Dear Editor

Emerging infectious diseases have always been one of the most serious global public health threats. They have the potential to cause human infections, high economic burden, increased morbidity, and undermine the existing public health infrastructure. The ongoing battle against the epidemic of emerging infectious diseases requires frontline health professionals to work harder and become more diligent. Confronted with these demanding working conditions, medical and paramedical learners in teaching hospitals face numerous challenges as they are at the forefront of providing primary medical services to patients suffering from COVID-19. For instance, they have to deal not only with the prejudice and social stigma of working with COVID-19 patients but also with the subsequent potential risk of contamination. The tremendous emotional stress and potential suffering from anxiety form another challenge as learners witness the death of both colleagues and patients due to COVID-19 infection. Exacerbating the situation are the long hospital shifts, which potentially undermine the health safety and quality of life of learners.

Equally challenging are the long working hours, beyond mere professional dedication, which can lead to fatigue and burnout and adversely affect various aspects of their quality of life (health, physical, psychological, environmental, and social). In turn, these exhausting conditions can lead to the relaxation of many of the usual safety standards, reduced quality of care, unethical behavior, and a higher risk of medical errors.

Empathy is an important factor in overcoming these challenges. It is defined as “The ability to understand and share another person’s perspective and feelings, and using this understanding to guide future action”. Larson and others suggested that empathy can reduce aggressive behavior and improve helping behavior. Empathy plays a fundamental role in the relationship between physicians and patients with COVID-19 as it involves cognitive, affective, and behavioral aspects.

A prerequisite for successful management of patients with COVID-19 is to demonstrate empathy by all parties involved, from medical staff to medical and paramedical learners, patients, and their family caregivers. This has an immediate and longitudinal impact on patient-physician outcomes. Evidently, empathy has resulted in increased voluntary engagement by medical and paramedical students, both at undergraduate and postgraduate levels in managing COVID-19 patients. For example, both specialist physiotherapists and PhD candidates in physiotherapy have volunteered at various teaching hospital wards (dedicated to COVID-19 patients) to perform standard chest physiotherapy to improve patients’ pulmonary function and reduce respiratory insufficiency. Medical interns have also voluntarily attended teaching hospitals to provide medical service to patients with COVID-19. Close collaboration between medical/paramedical learners and staff and between different hospital wards is essential in the fight against pandemic diseases such as COVID-19.

Empathy cannot be achieved through explicit teaching alone. Its development is a long process of learning medical ethics, role modeling, long-term observation of empathetic behavior demonstrated by health care professionals, and training on physician-patient communication skills. While empathy contributes to job satisfaction, the process of mastering empathetic behavior itself may result in psychological distress, emotional exhaustion, and burnout. Therefore, medical education policymakers and heads of educational hospitals and clinical departments must address the specific physical and psychological needs of medical and paramedical learners. It is therefore recommended that nations invest more in wellness and health promotion.

We trust that the global full-scale battle against COVID-19 will ultimately contribute to the enhancement of peace, collaboration, and friendship among nations. Together we will be able to defeat the COVID-19 pandemic.

Conflict of Interest: None declared.

Mohammadreza Pourahmadi1, PhD; Somayeh Delavari2, PhD; Sajad Delavari3, PhD

1Rehabilitation Research Center, Department of Physiotherapy, School of Rehabilitation Sciences, Iran University of Medical Sciences, Tehran, Iran;
2Center for Educational Research in Medical Sciences (CERMS), Department of Medical Education, School of Medicine, Iran University of Medical Sciences, Tehran, Iran;
3Health Human Resources Research Center, School of Management and Information Sciences, Shiraz University of Medical Sciences, Shiraz, Iran

Correspondence:
Somayeh Delavari, PhD;
Center for Educational Research in Medical Sciences (CERMS), Department of Medical Education, School of Medicine, Iran University of Medical Sciences, Shahid Hemmat Highway, P.O. Box: 144961-4535, Tehran, Iran
Tel: +98 21 88622607
Email: delavari.so@iums.ac.ir
Received: 06 July 2020
Revised: 01 August 2020
Accepted: 31 August 2020

References


