Communication and Cultural Approach to the Situation of Health Professionals in the Face of the COVID-19 Pandemic

Enfoque Comunicativo y Cultural de la Situación de los Profesionales de la Salud frente a la Pandemia de COVID-19

Cristina Lázaro-Pérez. Universidad de Murcia. España.
cristina.lazaro2@um.es
[CV]
José Ángel Martínez-López. Universidad de Murcia. España.
jaml@um.es
[CV]
José Gómez Galán. Universidad de Extremadura. España. Universidad Ana G. Méndez. Puerto Rico.
jgomez@unex.es / jogomez@uagm.edu
[CV]
María José del Pino Espejo. Universidad Pablo de Olavide. España.
mjpinesp@upo.es
[CV]

Lázaro-Pérez, C., Martínez-López, J. A., Gómez-Galán, J. y Del Pino Espejo, M. J. (2021). Enfoque Comunicativo y Cultural de la Situación de los Profesionales de la Salud frente a la Pandemia de COVID-19. *Revista Latina de Comunicación Social*, 79, 357-380. https://www.doi.org/10.4185/RLCS-2021-1530

ABSTRACT
Introduction. The beginning of the third decade of the 21st century will be remembered for the COVID-19 pandemic and the health crisis it has produced, altering different systems such as the cultural, political, economic, media and communication systems. From the anthropology of health, the interconnections between the health system, communication, and culture can be observed, visible and indivisible by the many edges that coexist and conform to a field of own analysis. **Methodology:** This empirical research has been developed from a qualitative perspective through 40 anonymous semi-structured interviews in Spain during the height of the health crisis - in the state of alarm - and investigates how this pandemic affected health professionals during the first wave of the pandemic. They were the fundamental barrier to deal with the SARS-CoV-2 coronavirus, and they carried out their work in highly precarious conditions, with hardly any personal protection equipment, sufficient human resources, and the essential infrastructures to care for patients. **Results/Discussion:** The study focuses on three dimensions: (a) the cultural aspects that impregnate the professional activity of the

health workers, (b) the emotional aspects in the development of the same about the processes of mourning and death from its symbolic components, and (c) the perceptions it has of the health management carried out by the public response. **Conclusions:** The results describe the extreme situation these professionals in a health crisis without precedent in decades, reflecting a new anthropological and sociological scenario.

KEYWORDS: COVID-19; communication; culture; pandemic; health anthropology; health sociology

RESUMEN
Introducción: El inicio de la tercera década del siglo XXI será recordado por la pandemia de COVID-19 y la crisis sanitaria que ha producido, modificando sistemas como el cultural, el político, el económico, el mediático o el comunicativo. Desde la antropología de la salud, se pueden observar las interconexiones entre el sistema sanitario, la comunicación y la cultura, todas ellas indivisibles por los muchos enfoques que conviven y que configuran un campo de análisis propio. **Metodología:** Esta investigación empírica se ha desarrollado desde una vertiente cualitativa a través de 40 entrevistas semiestructuradas en España durante el momento álgido de la crisis sanitaria en el Estado de Alarma- e investiga cómo afectó esta pandemia a los profesionales sanitarios durante la primera oleada de la misma. Ellos fueron la barrera fundamental para hacer frente al coronavirus SARS-CoV-2, y realizaron su trabajo en condiciones extremadamente precarias, sin apenas equipos de protección individual, ni recursos humanos suficientes, ni las infraestructuras imprescindibles para atender a los pacientes. **Resultados/Discusión:** El estudio se centra en tres dimensiones: (a) los aspectos culturales que impregnan la actividad profesional de los sanitarios, (b) los aspectos emocionales en el desarrollo de la misma sobre los procesos de duelo y muerte desde sus componentes simbólicos, y (c) las percepciones que tiene de la gestión sanitaria realizada por la respuesta pública. **Conclusiones:** Los resultados describen la situación extrema a la que tuvieron que enfrentarse estos profesionales, en una crisis sanitaria sin precedentes en décadas, que refleja un nuevo escenario antropológico y sociológico.

PALABRAS CLAVE: COVID-19; comunicación, cultura, pandemia, antropología de la salud, sociología de la salud

CONTENTS

CONTENIDO

1. Introduction

Anthropology, as social science, has been based on empirical science to understand how human beings relate to and experience the vital reality of themselves and others. Understanding the scenarios and circumstances of the rest of their fellow human beings has been fundamental to establish stable and significant social relationships.

One form of establishing links with society is through the emergence of social suffering, which, as Anton (2017) points out, is not caused only by physical pain and its emotional impact, but refers to an expression of the most extraordinary human condition, which is the basis of cultural Evolution. A

culture that at present, is defined by the communicative and media processes (Gómez-Galán, 2015 and 2020; Hartley *et al.*, 2020; Sheldon *et al*., 2020; Kristensen, 2021; Barrientos-Báez, 2019b)).

Therefore, social suffering occurs when there is a clash between the beliefs and values of society and those of individuals or the impossibility of applying them (Sarmiento Guede and Rodríguez Terceño, 2018). Here, it is the tension of cultural adaptation that induces the appearance of diseases, both physical (occupational diseases) and psychological (depression, stress, anxiety, etc.) so frequent in complex societies and that respond to the lack of meaning.

However, through the development of social empathy, medical anthropology makes its way since it reconciles the fields of socio-cultural and biological or physical anthropology, among others, with medicine and public health (Kiefer, 2006; Baer *et al.,* 2016). It studies the biological, psychological, cultural, and social dimensions, which determine how people understand and live health and their health problems. Its object of study and analysis is the different systems, beliefs, and practices regarding health and the health-disease process in any society (Díaz *et al*., 2015).

Throughout history, the concept of health and disease has changed depending on the culture, society, and the way it is established; it is, therefore, their way of understanding health, disease, and the relationship between both, which has been called health-illness- healthcare (cure) (Ramírez-Velázquez, 2018). Suffering (or distress) would also have a fundamental role and are articulated in biology, ecology, and culture (Gómez Cardona, 2013) as a system that must be analyzed as a whole considering the bio-cultural projection of a particular society. This must be taken into account from a methodological perspective when related to communication (Aneas and Sandín, 2009; Aladro Vico, 2020; Martín-Antoranz *et al.,* 2019; Sanjuan-Pérez *et al*., 2020). As Díaz *et al.* (2015) maintain, recognizing the social elements in the health-disease-care process, has allowed us to understand it as a historically, socially, and culturally determined process. Since culture is a human prerogative, it is enthroned in any analysis, in order and above all, to generate culturally competent theories, methods, and practices. In this aspect lies the importance of considering health as an anthropological space.

Health and the structures created to promote it are part of a social and cultural system of their own. The medical approach to health, from a biological perspective, is currently too limited to understand it in its complexity. Biomedicine alone cannot meet all the health needs of the population. Health is part of people's life experience, and life is not restricted to its physiological aspects; therefore, health cannot be reduced to the biomedical approach (Junge, 2001).

Bearing this vision in mind, it is necessary to understand, from a bio-cultural point of view, the protagonists' reactions to these perceptions that underlie the loss of health and not only as an object without emotion. Since the human being is a multidimensional being and health contemplates not only the biological but also the cultural, as a state that legitimizes emotion and suffering, health can be conceived from a double point of view: from the one who suffers the physical and from the one who contemplates the suffering of others.

The dimension of health from an individual and communitarian perspective places an anthropological scenario in which the loss of health marks the current “cultural phenotype” (Carja and Creanza, 2019) of a society that considered itself sick, whose cure is found precisely within the same society. It is not strange then to understand human health as a bio-cultural process that interacts with other disciplines such as bio-demography and epidemiology (Díaz *et al.,* 2015) within the framework of medical anthropology.

Therefore, the customs, traditions, meanings, symbols, conceptions, perceptions, and representations about health and losing it, that we have as a social group and as individuals, is fundamental to manifest and understand the way not only to act against them but also, to elaborate representative patterns of the society to which we belong. Likewise, if we move our gaze beyond the object itself of the cure, we can enter the interactions and symbolic components of the health system, and introduce ourselves into the relationships and characteristics of the health personnel, essential for the health system to function.

2. Background

The study scenario is a new epidemic in a different cultural context. Throughout history, different societies have faced many epidemics (Gómez-Galán, 2020; Roman *et al.,* 2020; Guerra Rubio and Eiriz García, 2018). Nevertheless, our species has survived and lived with infectious diseases that have claimed the lives of millions of people (Mestre Ortega, 2018). It is worth remembering, for example, smallpox, measles, the Spanish flu of the 20th century -although its name covered up its true origin and extension- and recently HIV, a virus linked to important sexual connotations and social behaviors of rejection and prejudice, but also linked to suffering, chronic illness or death (Sevilla and Alvarez, 2002).

The capacity of the human being to surpass himself is verified throughout time, as reflected by Charles Darwin in 1859 with the publication of The Origin of Species. While human beings have been linked to risk and the proximity of death, insecurity, instability, fear, and lack of meaning are the most frequent feelings in complex societies (Antón, 2013).

Because of the processes of globalization and implementing the welfare state in the most developed countries, generations of citizens have been born and raised with a sense of security unimaginable for their ancestors, although it is not untainted by the new risks of our era. As Vázquez (2008) argues, the highly technological civilization, the welfare state, the world market, the media sphere: all these great projects want to imitate the old security of the spheres in an era that has been shattered, but this has become impossible.

The COVID-19 pandemic has caused, in a brief time, structural changes in the social, cultural, and health dimensions of much of the world (Barneveld *et al.*, 2020; Buheji *et al*., 2020; Douglas *et al*., 2020; Vega Jiménez, 2021; Hernández-Fernández, 2021). The numbers of infections and deaths are moving in a chilling daily increase since the early months of 2020, transforming the way we socialize -sharpening virtual infrastructures- interpersonal relationships, daily routines, personal dedication, and political procedure (Rodriguez Vidales, 2010).

Although there were some protocols to be applied according to two major international organizations such as the World Health Organization (WHO) and, in Spain, the Health alert and Emergency Coordination Centre (*Centro de Coordinación de Alertas y Emergencias Sanitarias)* because of previous crises, the speed of transmission of the virus and its high lethality, has meant that the social distancing applied has been accepted voluntarily and even self-imposed in most cases. The basic social phenomena have determined the alternative ways of proceeding in the communication of the human being as a circumstantial social and cultural agent (Tomasello, 2010: Merril *et al*., 2020; Hsieh and Kramer, 2021; Romeu, 2016).

In this new radical reality, life, as the highest representative of all the strata that identify and define the human being and the environment, tries to make its way following a natural model with three perspectives: ecological, symbolic, and political (Santamarina, 2008). The close relationship between

nature and human beings forces the observation of the persistence and the need to survive off the first one despite the second one, overcoming with imposing hegemony the man at the moment in which he retires to protect his species this relationship continues in force as long as the influence that the environment can have on the body and the culture cannot be ignored. The deprivation of sensory stimuli such as the heat of the sun and the air can alter human biological and psychological behavior, and even though there is an adaptation to the closed environment, confinement remains a mere sanitary procedure.

In its symbolic sense, the human being needs to elaborate meaningfully on the effect that socialweb deprivation has on the links with other people. The current instruments and forms of communication have established an alternative model of socialization (Bacallao-Pino Lázaro, 2016); a significant factor that should be highlighted is the trust placed in new technologies and science. About the first ones, these have created different means of an incursion of the human reality and raise new paradigms and cultural representations to endow the current scenarios with meaning and to create unexpected lifestyles adjusted to the new reality., we refer to the frequent use of new technologies as a means of communication, i.e., the use of the Internet through video calls or messages as a new method of socialization due to the deprivation to which the population was subjected as a result of confinement. In this same line of argument, Escobar (2005) defends that the constructivists have shown, that contingency and flexibility are the essences of technological change, contrary to the technological determinism of the past. By demonstrating that social processes are inherent to technological innovations, they have struck a decisive blow to the alleged distance between technology and society and between technology and nature.

We must take into account that globalization, the media, the public agenda, both governments, and supranational organizations, make the current pandemic be seen as a heartbreaking and apocalyptic series of events that are happening at the same time that this feeling of collective security around health that until now has permeated the collective imagination in the most developed countries disappears. This new health crisis highlights the pain from a maximalist perspective. Pain permeates emotions, and the speed of events prevents, in most cases, us from adapting as quickly as would be necessary (Ruiz Torres, 2021; Castañeda-Hernández and Rodríguez López, 2020).

At this time, the pain is visible in Spain from different perspectives, but mainly perceptible in the hospitals and their health personnel, since they have been the epicenter where the fight against this virus has been carried out, as few remember in other similar epidemics. Health professionals are aware of what pain means, they work with it, also with healing (Fernández *et al*., 2020). As Molina (2011) argues, health professionals have a moral obligation to broaden our view of the patient, discover the suffering and locate as much as possible its source, and use all the proportionate means available to ease it, taking into account man in his holistic dimension.

Through the images transmitted by the media, the emotional reactions of health professionals in these moments of so much tension produced by the health crisis have been perceived, from sadness and impotence because of the lack of means of individual protection, from now on PPE, and lack of health means, to pride and recognition for the applause on the balconies (Lominchar Jiménez, 2020). Furthermore, recent studies are addressing the current situation of health care providers Bellizzi *et al.* (2020) highlight that physical and mental exhaustion, the pain of losing patients and colleagues, the fear of transmitting the infection to their families, and the torment of difficult triage decisions complement a complicated situation. Therefore, it is essential to point out the importance of emotional intelligence to avoid these situations (Barrientos-Báez, 2019a).

In this sense, an emerging way to adapt to the worst circumstances of this situation generated by the COVID-19 has been the novel forms of farewell to the deceased. Although anthropology has highlighted, from its beginnings, as the most inherent rites of the human being, analyzed from the different slopes and gnoseological fields, now the Information and Communication Technologies have proposed a new form of farewell. It brings together those who cannot accompany their loved ones in hospitals and cemeteries because of the social distancing dictated by the national government. Through them and the accessible platforms, the farewells have been able to be done, virtually, both in health centers and in cemeteries, through video calls, where family members have had the opportunity, far away, to see and say goodbye to their loved ones. The new rituals have been endorsed by social networks that have become the notice board of the obituaries, being a space where to say the last goodbye, manifest the emotions of pain and sadness, and express the mourning for the deceased. Although the state of confinement provides new resources for adaptation, the human being, as a social being, needs contact and presence as a critical element to elaborate processes of anguish and mourning, to help virtual approaches. However, they will not comfort the mourners, who will immortalize this unfinished form of farewell. In addition to living with death daily, healthcare professionals have also experienced this form of farewell, since, as an active part of society, many of them have suffered the loss of family members and colleagues they have not accompanied.

The third perspective of the model is politics, which has emerged in the stage of confinement, mainly with the alternative ways of proceeding and the decrees established in the state of alarm. The plurality of opinions concerning politics provides a new framework to observe people's reactions, especially in a state of social isolation. The previous norms of natural selection of friendships have been changed by the different visions of seeing and understanding society and condition, and the expression of one's own and other people's feelings, amplified by social deprivation, mainly through social networks. Politics generates social tensions doing the acts performed or expressed as a society and as social beings understandable, but not always justifiable. These three perspectives of the natural model (ecological, symbolic, and political), which have been revealed during the health crisis that arose after the appearance of the COVID-19, and the consequences derived from them (García-Martín *et al*., 2021), may cause a state of significant stress and anxiety, which, if not expected, could lead to a style of permanent anxiety. Crucial is the case of health professionals who are living, as previously mentioned, acute life situations because of constant contact with illness and death (Lázaro-Pérez *et al*., 2017; Herrero and Toledo Chávarri, 2012). It can be stated that illness and care make up structural facts in every society and that care for illness expresses the characteristics of the society in which it develops and operates (Evia, 2015). As Mas Esquerdo (2020) points out, studies on the psychiatry of pandemics point to an increase in anxiety disorders and depression, as well as post-traumatic sequelae and chronification of post-pandemic psychopathology as a consequence of the unusual exposure to compassion fatigue, moral distress, and stress to which these professionals were subjected during the most challenging months of the pandemic.

In this sense, Vargas and Casillas (2007) defend that culture (space in which individuals express their behavior both individually and collectively, influenced by the emotions and feelings inherent in its components) is the one that marks the behavior and customs of society around illness and death, including ideologies and beliefs.

3. Methods

What guides the anthropological, research is to know how the current crisis of the COVID-19 may affect the health professionals in charge of fighting this battle in health centers (Cerezo Prieto, 2020). Recent studies show the consequences present in these workers and make a prospective of how the

return of supposed normality will be, and what the post- traumatic effects may be for these professionals (Vargas Delgado, 2020). In this sense, Guanche (2020) points out, about the exposure of health professionals, that today's greatest challenge is the training of health workers in these issues and the achievement of prevention of infection transmission in health centers. On the other hand, the contributions of Semple and Cherrie (2020) cannot be ignored on the need to establish control measures and prevention plans to prevent the spread of diseases among the population; key elements not only for health personnel but also for those responsible for public management.

This research is based on the assumption that there are multiple interconnections between the health and cultural systems in health protection. As Langdon and Braune (2010), stated, the social health system is defined as one that is composed of institutions related to health, the organization of roles of health professionals who take part in it, its rules of interaction, and the power relationships inherent to it.

In this sense, an empirical look is developed vindicating the anthropology of health, a framework on which the present study is structured (Díaz *et al*., 2015), bearing in mind the perspective of interpretive medical anthropology and critical anthropology, being the object of study the health personnel that has been in charge of giving response to the current pandemic of the COVID-19 in Spain. In this way, we give voice to the protagonists of the health crisis, listening to their speeches, approaches, perceptions, etc., through a qualitative methodology with semi-structured interviews supported by the presentation of photographs on crucial issues in this historical moment, to understand from an individual and collective approach, the process and the health-disease combination generated by the appearance of the coronavirus. Finally, taking these interpretative and phenomenological issues as a reference, the participants' discourses make their way into analyzing illness, death, and public management through their narratives.

Regarding the period, the fieldwork was carried out at the time when Spanish society was in total confinement between April 6 and 19, 2020, when the peak of active cases of COVID-19 in Spain was reached. In terms of geographical scope, the research was implemented in the following Autonomous Communities: Madrid, Catalonia, Valencia, Navarre, Andalusia, Castile-La Mancha, Castile and Leon, Murcia, the Balearic Islands, and the Canary Islands. Forty semi-structured anonymous interviews were carried out with different health profiles working in different hospital services. There was no prior selection of participants in terms of profile, and the invitation to participate in the research was made through the representatives of the workers of the hospital centers and information dissemination groups. Given the impossibility of carrying out the interviews in person as a result of the approval of Royal Decree (Real Decreto) 463/2020, of 14th March, by which it was declared in a state of alarm - and which was subsequently extended - the interviews were carried out employing video conferencing. The topics used in the interviews were: 1) changes in daily life habits, 2) how they reconcile their everyday life with work and the risk of COVID-19, 3) current concerns, 4) how they assess the management carried out by the different public administrations, 5) attitudes, emotions and feelings of social actors during confinement 6) influence of COVID-19 on work dynamics, 7) how they have felt/perceived the impossibility of relatives of patients affected by COVID-19 to accompany them, 8) mortality of patients in loneliness.

All participants gave their informed consent under the Declaration of Helsinki. Also, and although it was unnecessary the official approval of the Spanish universities to which the members of the research team belonged - since it is a descriptive study and it is only required in the experimental works, they signed the Codes of Good Practice for Research on Human Beings, as the Ethics Committees collect them. The study was registered (code No. REPRIN-PEM-02) by the authors' research team.

The semi-structured interview technique was chosen because it is relevant when the context, the study, or any other circumstance leads to it being the only opportunity to interview participants. Also, it is especially advisable when it is done to technical people, who are specialists in a particular topic but leave the person guiding them free to redirect the interview through clues or directions (Russell, 1995). The visual one complemented this semi-structured interview technique since a series of images were included for health professionals to describe. Using images in anthropological studies is increasingly, but it is not a new technique since even Malinowski (1967), Mead and Bateson (1977), or Lévi-Strauss (1994) have made the mark of photography in anthropology.

There is scientific evidence that in the months and years following a disaster, there is an increase in depressive, anxious, and post-traumatic stress disorders (Van Ommeren and Saxena, 2005; Huremović, 2019). Therefore it is necessary to know those factors that could be involved in the appearance and development of these disorders, attending to the aspects and factors that threaten mental health and that are collected in the questions posed to the participants, such as those that generate post-traumatic stress, compassion fatigue and moral distress (Mas Esquedo, 2020).

Aware of the benefits of photography in anthropological research, we use them so that the interviewees can show their perceptions, connections, and interrelations between the different variables of the same phenomenon, in this case, the actions of health professionals in the current health crisis. In short, through the photographs, we want to know how they identify and build their labor microcosm from a critical perspective.

4. Results/Discussion

The current health crisis has changed our lifestyle, and perceptions about habits, the present, and of course, the future. The security of daily life and routines has been intercepted by a halo of mistrust that affects society. The population has suffered these changes, but they have been increased in the health professional since they have remained in their jobs; they have had to reconcile their family obligations while continuing with some basic routines such as going to supermarkets or pharmacies. This has placed an added burden on the work context and has conditioned their situation in a certain way.

4.1.Semi-structured interview: Open questions

These circumstances have caused that their professional activity has significantly influenced the life habits of the sanitary personnel, by the chaos lived in the first days, the lack of response of the sanitary institutions, and the incapacity to stop the virus from hatching. Therefore, fatigue, nervousness, worry, restlessness, fear, and anxiety have been constant in the way health professionals have had to adapt to this situation:

"The first days yes, because at work you breathed an atmosphere with much tension, nervous, not knowing how to act, behave, constant changes, one day one thing and the next day another. Nevertheless, as the days go by, the situation becomes more and more controlled and easier to deal with".

"The first few times I felt like I was going to war? Then I got used to it".

"Without a doubt, none of us were prepared for this situation, and the uncertainty was a feeling that the health staff had to deal with for the first few weeks".

"Initially, I was anxious about the situation".

"Ignorance. Lack of PPE lack of foresight continuous changes of protocols".

"Professionally, the collapse of emergency services and the possibility of ICU bed shortages. Personally, the fear of infecting my parents and/or family and causing them to become ill or even die because of me".

"The feeling of unreality and fear in the face of uncertainty".

"I try to have a positive attitude, but I cannot have a normal life or go out into nature. Sadness, impotence, discomfort, anxiety...".

"Denial, anger, fear, helplessness, acceptance".

"A roller coaster of emotions. One day I am happy and active, and the next day I am sad and do not want to get out of bed".

Family relationships have also been affected by many health professionals since this situation made it necessary to carry out triple protection: to look after the patients, themselves, and their families. The public administrations have put at the service of the sanitary hotels to avoid putting in danger of contagion their families. Although, among the informants, this has been a little choice, it has been very traumatic for those who have chosen. As a result, most opted for self-isolation at home, not interacting with their families, locking themselves in a room during confinement, and leaving only to go to the hospital to work, to avoid the risk of contagion:

"I was terrified for my daughters, my wife and me who do not have PPE and I had to leave home, wash my clothes in a laundry room..., I bought my PPE, my life, my family's life, and my health are above all, psychologically for my family and me terrible, I was 20 days alone and in a basement that only had the floor, a light bulb, no windows, I was freezing, without hygiene measures, because I only had a sink and a toilet, a refrigerator and a microwave. The famous hotel without access and we added without the support of our management. I could go on, but why, the pressure has been brutal at work and in my day-to-day life alone and those conditions".

"At the moment I am fine, isolated in the bedroom without seeing the family that lives at home, a wife and two daughters, the reason: to be in the care of COVID-19 patients, I cannot afford to infect them if I catch it, for safety, I only go out to work when it is my turn; basically that is my life, accompanied by the radio and cell phone. So I am not complaining, it is what it touches".

To these situations of uncertainty and even panic of the first days was added one more difficulty: the need to reconcile work and family life. Health professionals highlight the great difficulty of combining work and care or, in other words, extreme work situations (a precaution against contagion, maintenance of constant hygiene measures, permanent washing of clothes, and avoiding any contact) with the care of their children, as a consequence of the closure of educational centers and day-care centers mainly, or other dependent relatives:

"The problem of having to find someone to stay with my children, three minor children".

"Going to my workplace is not a problem for me, since it comforts me in my work. However, at home, I have changed my habits since I left my family home and moved to a country house, to not infect my relatives in contracting COVID-19. Increase hand hygiene, clothing, food preparation...".

"Little support for toilets with school-age children who cannot be left alone".

"It is very hard; the worst thing is when you leave home to go to work and when you return home, for fear of infecting your family".

"Personally, the fear of infecting my parents and/or family and that because of me they will suffer an illness or even die".

The lack of means, indications, and constant changes in guidelines for health personnel have been elements that have contributed to this increase in concern. However, health professionals make a connection between these elements and others of greater scope, linked to the economy (Lora Ochoa et al., 2020), politics, etc:

"Late action by the government, lack of means of action by the government, lack of means of protection and diagnosis, economic consequences".

"Disinformation, lack of clarity and unity, eternal press conferences to say nothing, feeling of mismanagement, repeated bad purchases".

"It causes me fear and anxiety, the PPEs provided, have arrived late and in small quantities, and sometimes they are not as effective as one would wish".

As we can see, crisis management is one of the elements on which the set of perceptions of the people interviewed pivots. The management has exposed the image of informants on political and administrative leaders:

"The delay of the containment measures, of foresight since we had Italy as an example and model to follow and it was not done".

"The delay in taking measures and the lack of sanitary and manufacturing infrastructure".

"The lack of personal protective equipment, the lack of management and organization, the lack of planning and a real committee of experts to deal with a national emergency of this magnitude".

Within this context, emotions have arisen in some of the typical participants of a state of continuous stress at work, anguish in the face of daily life, uncertainty about the course of events, risks to individual and collective health, sand indignation about public management. Therefore, the correct management of emotions is essential to alleviate these symptoms (Barrientos-Báez *et al*., 2019).

"Many emotions of sadness, helplessness, emotion for the support of society, disappointment on the part of some colleagues, fear of infecting your children and partner, pity to see so much pain in the relatives".

"Aversion, rejection, indignation".

"Pain, loneliness, abandonment, nightmare, unworthiness, grief, unpredictability, crying and uncertainty, poor performance and management...".

Another relevant data found is how the COVID-19 crisis affects the daily work of health professionals, in terms of performing their daily work (García Otero and Hernández Palma, 2020), with endless hours, increased workload, relationship with colleagues and/or patients, and the absence of PPE, which has required more outstanding teamwork and coordination, despite the existence of a continuous atmosphere of tension.

"Increased burden especially psychological, but with the partners more union between us".

"Bad security measures, more companionship and with the patients more responsibility on their part and a mutual appreciation towards patient/healthcare provider".

"More workload and mental, physical and psychological exhaustion, increased stress".

"Longer care, emotional burden, change of attitudes towards the same diagnoses".

Despite this union among the workers, moments of tension have put coordination and their ability to solve situations that previously might not have been so conflictive in check:

"COVID-19 has brought out the best and the worst in people, both partners and patients".

"PPE is uncomfortable, overwhelming, unsafe, I am not used to working in these conditions, and my day is filled with much tension everywhere".

"Every warning increases the fear and sense of risk. The entire team experiences more stress and tension".

"The relationship with colleagues in the same unit has been in most cases excellent, with support and solidarity and in other cases unsupportive, harmful and with minimal empathy for colleagues, patients, and families".

Although PPE is one of the extraordinary demands of health professionals, the paradox is that they are also one of the most significant physical burdens they have ever had to bear in their working day. The heat they give off, the tension of wearing them (as evidence of the risk situation they face), the fear of them breaking, etc., increase the tension and stress on health personnel:

"Yes, a lot more work and emotional burden and the handicap of having to work with PPE, uncomfortable and the pressure of an unknown virus".

"More quantity and complexity of the patients, not to mention all the time spent just to dress and protect ourselves every time we have to see them. Also, with PPE, the working conditions are worse; we spend a tough time in those suits, working with the patients".

"There has been a major metamorphosis of the entire emergency system. Every warning means an increase in fear and a feeling of risk. The entire team lives it with more stress and tension. Concerning the patients, PPE generates depersonalization and dehumanization. Besides, verbal communication is also more uncomfortable. Many elderly people panic, and two toilets arrive at

which they can only see their eyes and sometimes they can hardly hear or understand us because we are wearing masks".

One of the most outstanding elements of a culture is understanding, life and facing the transition to death. Unlike other countries, with the current health crisis, it has been possible to see how the accompaniment at the end of life is understood and carried out has had to change. The risk of contagion and loneliness in the last moments of life, have characterized this process. This has meant a different working model for health professionals:

"With dehumanization, putting on a blindfold".

"With sadness, impotence, and impossibility to comfort the relatives". "I think it is a terrible thing that no one will hold your hand".

In this sense, sometimes they have replaced the families themselves, who were absent by force, and have stayed with the patients until the last moment. The stories detail with pain that they stayed in the room and shook hands with them until they ended up dying. This death in solitude is a dehumanizing process, and the health professionals feared that it could have psychological consequences for themselves and their families:

"Many times, you have to shake their hand because they are alone".

"Sadness, frustration, lack of autonomy to decide how to die and how to assist the dying".

"This is already a very unfair situation for me ethically and morally. Because we all may die accompanied by our loved ones".

"With great sorrow, no one deserves to die alone in this way". "Too bad, in the long run, we will reproduce mental illness".

"A step backward in caring for the sick. We will have to find some measure in this respect".

However, there have also been exceptional situations, where after offering the possibility of accompanying the family member in the last moments, the relatives rejected this offer, and the people affected by the COVID-19 died alone:

"With the doctor, we agreed to inform the family member and that the patient could be accompanied during his last hours. A family member came in and got a PPE. The sad thing is that no one in the family wanted to go despite the invitation and the clear transmission that he was about to die".

"I have had to live with that, and the need for family members to abandon the patients. It is a hard situation which generates feelings of sadness and frustration".

As seen above, health professionals have played a significant role in this health crisis. They have constantly appeared in the media, unusually being the image of struggle and hope. Even from the very day of the announcement of the declaration of the state of alarm, signs of affection, love, and recognition appeared towards them:

"The population is grateful for the work of health professionals".

"The whole hospital and all the people outside it have turned to us with multiple displays of affection and helping in any way they can".

"I have felt a great recognition from my family, colleagues, social, and network of friends. Society has understood that we have gone to germ warfare and that not always all the means were available. But we never doubted that it was our duty".

Despite this, although the applause has been felt like social support, this perception is not homogeneous among the group of professionals, mainly because of the absence of PPE:

"The applause moved me the first few days, even shedding a few tears; however, by the government, I have not felt valued at all; I do not look at colors but at the fact that they do not give us adequate PPE".

"At no time have I agreed with the applause at 8 pm. We are not heroes, just some more workers, but with an unknown work for society".

"Instead of applause, we should ask for more protection for the health workers".

As reflected in this study, stress and anxiety have emerged as catalysts for the tremendous social pressure of health professionals. Many of them have had to resort to anxiolytics to neutralize feelings of distress and other emotions related to high-pressure episodes. It is paradoxical that, despite the cultural conditions (to go out to the street, proximity, and coexistence of neighbors and friends, empathy with the problems of others, etc.) and environmental conditions of our country (temperate temperatures, long periods of sun, etc.), there are high rates of consumption of pharmacological products related to anxiety:

"I have slightly increased the consumption of anxiolytics". "Increase of anxiolytics to fall asleep at night".

"I will need psychological help for stress management". "Especially in lack of exercise and taking anxiolytics". “Using anxiolytics, for not being able to sleep".

The increased consumption of medicines has been a guideline followed by health professionals, but there has been a dual behavior in the face of the same fact. On the one hand, from a community and ecological approach to health, where it is conceived as a situation beyond the antagonistic process of disease, far from the traditional model based on the health/disease binomial (Paez, 2011), health professionals have increased preventive attitudes to their health, incorporating healthy lifestyle habits such as increased physical exercise and increased healthy eating:

"I force myself to keep a schedule, do activities, and take breaks. I eat well and try to take care of my biological side".

"I exercise more and try to make my food as healthy as possible".

At the opposite pole, as stress relievers, health professionals have increased the consumption of unhealthy products, especially alcohol consumption and those characterized by high levels of sweeteners. In the narratives, they justify this change in consumption habits, relating them within a holiday context, a festive period where the unusual consumption of this product is a feature.

"Lack of exercise, consumption of more beer, eating more sweets". "I eat just, but I drink more alcohol than ever and more sweets".

"Healthy food, homemade, healthy not always, alcohol, beer-type meals to disconnect and with feelings of surrender".

4.2.Semi-structured interview: Questions with images

As described in the methodology, photography a means to enter various subjective aspects of health professionals to increase the intensity and diversity of their discourses, thus complementing the information provided through the interviews.

The first of these shows an image that will indeed remain in the memory, not only in Spain but also in other countries that also adopted it: balconies full of people applauding the health professionals at 8:00 pm (Figure 1).

Figure 1: Balconies were full of people applauding the health professionals at 8:00 pm.
Source: Telemadrid. https://cutt.ly/AheM2AY

The health professionals once again express their gratitude. Professionals feel emotion, gratitude, solidarity, and empathy. However, the symbolic component of these acts of recognition has not been perceived the same way as the weeks of confinement have increased.

"Spain, village festivals, charanga, jokes".

"We are just kidding, so we do not complain".

"All lies because when all this happens, we will still be the same riffraff to them".

This narrative shows the social distance between what the general population thinks about the origin of the applause and how important health professionals live it. Even given that as weeks went by, there were complaints about not following the confinement restrictions, they came to express their discontent since the population only had to stay at home, unlike the risk they were running at work. They even consider that the applause is associated with a moment of social distension where the neighbors use this period to retake, within the informality, social relations:

"Appreciation for people who could have done more than just applaud, but are thrilled at home to applaud and infect others".

"Support, but not for everyone, unity as all the neighbors go out, putting aside their differences and social gathering, to relate".

In the second of the images, the President of the Government, Pedro Sánchez, appears making one of the traditional weekend appearances where the implementation of measures to fight the COVID-19 was announced (Figure 2).

Figure 2: President of the Government, Pedro Sánchez, appears making one of the weekend appearances.
Source: La Moncloa. https://cutt.ly/Yhe1KvW

Although the health professionals in their speeches made the political representatives responsible for the situation we were experiencing, they personalize their complaints in the figure of the President of the Government. The anger and disdain with which they carry out some of their demonstrations stand out:

"Complacency, lack of self-criticism and ignorance".

"Disappointment, deception, mistrust, fear, uncertainty, manipulation, I feel that we have been treated as if we were ignorant, those discourses with empty words that did not give explicit instructions, but disconcerted us".

"Uncontrol, mistrust, fear, hypocrisy, thieves, murderers". "A desire to scream and not stop...".

While some positive messages empathize with your situation as a senior policymaker, these are very limited:

"He seems to be a man with fear, with much responsibility and trying to do the best for everyone".

"I would not like to see myself in the shoes of those who have had and will have to direct the destinies of this ship now adrift. However, I assume the best of their wills and, despite the mistakes and what they may do wrong, I think that others in their place would be just as bad or worse".

The third image shows health workers wrapped in plastic bags as PPE (Figure 3). One of the health workers has her thumb down as a sign of disapproval.

Figure 3: Health professionals at Monte San Isidro Hospital use garbage bags to make PPE.
Source: Leonoticias. https://cutt.ly/Yhe9f9N

The health professionals again emphasize the unprotected situation in which they have found themselves, even though they are in the front line of work:

"Anger, irritation, discomfort, feeling lonely or left to chance. Lack of individual protection, excess patients, the pressure to attend".

"Among the working staff of the different centers, there has been a feeling of helplessness when faced with contact with infected people without the appropriate protective equipment. Thus, improvising many times with the risk and danger of getting infected and spread".

"A group of angry professionals, I imagine that because of the lack of EPI and the need to use garbage bags, with fear, with anger, frustration and that they do not understand how they risk their lives while some politicians say that there has been no lack of protective equipment in any service".

The field hospital established in IFEMA (Madrid) appears in the fourth image (Figure 4). This is perceived as the critical point of the pandemic, of the absence of infrastructures in the Community of Madrid, and recognition by the professionals who had to work in those conditions.

Figure 4: The field hospital was established in IFEMA (Madrid).
Source: RTVE. https://cutt.ly/Ahe0d9A

They identify it with mismanagement, an extreme measure in the face of the politicians' inability to manage this health crisis adequately:

"Something now necessary but which should never have happened if management had been effective". "Collapse, reaction, struggle, overcoming".

"Lack of foresight, measures are taken late, lack of privacy, overcrowding". "Field hospital, overcrowding, little personal care".

"Manipulation towards public opinion, the effort of IFEMA's professionals has been commendable, but it is not the place to care for serious ICU patients, it has been a patch because of the lack of foresight and anticipation of what was to come. Since December, you could see it coming, and if you thought this, you were branded an alarmist".

Nevertheless, the fact of having been able to work in these conditions, of having raised the provisional hospital in such a short time to give a response to thousands of affected patients, is also valued positively:

"Strength for all the colleagues, are in those hospitals and respect for them".

"We have been able to weather the storm and set up war hospitals. It has been done very well".

"We are heroes because receiving nothing we have given everything. It is ours, but with the means, we have not been given".

The fifth image is divided into two parts. In one, the coffins appear in the Ice Palace (Madrid), and in the other, the burial of a person being buried by people wearing masks (Figure 5).

Figure 5: Ice Palace (Palacio de Hielo, Madrid) converted into a mortuary (upper). Source: El Mundo. https://cutt.ly/nhe3UlY. Burial in the cemetery of San José, Burgos (lower).
Source: Diario de Burgos / Luis López. https://cutt.ly/phe8ljP

The informants express their sadness and desolation for these events since, in these photographs, the tragedy is visualized, and the mourning process is reconnected in those difficult moments:

"Disaster, grief, sadness, excess deaths, crowding, confusion to identify, no proper goodbye".

"Pain and sadness... because of the great number of people and families affected, and above all, because together with the pain of death, it has not been possible to say goodbye as our culture has accustomed us to do. So I imagine it will have a very negative effect on the grieving process".

"The consequences of a catastrophe. Not very human farewells, much loneliness and the last goodbye that I believe nobody deserves, neither as a deceased person nor as a family member".

They even relate these situations again to the management carried out. The deaths are closely linked to political decisions and the adoption or absence of measures. Therefore, we see the constant connections between mortality and public management in the narratives of the interviewees:

"Impotence, for not having put the measures in place before and having avoided so many deaths, and much pain".

"Consequences of mismanagement". "Too many avoidable deaths".

"Overflow, lack of political foresight, desolation".

The last of the images shown is perhaps one of the most controversial as it displays women showing at the rally to commemorate March 8 (Figure 6).

Figure 6: The manifestation of March 8 (8-M) in Madrid.
Source: El Diario. https://cutt.ly/Bhe8GIK

One of them holds up a banner with the slogan: patriarchy kills more than the coronavirus. The reason for showing this last image is because of the political and media character that this concentration had had just days before the state of alarm was declared. The media and political parties have used this rally to discredit opposing views, and the government has been accused of delaying measures by maintaining this rally with the information it had at the time about the coronavirus:

"Massive contagion. Although this was not the only mass mobilization, all meetings of over 20 people should have been stopped a week earlier!".

"Outrage. Events like this, if they had been banned, the result would now be fewer deaths". "Ideology over security".

"Irresponsible, reckless, crazy and responsible for the magnitude of the current problem".

However, they also maintain an equidistant position since, although the need for the demonstration is recognized given the gender inequality in all public spaces, and the difficulty in eradicating gender violence, it is also doubted whether the government acted adequately by allowing it.

"They have the right, but if the government knew of the risk of propagation, they should have prohibited it and informed the reason in as much detail as possible".
"Freedom of expression, but those who had to stop it did not want to because politics comes before human life".

"A necessary demonstration, which this year has been disastrous, but no one foresaw what was to come".

5. Conclusion

Among all the hypotheses and discussions that underlie the pandemic sweeping the entire planet, the social representation of the structure that makes up the civilization in which we live, where culture, as an influential part of existence, plays a determining role. Life and death gain continuously changing representations to adapt to the new forms of life that this situation has generated, in which all of society has been affected.

As a fundamental part of the physical recovery, the health care workers have been the main actors, assuming at the same time different roles: health care workers, therapists, patients, family members, etc., also having to carry out their professional work, with much more workload, not oblivious to the emotion that health-illness-care provokes in every human being. This fact has sometimes meant changes in their habits, such as the intake of unhealthy foods, anxiolytics, and the increase of healthy

habits such as a good diet or physical exercise, from a perspective of disease prevention and maintenance of their health.

Finally, health professionals criticize the management of the crisis by political and institutional leaders, not feeling represented by them and perceiving that they have been put on the "first line of battle" without adequate means and protection, exposed, therefore, to a high vulnerability.

Of course, the recovery of all the strata that have been affected will depend on many well- connected elements, but above all, it will require a good change between the bio-psychosocial and cultural aspects in which we human beings develop all over the planet.

This research has been developed in a context of great difficulty accessing health professionals due to the social and health circumstances derived from the first wave. One of them is the sample and its territorial location. Although these data cannot be extrapolated to Spain, this should not be considered a bias because this is a pioneering study on how health professionals dealt with the first impact of COVID-19. The discourses, perceptions, dispositions, etc., of the participants, are of great scientific value and deserve to be highlighted, although they cannot be generalized. This first limitation is linked to a second: the lack of distance from the fact studied. In other words, the lack of knowledge of the situation generated in the health system, the fear of the unknown, and the uncertainty of the possible social, political, economic, and cultural consequences play an essential role in the discourse of the social actors.

Acknowledgments

We want to thank the health workers for their valuable time, mainly because of the adverse circumstances they faced, in carrying out this research

6. References

Aladro Vico, E. (2020). Comunicación sostenible y sociedad 2.0: particularidades en una relación de tres décadas. *Revista de Comunicación de la SEECI,* 53, 37-51. https://doi.org/10.15198/seeci.2020.53.37-51

Aneas, M. A., & Sandín, M. P. (2009). Intercultural and cross-cultural communication research: Some reflections about culture and qualitative methods. *Forum: Qualitative Social Research, 10*(1), 1- 19.

Antón, F. (2013). Aproximación antropológica a la seguridad. *Universitas*, 19, 73-100. https://doi.org/10.17163/uni.n19.2013.03

Bacallao-Pino, L. M. (2016). Dimensiones de la mediación comunicativa en los movimientos sociales latinoamericanos. *Perspectivas de la Comunicación, 9*(1), 65-81.

Barrientos-Báez, A. (2019a). El desarrollo de la inteligencia emocional en los estudios del Grado en Turismo en la Universidad de La Laguna (Tenerife). Tesis Doctoral. Universidad Camilo José Cela. https://bit.ly/3wWEPnk

Barrientos-Báez, A. (2019b). Redes sociales, salud física e inteligencia emocional. En VV.AA. Tecnología Digital para la Salud y la Actividad Física (pp. 291-315). Pirámide.

Barrientos-Báez, A., Barquero-Cabrero, M., & Rodríguez-Terceño, J. (2019). La educación emocional como contenido transversal para una nueva política educativa: el caso del grado de turismo. *Revista Utopía y Praxis Latinoamericana, 24*(4), 147-165. https://produccioncientificaluz.org/index.php/utopia/article/view/29796

Bellizzi, S., Fiamma, M., Arru, L., Farina, G., & Manca, A. (2020). Covid-19: The daunting experience of health workers in Sardinia, Italy. *Infection Control & Hospital Epidemiology, 41*(9), 1118-1119. https://doi.org/10.1017/ice.2020.149

Castañeda-Hernández, D. M., & Rodríguez López, J. I. (2020). Covid 19 - La pandemia. Una mirada a sus impactos en Latinoamérica. *Revista Venezolana de Gerencia, 25*(91), 746-753. https://doi.org/10.37960/rvg.v25i91.33162

Cerezo Prieto, M. (2020). Sesgos cognitivos en la comunicación y prevención de la covid-19. *Revista Latina de Comunicación Social*, 78, 419-435. www.doi.org/10.4185/RLCS-2020-1483

Díaz, Z., Aguilar, T., & Linares, X. (2015). La antropología médica aplicada a la salud pública. *Revista Cubana de Salud Pública, 41*(4), 655-665. https://doi.org/10.1590/s0864-34662009000100010

Escobar, A. (2005). Bienvenidos a Cyberia: Notas para una antropología de la cibercultura. *Revista de Estudios Sociales*, 22, 15-35. https://doi.org/10.7440/res22.2005.01

Fernández, G., Farina, P., Arráiz de Fernández, C., & Troya, E. (2020). Consecuencias del maltrato infantil en un hospital de Maracaibo-Venezuela. *Revista de Ciencias Sociales, 26*(1), 187-202. https://doi.org/10.31876/rcs.v26i1.31319

García-Martín, I., Ortega-Mohedano, F., & Pérez-Peláez, M. E. (2021). Comunicación y espacios culturales en tiempos de covid-19. *Vivat Academia, Revista de Comunicación,* 154, 21-43. https://doi.org/10.15178/va.2021.154.e1261

García Otero, R., & Hernández Palma, O. I. (2020). Derechos humanos y mecanismos de control normativo internacional en el marco de la pandemia covid-19: reflexión desde el control de convencionalidad. *Utopía y Praxis Latinoamericana, 25*(1), 116-132. https://produccioncientificaluz.org/index.php/utopia/article/view/34164

Gómez Cardona, L. (2013). Por una antropología médica crítica hoy. *Maguaré, 27*(2), 21-65.

Gómez-Galán, J. (2015). Los medios de comunicación en la globalización: Implicaciones culturales, educativas y éticas. In O. Támez (Ed.), Ética, Gobernanza y Desarrollo (pp. 31-47). Málaga: SAI. Gómez-Galán, J. (2020). The black death and other historical pandemics. *Frontiers of Science*, 7, 62-75.

Gómez-Galán, J. (2020). Media education in the ICT era: Theoretical structure for innovative teaching styles. *Information, 11*(5), 276. https://doi.org/10.3390/info11050276

Guanche, H. (2020). Covid-19. A challenge for healthcare professionals. *Revista Habanera de Ciencias Médicas, 19*(2), 1-3.

Guerra Rubio, L. M., & Eiriz García, O. (2018). El dengue: su enfoque comunicativo, aciertos y desafíos. *Revista de Comunicación y Salud, 8*(2), 51-64. http://doi.org/10.35669/revistadecomunicacionysalud.2018.8(2).51-64

Hartley, J., Ibrus, I., & Ojamaa, M. (2020). On the Digital Semiosphere: Culture, Media and Science for the Anthropocene. New York: Bloomsbury Publishing USA.

Hernández-Fernández, L. (2021). Editorial 2020, un año de dificultades y retos tras el covid-19. *Revista de Ciencias Sociales, 27*(1), 7-10. https://produccioncientificaluz.org/index.php/rcs/article/view/35324

Herrero, J. C., & Toledo Chávarri, A. (2012). La profesionalización de la comunicación para el desarrollo: relaciones entre la teoría y la práctica. *CIC. Cuadernos de Información y Comunicación,* 17, 255-266. https://doi.org/10.5209/rev_CIYC 2012.v17.39267

Hsieh, E., & Kramer, E. M. (2021). *Rethinking Culture in Health Communication: Social Interactions as Intercultural Encounters.* John Wiley & Sons.

Huremović, D. (2019). *Psychiatry of pandemics.* Springer Nature.

Junge P. (2001). *Nuevos paradigmas en la antropología médica.* In Actas del IV Congreso Chileno de Antropología (pp. 18-23). Santiago de Chile: Colegio de Antropólogos de Chile.

Kristensen, N. N. (2021). *Rethinking Cultural Criticism: New Voices in the Digital Age.* Springer Nature.

Lázaro-Pérez, C., Jimenez, F., & Correa, M. (2017). La muerte del ser humano. In F. Jimenez, P. Román, & M. Díaz (Eds). *Cuidados de Enfermería en Situaciones Complejas de Salud: Proceso Oncológico, Cuidados Paliativos, Muerte y Duelo* (pp. 34-41). Univesidad de Almería.

Lévi-Strauss, C. (1994). *Saudade do Brasil.* Plon.

Lominchar Jiménez, J. (2020). Visión del cambio Covid-19: Impacto en la fuerza de trabajo y profesionales autónomos. *Revista Venezolana de Gerencia, 25*(4), 12-31. https://produccioncientificaluz.org/index.php/rvg/article/view/35213

Lora Ochoa, C., Anaya Narváez, A., & Pinedo López, J. (2020). Economía social y Covid-19: aportes y perspectivas en Colombia. *Utopía y Praxis Latinoamericana, 25*(1), 303-320. https://produccioncientificaluz.org/index.php/utopia/article/view/34185

Malinowski, B. (1967). *A Diary in the Strict Sense of the Term*. Harcourt, Brace & World. Martín-Antoranz, P., Cabezuelo-Lorenzo, F., & Bartolomé-Muñoz-de-Luna, Ángel. (2019). Competencias y formación ética de los profesionales de la comunicación corporativa en contextos interculturales. *Revista de Ciencias de la Comunicación e Información, 24*(1), 59-72. https://doi.org/10.35742/rcci.2019.24(1).59-72

Martínez-López, J. Á., Lázaro-Pérez, C., Gómez-Galán, J., & Fernández-Martínez, M. D. M. (2020). Psychological impact of covid-19 emergency on health professionals: Burnout incidence at the most critical period in Spain. *Journal of Clinical Medicine, 9*(9), 3029. https://doi.org/10.3390/jcm9093029

Martínez-López, J. Á., Lázaro-Pérez, C., & Gómez-Galán, J. (2021). Burnout among direct-care workers in nursing homes during the covid-19 pandemic in Spain: A preventive and educational focus for sustainable workplaces. *Sustainability, 13*(5), 2782. https://doi.org/10.3390/su13052782

Mas Esquedo, J (2020). *Secuelas psicológicas de la crisis del coronavirus en el personal sanitario e interviniente.* BIE3: Boletín IEEE, 19, 607-614.

Mead, M., & Bateson, G. (1977). On the use of the camera in anthropology. *Studies in the Anthropology of Visual Communication, 4*(2), 78-80. https://doi.org/10.1525/var.1977.4.2.78

Merrill, S., Keightley, E., & Daphi, P. (Eds.). (2020). *Social Movements, Cultural Memory and Digital Media: Mobilising Mediated Remembrance.* Springer Nature.

Mestre Ortega, P., Bote Ruiz-de Gordoa, J. J., Mira Roldán, A., Buendía Domínguez, R., & Bravo Hernández, M. A. (2018). Análisis de impactos de los medios de comunicación de los casos de la fiebre hemorrágica de Crimea-Congo en la Comunidad de Madrid. *Revista de Comunicación y Salud, 8*(1), 99-109. https://doi.org/10.35669/revistadecomunicacionysalud.2018.8(1).99-109

Molina, J. (2011). El sufrimiento humano como experiencia personal y profesional. *Revista Bioética,* 6, 4-9.

Páez, R. (2011). La investigación de la industria farmacéutica condicionada por los intereses del mercado. *Acta Bioethica, 11*(2), 237-246. https://doi.org/10.4067/s1726-569x2011000200010 Rodríguez Vidales, Y. (2010). El ala oeste de la Casa Blanca (The West Wing): Un tratado de Comunicación Política Institucional. *CIC. Cuadernos de Información y Comunicación*, 15, 85-121. https://revistas.ucm.es/index.php/CIYC/article/view/CIYC1010110085A

Roman, G., Álvarez-Rementería, M., Pérez-Izaguirre, E., & Dosil, M. (2020). El rol de los medios de comunicación en situaciones de crisis sanitaria. La percepción de la población en torno al control y las normas sociales durante la pandemia del Covid-19. *Revista Latina de Comunicación Social,* 78,437-456. www.doi.org/10.4185/RLCS-2020-1484

Romeu V. (2016). La posibilidad del diálogo en las relaciones interculturales. *Perspectivas de la Comunicación, 9*(2). 71-91.

Ruiz Torres, P. (2021). Covid-19: Teletrabajo en tiempos de pandemia. *Historia y Comunicación Social, 26*(Especial), 11-18. https://doi.org/10.5209/hics.74237

Russell, H. (1995). *Métodos de Investigación en Antropología.* Altamira Press.

Saborío, L., & Hidalgo, L.F. (2015). Síndrome de Burnout. *Medicina Legal de Costa Rica, 32*(1), 119- 124.

Sanjuán-Pérez, A., Martínez-Costa, S., Videla-Rodríguez, J. J., & Nozal-Cantarero, T. (2020). Información sobre coronavirus y covid-19 en las principales cadenas españolas de TV en el período previo al confinamiento. *Profesional de la Información, 29*(6), e290611. https://doi.org/10.3145/epi.2020.nov.11

Santamarina, B. (2008). Antropología y medio ambiente.Revisión de una tradición y nuevas perspectivas de análisis en la problemática ecológica. *AIBR, 3*(2), 144-184. https://doi.org/10.11156/aibr.030203

Semple, S., & Cherrie, J. W. (2020). Covid-19: Protecting worker health. *Annals of Work Exposures and Health, 64*(5), 461-464. https://doi.org/10.1093/annweh/wxaa033

Sarmiento Guede, J. R., & Rodríguez Terceño, J. (2018). La comunicación de boca en boca electrónica en los medios sociales. Análisis de sus antecedentes. *Revista de Comunicación de la SEECI*, 45, 129-148. http://doi.org/10.15198/seeci.2018.45.129-148

Sevilla, M., & Álvarez, N. (2002). La enfermedad del SIDA: Un estudio antropológico desde la perspectiva del discurso. *Cuicuilcuo, 9*(24), 191-216.

Sheldon, P., Herzfeldt, E., & Rauschnabel, P. A. (2020). Culture and social media: The relationship between cultural values and hashtagging styles. *Behaviour & Information Technology, 39*(7), 758-770. https://doi.org/10.1080/0144929x.2019.1611923

Tomasello, M. (2010). *Origins of Human Communication.* MIT Press.

Van Ommeren, M., & Saxena S. (2005). Aid after disasters. BMJ, 330, 1160-1161. https://doi.org/10.1136/sbmj.0506223

Vargas, L. A., & Casillas. L. E. (2007). Perspectiva antropológica de la consulta médica: Entre la ciencia y el arte de la medicina. In C. Tena, & F. Hernández-Orozco (Eds.). *La Comunicación Humana en la Relación Médico-Paciente* (pp. 79-110). Editorial Prado and CONAMED.

Vargas Delgado, J. J. (2020). Stress coaching 0.0. Experimental programa de coaching para reducir el estrés. *Revista de Ciencias de la Comunicación e Información, 25*(2), 71-90. https://doi.org/10.35742/rcci.2020.25(2).71-90

Vázquez, A. (2008). Peter Sloterdijk: Espacio tanatológico, duelo esférico y disposición melancólica. Nómadas. *Revista Crítica de Ciencias Sociales y Jurídicas*, 17, 159-170.

Vega Jiménez, P. (2021). Costa Rica: dos pandemias en un siglo. *Historia y Comunicación Social, 26*(Especial), 1-10. https://doi.org/10.5209/hics.74236

AUTORES:

Cristina Lázaro Pérez
Professor at the University of Murcia (Spain). PhD in Anthropology from the University of Murcia, Degree in Psychology and Master in Psycho-oncology, Anthropology, etc.. She belongs to the research groups "Consciousness, Culture and Identity" and "Sociology of Social Welfare and Aging" of the University of Murcia and the University Institute for Research on Aging. Author of books and multiple scientific articles, of which we can highlight those collected in the quartiles Q1 and Q2 of JCR and Scopus. She has attended as a speaker at numerous educational and scientific conferences in different countries. Her main research has been developed in a hospital context.
cristina.lazaro2@um.es
Índice H: 7

Orcid ID: https://orcid.org/0000-0002-1316-0201
Research Gate: https://www.researchgate.net/profile/Cristina-Lazaro-Perez

José Ángel Martínez López
Associate Professor (accredited to Full Professor) and Vice-Dean of Internships and Employability at the Faculty of Labor of the University of Murcia (Spain). He holds a Master's degree in Social Problems (UNED) and a PhD in Sociology (University of Murcia). He has been visiting professor at the Complutense University of Madrid (Spain) and Conventry University (UK). Author of dozens of scientific publications, of which we can highlight those included in the Q1 and Q2 quartiles of JCR and Scopus. As a result of his scientific and academic career, he has presented more than twenty communications in research and teaching congresses, both national and international. Coordinator of the Office of Social Care at the University of Murcia.
jaml@um.es
Índice H: 8
Orcid ID: https://orcid.org/0000-0002-6871-7265
Research Gate: https://www.researchgate.net/profile/Jose-Angel-Martinez-Lopez

José Gómez Galán
Professor at the University of Extremadura (Spain) and Research Professor at the Ana G. Méndez University (Puerto Rico-USA). D. in Philosophy and Educational Sciences (UNED) and Ph.D. in Geography and History (Universidad Complutense de Madrid). National Award for Educational Research and Award for Teaching Excellence (DOCENTIA). Director of research groups at international level. Director of academic journals. Author of more than 300 multidisciplinary scientific publications, of which we can highlight those included in the Q1 and Q2 quartiles of JCR and Scopus. He has been professor and/or researcher at the universities of Minnesota (United States), Oxford (United Kingdom), La Sapienza of Rome (Italy), several Latin American universities, etc.
jgomez@unex.es / jogomez@uagm.edu
Índice H: 23
Orcid ID: https://orcid.org/0000-0002-9417-8824
Research Gate: https://www.researchgate.net/profile/Jose-Gomez-Galan

María José del Pino Espejo
Associate Professor at the Universidad Pablo de Olavide (Seville, Spain). Degree in Political Science and Sociology and PhD from the University of Cordoba. She has been Erasmus Graduate Fellow in the Master in European Social Policy Analysis (University of Bath, UK). She has done stays at the universities of Tilburg (Netherlands) and Maynooth (Ireland). Graduiertenkoleg postgraduate fellow at MZES, Mannheim (Germany), with a stay at the Institute for Advanced Social Studies IESA-CSIC in Cordoba (Spain). He has led projects for several European institutions. Her main research, most of it published in high impact articles and presented at conferences, focuses on stress, health, gender violence and human development.
mjpinesp@upo.es
Índice H: 5
Orcid ID: https://orcid.org/0000-0002-5271-5820
Research Gate: https://www.researchgate.net/profile/Maria-Espejo-3