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THE ROLE OF HEALTH PROMOTION IN
WELL-BEING-ORIENTED HEALTHCARE
IN MEMORIAM JÜRGEN PELIKAN

COVID-19 Emergency: emotional decompression interventions towards healthcare professionals at Udine Hospital (Italy) through EMDR technique

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Background



In Italy, early studies found a high incidence of PTSD in 38% of HCP



Since the first months of the COVID-19 pandemic, some phenomena related to mental health have been highlighted in healthcare professionals (HCP):

- depressive symptoms
- anxiety symptoms
- post-traumatic stress disorder (PTSD)



Many departments ensured psychological support for HCP:

- interventions based on existing disaster protocols
- online platforms, apps and websites
- defusing sites within hospitals

Di Tella, M., et al. Mental health of healthcare workers during the COVID -19 pandemic in Italy. J. Eval. Clin. Pract., 2020

Mattila E, et al. COVID-19: anxiety among hospital staff and associated factors. Ann Med. 2021



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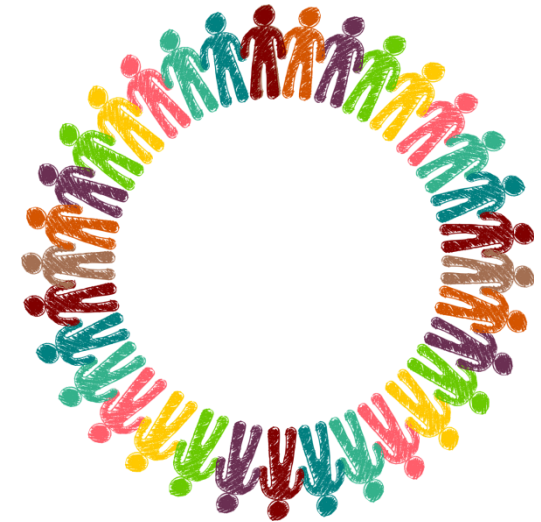
EMDR-IGTP (Eye Movement Desensitization and Reprocessing-Integrative Group Treatment Protocol) intervention technique



The World Health Organization and several international guidelines (e.g., Cochrane Review) recommend EMDR for treating PTSD in children, adolescents and adults.

The alternation of eye movement or tactile/auditory stimulation represents the core of this therapy, which is held to favor the elaboration of the trauma on which patients are focusing.

The EMDR Integrative Group Treatment Protocol (EMDR-IGTP) provides individual EMDR therapy in a group setting, ensuring that many individuals can be treated simultaneously.



Bisson J, Andrew M. Psychological treatment of post-traumatic stress disorder (PTSD). Cochrane Database Syst Rev. 2007
World Health Organization [WHO] (2013). Guidelines for the Managements of Conditions Specifically Related to Stress

Aim of the project



Describe our experience in psychological support of healthcare professionals from Udine Hospital (Italy) during COVID-19 pandemic through EMDR-IGTP intervention technique aimed at reducing PTSD symptoms

WHEN

April-September 2021

WHO

23 group meetings - 117 participants

WHAT

Psychological intervention through EMDR-IGTP protocol

HOW

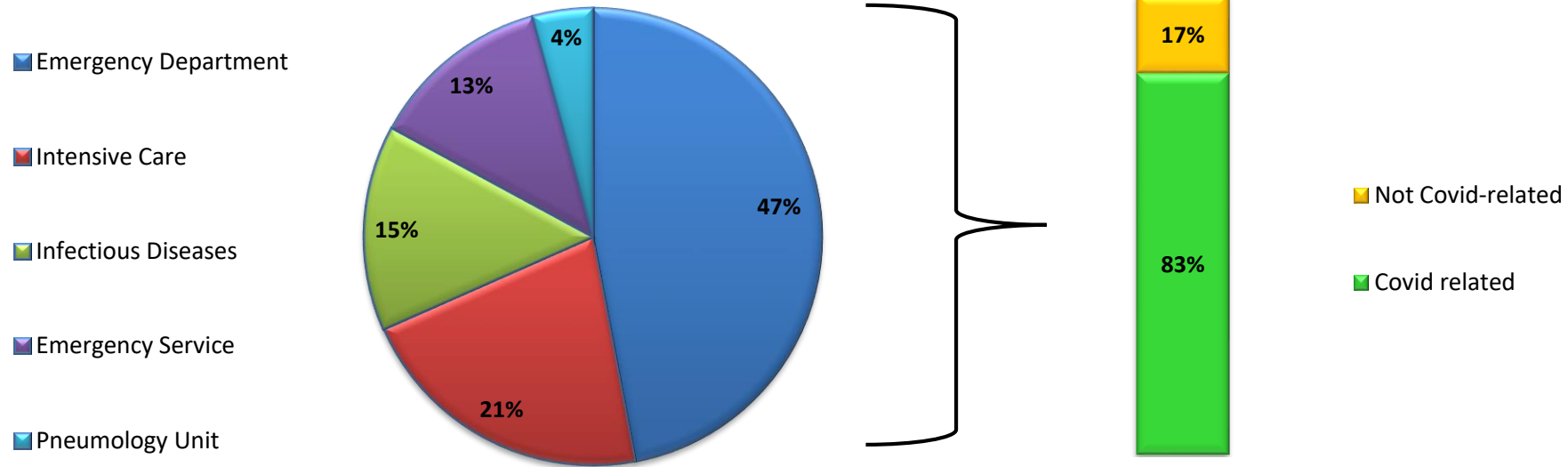
- IES-R (Impact of Event Scale-Revised) → assessment of PTSD symptoms
- Subjective Units of Disturbance (SUD) at the beginning and end of intervention → preliminary analysis of EMDR effectiveness



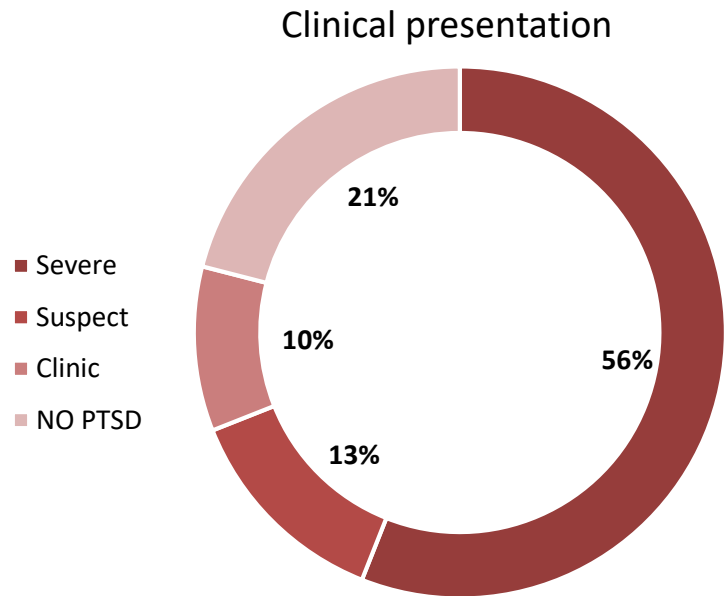
Results

117/554 (21.1%) of healthcare professionals engaged in emergency management requested support

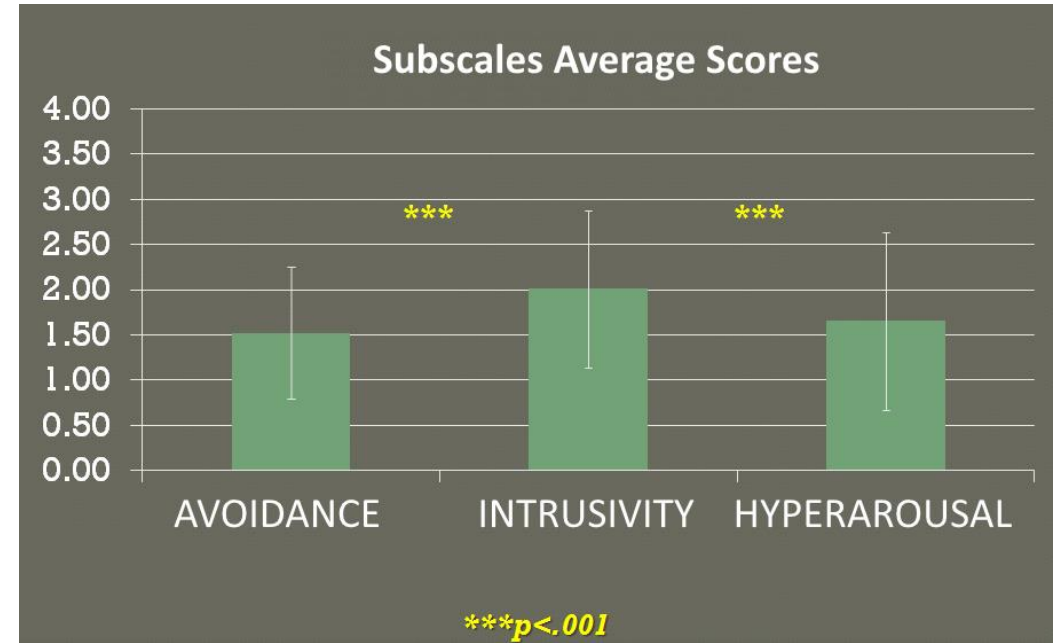
Department	TOT	TOT Department (%)
Emergency Department	55	150 (36.7%)
Intensive Care	25	210 (11.9%)
Infectious Diseases	17	115 (14.8%)
Emergency Service	15	33 (45.5%)
Pneumology Unit	5	46 (10.9%)



At the beginning ...



The presence of severe symptomatology is at **significant percentages** with **similar trends** in the wards



“Intrusivity” (persisting/intrusive thoughts and images related to trauma)

significantly higher than

“Avoidance” (attempts to avoid reminders/situations/thoughts)

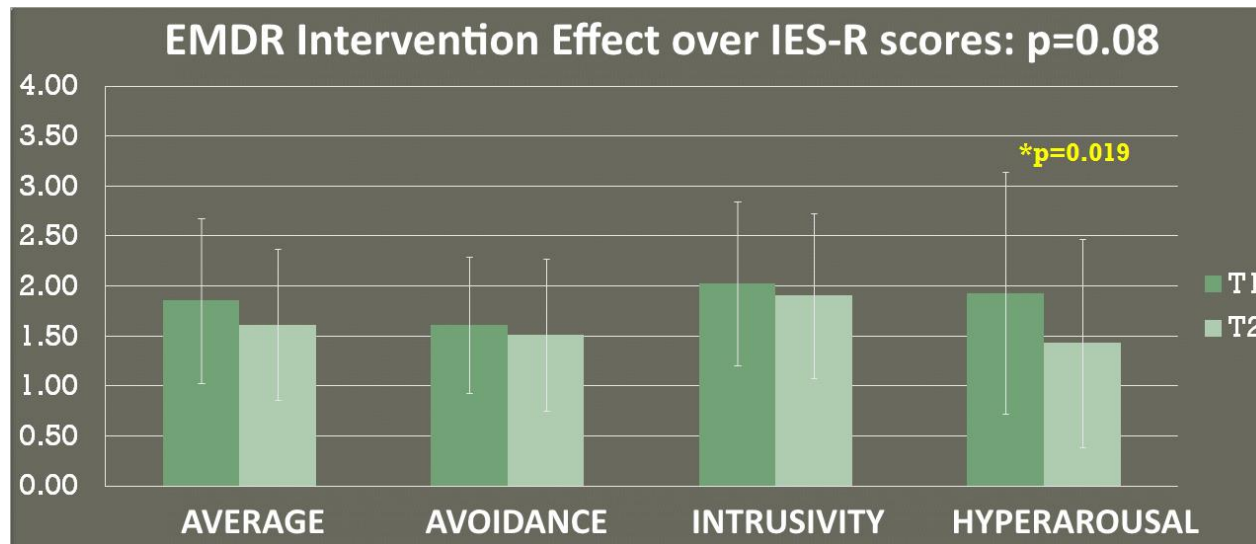
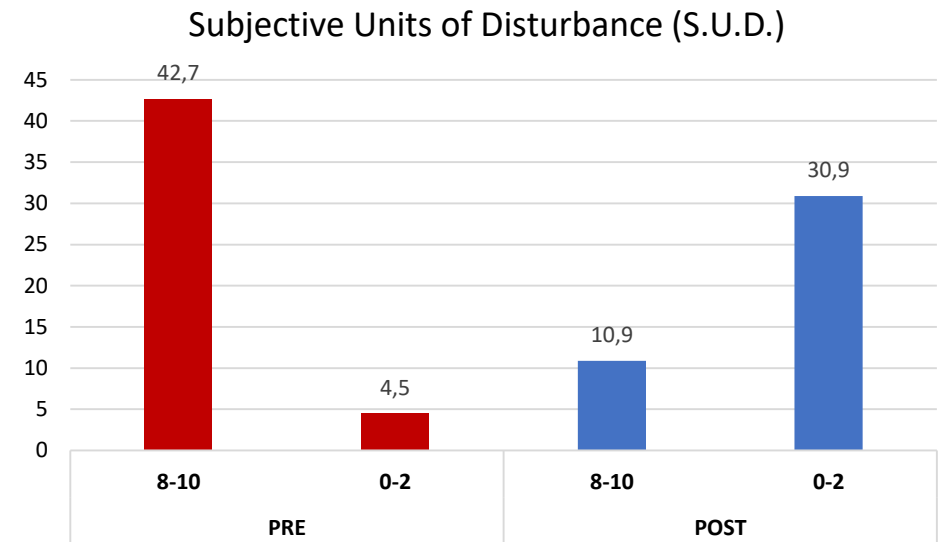
“Hyperarousal” (hyperactivation, anger, irritation, sleep difficulty)

... at the end

42.7% reported 8-to-10/10 SUD levels at the beginning

VS

10.9% reported 8-to-10/10 SUD levels at the end



17/117 (14.5%) took part to more than one meeting

A **significant reduction** in Hyperarousal levels was found between first assessment and follow-up

Conclusions

1 / 5

HCP engaged in the management of the Covid emergency requested support

Almost half

Emergency Service operators required at least one encounter while manifesting non-severe post-traumatic stress symptoms



High incidence

PTSD symptoms in HCP exposed to high levels of stress during pandemic emergency

Approximately
1 / 3

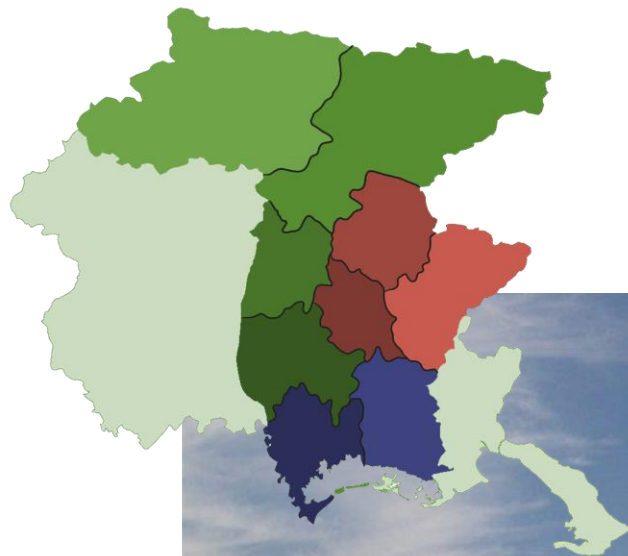
Emergency Department operators required support, manifesting in more than half of the cases (58%) a PTSD definable as severe.



Future perspectives

- ❖ Preliminary analyses suggest that EMDR approach to trauma reduction can be effective, both immediately and also in the longer period.
- ❖ Meetings aimed at the departments with the highest emotional burden: emergency-urgency and onco-hematology
- ❖ Meetings " on call" for particularly traumatizing events for staff





***THANK YOU FOR
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