

These beliefs can be the result of mistakes that could be prevented. How can we not think, reading this article, about the action of colleagues who, despite the risks caused by inevitable mistakes, have faced a situation never experienced before, without the possibility of applying the Theory of Planned Behavior. How can we not think of the slogan that has been written everywhere, even on the personal safety

devices (PPE) of health professionals: “everything will be fine”. Many and perhaps too many, professionals of the Italian health system, such as nurses, doctors, socio-health workers, have lost their lives in the exercise of their profession, to perform their duty, that is to save human lives, and for this they have been defined heroes.

The contributions of Marcotullio et al. “**NANDA-I, NIC, and NOC taxonomies, patients’ satisfaction, and nurses’ perception of the work environment: an Italian cross-sectional pilot study**” and that of Bonetti et al. “**Nurses’ interventions to promote cancer patient engagement and related outcomes: a systematic review and meta-analysis protocol**”, read in light of recent events, stimulate reflections on how difficult collaboration with patients, and therefore the therapeutic contract, becomes when emergency situations explode and of generalized panic, which force politics to overshadow some fundamental human rights, to guarantee the primary right to individual and collective health.

The difficulty in relating to the patient during the emergency (3) emerged clearly in cases where the need for social distancing reduced the professional-patient and professional-relative communication to short telephone interviews, even in the case in which they had to communicate bad news to families. And this difficulty emerged even more in cases where the health care worker had to communicate with the patient by wearing individual safety devices (PPE), completely altering the possibilities of mutual use of sight, touch, hearing, smell, which contribute significantly to communication. The pandemic has taught us that communication between health professionals, belonging to any professional category, and with patients or relatives is crucial in the perception of the quality of the services provided and, sometimes, also in the determination of the outcomes.

The article by Gallazzi et al. “**The Medical Emergency Team in Italy**” and Lupo et al. “**The use of an automatic defibrillator by non-sanitary personnel in sport areas: an Observational Study**” lead us to reflect on another important lesson, given to us by the experience of the pandemic, which concerns the utility, I dare say the indispensability, of the inter-professionalism in modern healthcare (4).

The PPE did not allow us to distinguish the professional category to which the members of the professional teams belonged, who worked in the reanimations trying to save the most severe COVID patients. What we all perceived is that, never as in this circumstance, professional groups acted as a team, made available and shared their professionalism to allow the team to function at its best. This is because they helped each other and comforted each other. To their work, that of the volunteers was also added, “ordinary people”, who helped, as far as possible, to ensure that the patients reached those specialized teams.

This magazine has always dealt with the issue of inter-professionalism and interdisciplinarity which allow each professional to make his/her skills available and guarantee the assisted person to be able to benefit from all scientific, medical, psychological, communicative and logistical resources, indispensable for modern and quality healthcare. The medical-scientific knowledge must therefore be accompanied by what we call “Medical Humanities”, which allow the “care management” of the assisted person.

It is precisely on the theme of “care” that Bertuol et al. focus on in their articles: “**The process of developing the Professional Identity of the Case Care Manager: A Grounded Theory**”, Artioli et al. “**The impact of a narrative interview “intervention in oncology. A study protocol for a feasibility study”**” and, in the pediatrician field, Strini et al. “**Transition of care in pediatric oncohematology: a systematic literature review**”. Also this topic, inserted in the context in which we have lived these last months, takes on particular importance. The infection of the new coronavirus has in fact highlighted the limitations of a national health system, considered an excellence all over the world, above all for the fact that it can be reached almost free of charge by the whole population and for having as reference points for acute care, hospitals of the highest scientific and technological level.

The limitations that have emerged concern the territorial health organization, which has significantly reduced in recent years, with repeated cuts in money and personnel with less efficient assistance for vulnerable people and often affected by multiple

chronic diseases. The Italian regions in which primary health care managed by the territorial structures had obtained more funding and fewer staff cuts responded better and faster to the spread of the infection. Nations such as China (Hong Kong) and South Korea which, after previous episodes of serious epidemic, such as the SARS of 2003, brought health care to workplaces and living places of the population, have addressed this new pandemic in a much more effective and less disastrous way in terms of loss of life.

This observation constitutes a further lesson provided by COVID-19, namely that the future of the health organization of western countries cannot neglect the strengthening of territorial assistance systems, paying more attention to the assistance of the family and the community (5). The measurement of the risk of chronic diseases and the risk of contagion will therefore favor prevention. An example of the effectiveness of these principles is reported in the article by Guasconi et al. **“Use of traffic crash as a risk assessment scale in hospitalized seniors: a perspective observational study”** and in the article by Miraglia et al. **“Italian pilot version of DEMOQL-PROXY. Content and Face validity: a methodological bridge for a future Italian validation”**.

Since its foundation, this magazine gives space to contributions that emerge from the project work carried out by the students of all the masters organized by the work group with the aim of revitalizing the attention to scientific research of professionals in the health professions, but also with the aim of using the collaboration of the students to collect suggestions for the qualitative improvement of the training offer.

The contributions of Gemellaro et al. **“Evaluation of midwifery students’ satisfaction with regards to clinical internship”**, by Cosentino et al. **“The VaRP Project: qualitative evaluation of the training effectiveness of post-graduate specialization courses for health professionals”**, and Rubbi et al. **“Effectiveness of a video lesson for the correct use in an emergency of the automated external defibrillator (AED)”**, are an example of the attention paid to measuring the quality of the training offer.

This attention is even greater today. The closure of the university environments, which became necessary to contain the spreading of the pandemic, forced the study courses that wanted to continue the training course to convert traditional teaching into presence in distance learning (6). This change required an adaptation by both teachers and learners, who in many cases had never previously used digital platforms for teaching, but at the same time allowed students and teachers, often in collaboration with each other, to significantly accelerate the processes of change in the educational organization which involve the use of information technology, the object of experimentation and evaluation analysis for several years already.

The article by Marra et al. **“Third mission and relationship system with local communities: experience at the Nursing Study course University of Parma”**, written before the pandemic arrived in Italy, focuses on the role of the third mission of the university health departments. This role, the advantages of which had already been highlighted in the article, was, in this case too, exalted by the events linked to COVID 19. Universities and research centers all over the world began to collaborate assiduously to join forces, in the attempt to find therapeutic solutions or vaccines to counter COVID-19 infection as quickly as possible.

Historic and inevitable competitiveness seems to have been put aside, in order to work in the service of citizens. This service perspective has also found impetus in international cooperation, for the exchange of experiences and information.

In the days in which this magazine issue is about to be published, the health situation in Italy has significantly improved. As a consequence of the progressively comforting data, which are provided by the Istituto Superiore di Sanità (National Health Institute), many restrictions have been abolished and social distancing has been reduced. However, we must not forget that many outbreaks of infection are still active in many regions of the world and that the infection can recur. It will therefore be very useful for everyone to take advantage of the lessons that this exceptional event has provided to the whole community of health workers and professionals.

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