

The United Nations through the World Health Organization has shown that crises or disasters can have a profound impact on the population's physical and mental health (World Health Organization, 2003).

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population. Straus and collaborators (2004) suggested that during an outbreak, limited availability of information about the disease can have a negative impact on healthcare staff. In addition, Maunder (2004) highlights the importance of effective risk communication. In the case of healthcare providers, when they are overwhelmed by the emergency, the capacity and quality of the service provided may be affected.

Consistent with this, a number of authors have highlighted the important role played by the sense of uncontrollability and the following factors as contributing to stress: novelty, unpredictability, uncontrollability and threat. Other factors, such as the intensity of the threat, the type of context and risk or protective factors of the individual and group, may contribute to stress (Dikerson & Kemeny, 2004).

McEwen (1998) and McEwen (2006) described two factors that determine the individual's response to stressful situations: 1) the individual's perception of the situation, and 2) the individual's general physical health, which is influenced by genetic and behavioural variables. In addition, McEwen (2006) suggests that other important factors are the individual's early childhood experiences and his or her current life situation. For McEwen, the process of allostasis refers to the individual's capacity to maintain an equilibrium between all these factors so as to promote effective adaptation.

The reactions of individuals and human groups to emergency and disaster situations have been studied from a psychological perspective. As unexpected situations, emergencies put at risk the physical and



Healthcare staff who had contact with patients were more likely to report being female, under 30 years of age, to feel tired, angry, tense, and to have negative feelings in relation to their sleeping, working, leisure and exercise habits (Table 4). In addition, this group reported being aware of the stress, tension, and epidemiological and work-related risks related to the health emergency.

Finally, the questionnaire of lifestyles and personal behaviours

In the context of a public health emergency all health personnel are at risk of contagion during the epidemic outbreak, especially when the agent in question is unknown, as it occurred with infectious agents such as HIV, SARS and most recently H1N1 influenza, where the diagnostic and management protocols were not yet established. As a consequence, the perception of risk is higher than usual, affecting the population's subjective experience and interfering with an efficient and proactive response. According to the theory of uncontrollability, the novel, unpredictable, uncertain and fear are the interrelated forces that contribute to a significant stress response in healthcare workers (Dikerson & Kemeny, 2004; Maunder, 2004).

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contributing to absenteeism which aims to reduce the associated stress and symptoms; however, these reactions tend to reappear immediately once the source of stress is experienced again (Aldrete, Pando, Aranda & Torres, 2006).

The psychological interventions that have been proposed for this type of emergencies recommend distinguishing the event qualitatively as an emergency situation, disaster or catastrophe in relation to organizational and economical aspects (Marcuello, 2006). In designing the intervention, it is important to consider the characteristics of the event, the people and institutional context with a flexibility that takes into account the conditions that arise in the course of the emergency. This will allow defining which population requires treatment, the time and place of the intervention, and the material and human resources available (Rodríguez, Davoli & Pérez, 2009) aiming, whenever possible, to meet the requirements of immediacy, proximity, simplicity and the expectative of a prompt recovery.

Based on the findings of the present study and on our clinical experience, we propose a number of recommendations:

- The most frequently identified source of stress among healthcare staff is the lack, and therefore the need of, information to maintain its professional competence. The information must meet the following characteristics: clear, accurate, trust worthy, reliable and timely. Following Macías (2009) recommendation the information must include the proper authorities, healthcare staff and general population. Strauss and collaborators (2004) consider that the paucity of information about the aetiology and transmission of the disease is an added difficulty during the outbreak. Maunder (2004) suggests that effective communication needs to

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