

CONCERNS AND SOCIAL CHANGE DURING THE CORONAVIRUS PANDEMIC IN COLOMBIA

PREOCUPACIONES Y CAMBIO SOCIAL DURANTE LA PANDEMIA DE CORONAVIRUS EN COLOMBIA

PREOCUPAÇÕES E MUDANÇAS SOCIAIS DURANTE A PANDEMIA DE CORONAVÍRUS NA COLÔMBIA

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Objective: to describe the concerns and social changes of people during the coronavirus pandemic in Colombia. **Method:** quantitative descriptive-exploratory study, carried out with 352 people in Colombia, using a structured form on *Google Forms* in March 2020. The data analysis was done by descriptive statistics. **Results:** social or physical isolation has generated an impact on the lifestyle of people in Colombia, which has led them to have concerns that lead to ruminant thoughts, associated with stress generators, related to economic, labor and health problems of their families. **Conclusion:** the coronavirus pandemic has caused concerns, alterations and consequent changes to the lifestyle of people in Colombia, a situation that must be managed interprofessionally and holistically by nursing professionals.

Descriptors: Pandemic. Coronavirus infections. Social change. Self-perception.

Objetivo: describir las preocupaciones y los cambios sociales de las personas durante la pandemia por coronavirus en Colombia. *Método:* estudio cuantitativo de tipo descriptivo-exploratorio, realizado con 352 personas en Colombia, por medio de un formulario estructurado de *Google Forms* en marzo de 2020. *El análisis de datos se realizó por medio de estadística descriptiva.* *Resultados:* el aislamiento social o físico ha generado un impacto en el estilo de vida de las personas en Colombia, lo que los ha llevado a tener preocupaciones que conducen a pensamientos rumiantes, asociados con factores generadores de estrés, relacionados con los problemas económicos, laborales y de salud de sus familiares. *Conclusión:* la pandemia de coronavirus ha causado preocupaciones, alteraciones y cambios consecuentes al estilo de vida de las personas en Colombia, situación que debe ser manejada interprofesional y holísticamente por profesionales de Enfermería.

Descritores: Pandemia. Infecciones por Coronavírus. Cambio Social. Autopercepción.

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Objetivo: descrever as preocupações e as mudanças sociais das pessoas durante a pandemia do coronavírus na Colômbia. Método: estudo quantitativo descritivo-explicativo, realizado com 352 pessoas na Colômbia, utilizando um formulário estruturado do Google Forms em março de 2020. A análise dos dados foi feita por meio de estatística descritiva. Resultados: o isolamento social ou físico gerou um impacto no estilo de vida das pessoas na Colômbia, o que as levou a ter preocupações que geram pensamentos ruminantes, associados a fatores de estresse relacionados a problemas econômicos, trabalhistas e de saúde de seus familiares. Conclusão: a pandemia de coronavírus causou preocupações, alterações e consequentes mudanças no estilo de vida das pessoas na Colômbia, uma situação que deve ser gerenciada interprofissional e holisticamente por profissionais de Enfermagem.

Descritores: Pandemia. Infecções por coronavírus. Mudança social. Auto-percepção.

Introduction

In December 2019, an outbreak of respiratory disease in the Wuhan province of China led Chinese scientists to identify the emergence of a new type of coronavirus that was named in February 2020 as SARS-COV-2. This virus causes the disease known as Covid-19, which presents a clinical picture ranging from asymptomatic infections to severe respiratory conditions, leading people to require ventilatory support for the treatment of respiratory insufficiency⁽¹⁾.

Covid-19 has become a pandemic because it is a highly contagious agent secondary to the route of transmission by contaminated respiratory droplets (aerosols) between people at close range (1.5m). Prolonged contact is the highest risk factor, and the spread of casual contact is less likely. Most infections occur in symptomatic patients, but may occur in asymptomatic patients and even in persons incubating the disease⁽²⁾. This type of transmission definitely makes humans physically isolated, causing social and personal impacts, especially in more unequal countries, such as lower demographic, education, and health indicators⁽²⁾.

One way to minimize the impacts caused by the context of the pandemic, countries, states and municipalities, is to adopt different strategies for the containment of the pandemic. Mandatory quarantines or social and health barriers are generally recommended as isolation measures for this type of transmission: distance between patients, use of single room, use of waterproof gowns, gloves, goggles and surgical or FFP2-type masks for health professionals, except in situations of special risk⁽²⁻³⁾. And if it is a radical

decision, this measure was the most effective for the control of the disease, which consequently affected the daily life of the world and especially of the family micro-systems, so it is essential to identify and describe the concerns, social changes and health needs of people. Meanwhile, these measures are also generating new impacts, being worthy of research⁽⁴⁾.

In the Colombian scenario, the new Coronavirus pandemic has already reached, until May 24, 21,175 infected cases, 5,016 recovered persons and 727 dead, affecting more than 24 Departments and/or States of the country. There is a great concern about the advance of the new cases daily, as well as with the clinical evolution of the active cases and the total number of deaths by Coronavirus, taking into account the possibility of impacts in the maintenance of life, the health system, the economy and other essential requests to the human condition⁽⁵⁾.

Taking into account this panorama, it becomes necessary to justify that nurses must dimension the possibility of the appearance of pandemic impacts in the human relations in Colombia and its relation with the form in which the population reacts and faces the pandemic context, it is essential to identify the preoccupations and social changes in a specific and unique style of life in each territory. Thus, it is observed that individuals and their families have been in this isolation for more than 90 days in which the behavior of the pandemic is found, but at the same time a series of needs of this first need are generated, related to the way of surviving. From nursing is an opportunity to manage care

focused on the needs of the individual and their families in the dimensions of personal, family, social, spiritual, emotional, professional and economic.

Consequently, coping with the pandemic requires social isolation at home, which can lead to significant social concerns and changes in coping with the economic consequences of confinement, leading individuals and families to experience psychological and emotional symptoms such as anxiety, depression, and financial worries⁽⁶⁾.

Understanding worry as a sensation that produces anxiety, fear, anguish about something that has happened, or is going to happen, is a warning sign that warns of an imminent danger and allows the person to take action to deal with the threat⁽⁷⁾. And social change defined as a change, alteration, modification or evolution of human behavior and culture, which over time, results in measurable consequences on the values and norms of society⁽⁸⁾.

Based on this background, the research group proposes the following gaps in knowledge, where it is currently unknown what the concerns and social changes secondary to the Covid-19 pandemic are in the Colombian context which are the personal and family dynamics of Colombians in the face of Covid-19, situations that enable the proposal of strategies to address the needs identified in subsequent studies. To investigate the phenomenon, this study was guided by the research question: What are the concerns and social changes of people during the coronavirus pandemic in Colombia? To answer this question, the objective is to describe the concerns and social changes of people during the coronavirus pandemic in Colombia.

Method

This is a quantitative descriptive and exploratory study⁽⁹⁻¹⁰⁾. For the sample calculation a non-probability sample (convenience) was used which was selected because it is an accessible population since they are easily available⁽¹¹⁾. It aims to explain the characteristics of the

individual, situations or groups in particular, describing the concerns and social changes of people facing preventive social isolation caused by the Covid-19 pandemic in the Colombian context.

For the preparation of this study, the following inclusion criteria were considered: to be over 18 years old, to reside in the national territory, to have a preserved cognitive state, to have access to the Internet service and to have basic knowledge of information and communication technologies management. The exclusion criteria were people who identified themselves as having a cognitive deficit that prevents them from carrying out the survey.

The realization of the digital survey *Ad Hoc* was carried out in Google Forms, composed of eight items, once the final version was reviewed by a group of experts and researchers, its final version was composed of 10 questions, which address the following variables:

1. *Characterization of the population*: age, gender, occupation, geographical location within Colombian territory and affiliation to the health system (subsidized, contributory, special regime and none).

2. *Description of concerns*: related to what people are most concerned about due to the current pandemic situation, such as: economic, academic, and employment situation, health status, health status of family members, leisure time occupation, stress, lack of physical exercise, and others.

3. *Description of social changes*: during the social isolation required by Covid-19. Related to eating more than usual; changes in sleep cycle; presence of nightmares; spending more time watching TV; video game or other.

Although this is a descriptive type study with a survey, the ethical criteria of the research were satisfied, safeguarding the confidentiality, anonymity, reliability and veracity of the data generated.

The data was collected between March 22 and April 8, 2020, downloaded from Excel and analyzed with descriptive statistics. It should be highlighted that the central theme of this study

is the concerns and social changes perceived by people in quarantine due to the global health emergency. It does not focus on intervention processes or biomedical procedures and therefore the probability of participants suffering immediate or delayed health-related harm is minimal. At the beginning of the research, a brief introduction is made and it is clarified that the person agreeing to complete is consenting to the information being kept confidential, used for academic and research purposes by a group of nurses.

The ethical considerations for this study were based on Resolution 8430 of 1993, of the Republic of Colombia, which establishes scientific, technical, and administrative standards for health research, classified as minimal risk in accordance with Article 11, which describes the category as “prospective studies that use data recording through common procedures consisting of: physical or psychological diagnostic tests or routine treatment”⁽¹²⁾. As a way to guarantee methodological rigor, we adopted the best SQUIRE 2.0 criteria throughout the process.

Results

The participating population was people over 18 years old, obtaining 352 answers through the Google Forms digital survey, where the results were organized according to the characteristics of the population, the concerns and the social changes of people facing the Covid-19 pandemic.

Characterization of the population

The study included 352 people, 247 (70.2%) women and 104 (29.5%) men. The participants are part of the Colombian population, with the participation of 22 of the 32 departments of the country; the department of Cundinamarca had 270 (76.7%), Boyacá and Casanare had 20 (5.7%), Antioquia and Tolima with 7 (2%), Meta with 4 (1.1%), Bolívar, Cauca Córdoba, Huila,

Magdalena, Norte de Santander, Santander and Valle del Cauca with 2 (0.6%), Arauca, Caquetá, Cesar, Chocó, Guaviare, Nariño, Sucre and Quibdó with 1 (0.3%).

The age group from 10 to 20 years old was 16 (4.5%), 21 to 30 years old 108 (30.7%), 31 to 40 years old 119 (33.8%), 41 to 50 years old 71(20.2%), 51 to 60 years old 29 (8.2%), 61 to 70 years old 5 (1.4%) and over 71 years old 4 (1.1%). The modality of affiliation to the health system corresponds to the contributory regime with 262 people (74.4%), 54 subsidized (15.3%), 24 in special regime (6.8%) and had no social security 12 (3.4%). As for the employment situation, 221 participants (63%) are employed, 49 (14%) are students, 33 (9%) are unemployed, 28 (8%) are independent, 12 (3%) are pensioners and 9 (3%) are housewives.

Description of the concerns

Among the main concerns that arise in these people in relation to Covid-19 was identified that 257 (73%) reported that the economic situation and health of family members are the aspects that most concern them, the work situation and their own health, equivalent to 40% and secondly; 15% of participants identify stress as a symptom that may present during this specific situation; 10% report that they are concerned about the occupation of leisure time and, finally, people who study are concerned about the academic situation that corresponds to 11%.

Other aspects were relevant, and the researchers classified the responses as: personal concerns, related to mental health, going to buy medicines, exposure to diseases, worries and lack of love for God. The group's concerns were: my partner's health, food supply, chronic users, health status of the population, social isolation, people not taking isolation seriously, lack of supplies in hospitals, defective health system to protect workers. View Chart 1.

Chart 1 – Concern for Covid-19. Bogota, Colombia – 2020. (N=352)

Concerns	N	%
Economic Situation	257	73
Laboral Situation	123	35
Academic Situation	40	11
My health status	140	40
Family members health	250	71
Occupation of leisure time	36	10
Stress	52	15
Exercise	27	8
Others	14	4

Source: Created by authors.

Description of the social changes:

Participants, when asked if they had social changes during physical isolation due to Covid-19, 51% (179) respond that their alterations are psychosocial, including changes in anxiety, stress, and sleep pattern; then, there are changes in leisure activity management with

39% (138), who watch more television, play video games, and use social networks and media more often; third, changes related to increased food consumption and/or decreased food consumption by 39% (137). And it is surprising that only 10% (35) of people are aware, at the time of the response, to say that they do not present inadequate changes. View the Chart 2.

Chart 2 – Lifestyle changes during the pandemic. Bogota, Colombia – 2020.

Lifestyle changes	N	%
Changes in nutritional habits (increased or decreased food consumption)	137	39
Psychosocial changes (anxiety, stress, and alteration in sleep pattern)	179	51
Changes in leisure time, as television and videogames (television, social networks and other media).	138	39
None.	35	10

Source: Created by authors.

Discussion

The new Coronavirus has been classified by the World Health Organization as a public health emergency of international importance (ESPII). The first case was confirmed in Colombia on March 6, 2020. It is known that any person can be infected, regardless of age or gender, and it should be noted that few cases have been reported in children. Mortality has been in elderly people who already suffered from

a chronic disease such as diabetes, asthma or hypertension.

Given this context, it reflects how much an epidemic disease has the potential to generate abrupt and unexpected changes, which largely alter people's daily lives and social organization. It affects people's dynamics, the world of work, technological production and generates new habits, routines and behaviors, which for many can be harmful, compromising the health situation, especially mental health,

due to suffering, uncertainty, social isolation, deprivation and other injuries⁽¹³⁾.

Regarding the findings evidenced in this study, it is observed that the population most adhered to the research carried out by digital means is predominantly young, with Internet access using a computer or tablet and/or using a cell phone network of the type of smart phone; and that women were more mobilized to respond to this research. Because of this finding, it involves highlighting a class and gender dimension associated with concern about the impacts generated by the pandemic, as well as access to the technological resources available for it.

Therefore, it is reflected in the fact that actions based on the use of technological resources will have wide possibilities for reaching populations in the countryside, residents of less populated cities, as well as the male population, which appears in a smaller number with respect to participation in research, as well as has shown a more worrying behavior of pandemic contexts due to the fact that they adhere to fewer measures of prevention and coping with epidemic diseases, as occurred in the countries with Brazil and the United States in the H1N1 pandemic⁽¹⁴⁾.

The population comes from people who are affiliated with the private health system, are employed, through the identification of this economic marker, it is believed that these people may face the pandemic differently than those who are more economically vulnerable, especially access to health services, if necessary. In addition, the data reveal the potential for these individuals to suffer less from the impacts generated by the pandemic, especially in relation to the emergence of a financial crisis.

Under the socioeconomic aspect of people who are experiencing a pandemic with serious repercussions as has been happening in the context of the new Coronavirus, is the correlation between socioeconomic status, health condition and physical and psycho-emotional responses attributed to contamination and the development of Covid-19; results that are similar to those found by Tull, who identified high degrees of

depression and anxiety and socioeconomic concerns in people confined to the home during the Covid-19 quarantine in the United States⁽¹⁵⁾.

It is observed that in scenarios with people of lower socioeconomic status, results unfavorable to the disease have been presented. In addition to this dimension, the markers are intertwined with racial ethnic spheres, which identify the higher prevalence of black and brown people affected by the disease, such as countries like Brazil and the United States. As a result, Colombia issued a decree, which established isolation and social distancing through a mandatory 20-day quarantine, which was later extended until May 11. After determining a sustained increase in new cases of coronavirus, and given the unmet need for access to basic health services, the Specialized Clinical Concept (Virtual Clinical Council) was regulated and applied as a telemedicine service⁽¹⁶⁾.

The impact generated by social isolation on the financial organization of the population that survives from local commerce, manufactured production, local crafts, family agriculture, and that, due to this new phenomenon, their subsistence is compromised. At the local level, in Colombia the government has established strategies to reduce the impacts. As a result of this problem, it is feared that the social inequalities and inequities intensified by the pandemic will generate an increase in poverty, hunger and mortality of the population due to these causes.

Concerns have included increased time in the home, family conflicts, women's vulnerability to violence, child exploitation and abuse, alcohol and other drug abuse, stigmatization, blame and inequities. This worrying scenario reveals the need to develop intersectoral actions aimed at guaranteeing the social protection of populations, as well as the progress of technical cooperation between countries, so that there are no serious decreases in human development, sustainable, social and human rights indicators, which are in line with the international agenda of the millennium goals⁽¹⁷⁾.

As for the main concerns that emerged from the target population reached in this study, we highlight the dimensions that affect

the economic and family situation, which overlap with those related to the world of work and the health situation itself. As factors enhancing the impacts, stress has been present in certain specific situations experienced since the emergence of the pandemic and the determination of health coping measures. On the other hand, the excess of free time has led to the concern of the Colombian population investigated in this study, since those are actively inserted in the formal labor market and with quarantine need to adapt the activities of time use and work performance.

Since the people who participated in the study are educated, the damage to the academic situation becomes a field of great concern for the population in Colombia. In summary, it seems that the concerns were directed to the dimensions of the personal order, in which specific aspects of self-protection, individual security, as well as spiritual and social, are found, through the strengthening of belief due to the fear of lack of sensitivity, lack of love and lack of collective solidarity towards people, especially those who are in a situation more vulnerable to the devastation caused by the pandemic, which is during the pandemic context, as in the post-pandemic period. In addition, it is also worth noting that the population that participated in the study reveals a feeling of concern related to the capacity of hospitals to remain sustainable in order to guarantee the maintenance of necessary health care, as well as the fear of the possibility of deficiencies in the health system in the protection of its workers and users⁽¹⁷⁾.

Previous studies state that⁽¹⁸⁾ individuals and communities, to a greater or lesser extent related to the Covid-19 epidemic, perceive it as a stressful life event and a threatening situation that generated psychological changes in society due to the confinement, the physical isolation, the closure of schools and places. At work, this generates a set of important symptoms, such as anxiety, stress, boredom, fear, anger and loneliness; other relevant findings are also for hypochondria, insomnia, fears or even

generalized anxiety and panic attacks⁽¹⁹⁾. The above invites the team not to omit or ignore the trauma caused by this event, because, for many decades, the mental health of the population was underestimated⁽²⁰⁻²¹⁾.

The data identified the occurrence of changes in the lifestyle of the Colombian population after the emergence of the pandemic, especially due to social isolation, which caused people to experience a psychosocial disorder, driving mental illness by the occurrence of suffering, expressed in the form of anxiety disorders, increased stress, alteration of the sleep-wake cycle and unexpected, unscheduled changes and sometimes without inspiration in leisure activities that are used by these people as measures to promote good. What can be observed is that once isolated, people began to use adaptive strategies to the experienced scenario, consuming, more than usual, content available on the television network, in the interaction games offered by video games and access to social networks such as Instagram, Facebook, WhatsApp, which provide the approach and expansion of social networking communication and promoters of affection and bonding⁽²²⁾.

Associated with these changes in the social dynamics of daily life, there is an increase in the number of meals taken throughout the day, which is the result of the confinement and restrictions that limit the population's access to collective spaces, which also affect physical inactivity, sedentarism, smoking, overweight, and obesity. Consequently, there is also an increase in chronic non-communicable diseases, returning to a scenario that reveals new impacts that all countries must overcome in the global health agenda.

Stress is a predominant factor in this study, but now this stress has led to behaviors that alter personal, community, and social relationships that act synergistically in the occurrence of violence⁽²³⁾. This study confirms that the health, economic, and social crisis caused by the Covid-19 pandemic and its necessary coping measures can significantly increase the risk of

violence against women⁽²³⁻²⁴⁾. For many women, the emergency measures needed to combat Covid-19 increase household chores and care for sick children, the elderly and their families. Restrictions on movement, financial restrictions, and widespread insecurity also encourage aggressors, giving them greater power and control, a situation reported in recent days by Colombian authorities⁽²³⁾.

Social changes during confinement highlight psychosocial disturbances including changes such as anxiety, stress, sleep patterns, management of leisure activities such as spending more time watching television, playing video games, and surfing social networks. In addition to this, changes are seen in the frequency of food consumption, leading them to be more exposed to a number of alterations that directly impact the physical and emotional health of individuals, families and communities.

Professionals must contribute to action plans that recognize the role of nursing in the health system⁽²⁵⁾ and, in addition, their role in the health of communities and families is fundamental. In this scenario of the Covid-19 pandemic, generating strategies such as telenursing or telehealth as challenges to care are relevant strategies to show how innovative, creative and relevant nursing professionals can be in caring for individuals and their families with knowledge of the needs felt, leadership⁽²⁶⁾ and social relevance, a challenge that we from the universities must accept with responsibility.

Conclusions

The study described the concerns and social changes related to the health needs of Colombian families in the face of the emergence of the new Coronavirus pandemic in the country. The findings reveal initial data on the health phenomenon, since its apprehension occurred in the first days of the epidemic disease that occurs in the Colombian territory, but already provides substantial data relevant to the knowledge about the natural history of the disease in Colombia, such as the dimensions that generate concern for

individuals and their families, as well as social changes in daily life and lifestyle. This situation must be managed in an interprofessional manner and holistically.

Social behavior in the context of a pandemic provides important knowledge that should be used at the level of emergency organizations, contingency, protection of affected populations, state actions, with the formulation of public policies that impact the physical, social, emotional health, education and economy of a country at the geopolitical level in the local, national and international.

The coronavirus infection pandemic is perceived by individuals and communities as a stressful and life-threatening situation, evidenced by the psychological, social and physical changes that have resulted from confinement, where relevant symptoms such as anxiety, stress, boredom, fear, anger and loneliness have occurred. It is a challenge for the interprofessional team to intervene in a timely, comprehensive and effective manner the short, medium and long term effects left by the pandemic.

Limitations of the study allows us to see that the number of participants is low, being Colombia populated by 50 644. 688 million inhabitants. Another limitation is that this phenomenon is not perceived by the rural population and those who do not have Internet to answer the survey.

Collaborations:

1 – conception, project, analysis and interpretation of data: Oscar Javier Vergara Escobar, Néstor Camilo Castiblanco Alfonso, Juan David Montenegro Ramírez, Lina Rocío Corredor Parra, Anderson Reis de Sousa and Angie Vanessa Briñez Valderrama;

2 – writing of the article and relevant critical review of the intellectual content: Oscar Javier Vergara Escobar, Néstor Camilo Castiblanco Alfonso, Juan David Montenegro Ramírez, Lina Rocío Corredor Parra, Anderson Reis de Sousa and Angie Vanessa Briñez Valderrama;

3 – final approval of the version to be published: Oscar Javier Vergara Escobar, Néstor Camilo Castiblanco Alfonso, Juan David Montenegro Ramírez, Lina Rocío Corredor Parra, Anderson Reis de Sousa and Angie Vanessa Briñez Valderrama.

References

- Rothan HA, Byrareddy SN. The epidemiology and pathogenesis of coronavirus disease (COVID-19) outbreak. *J Autoimmun.* 2020; 09:102433. DOI: <https://doi.org/10.1016/j.jaut.2020.102433>
- Trilla A. Un mundo, una salud: la nueva epidemia de coronavirus COVID-19. *Med Clin (Barc).* 2020; 154(5):175–7. DOI: <https://doi.org/10.1016/j.medcli.2020.02.002>
- Centro Europeo para la Prevención y el Control de Enfermedades (ECDC). Coronavirus novel [Internet]. 2020 [cited 2020 mar 12]. Disponible en: <https://www.ecdc.europa. i/en/nine>.
- Bayham J, Fenichel EP. Impacto de los cierres de escuelas para COVID-19 en la fuerza laboral de salud de los Estados Unidos y la mortalidad neta: un estudio de modelización. *Lancet Public Health.* 2020; 2667(20):1–8. DOI: [http://dx.doi.org/10.1016/S2468-2667\(20\)30082-7](http://dx.doi.org/10.1016/S2468-2667(20)30082-7)
- Instituto Nacional de Salud. Ministerio de Salud y Protección Social de Colombia [Internet]. 2015 [cited 2020 Mar 12]. Disponible en: <https://www.ins.gov.co/Noticias/Paginas>.
- Bernal-Ruiz D, Horta-Buitrago S. Cuidado de enfermería para la familia del paciente crítico desde la teoría de la comprensión facilitada. *Enferm. univ.* 2014; 11(4):154-163. DOI:10.1016/S1665-7063(14)70928-5
- Johnson M, Cuesta L, Tumas N. Emociones, preocupaciones y reflexiones frente a la pandemia del COVID-19 en Argentina, *Ciencia y Saude Colectiva.* 2020; 25(1): 2447-2546. DOI: <https://doi.org/10.1590/1413-81232020256.1.10472020>
- Gallego R. Cambio social y estudios de agenda: Análisis crítico y algunas ideas para el estudio del caso Cubano. *Comun. Soc [Internet].* 2016 [cited 2020 aug 12]; (25): 183-207. Available from: <http://www.scielo.org.mx/pdf/comso/n25/n25a8.pdf>
- Polit D, Hungler B. Investigación científica en ciencias de la salud. 6. ed. México: McGraw- Hill Interamericana; 2003.
- Burns N, Grove SK. Investigación en Enfermería. España: Elsevier; 2004.
- Sampieri RH, Fernández-Collado C, Lucio PB. Metodología de la Investigación. 4. ed. Ciudad de México: McGraw-Hill; 2006.
- Ministerio de Salud. Por la cual se establecen las normas científicas, técnicas y administrativas para la investigación en salud [Internet]. Colombia; 1993 [cited 2020 aug 08]. Available from: <https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/DE/DIJ/RESOLUCION-8430-DE-1993.pdf>
- Lucchini-Raies C, Márquez-Doren F, Unjidos NG, Véliz JC, Suazo DJ, Florechaes CC et al. Care during Breastfeeding: Perceptions of Mothers and Health Professionals. *Invest. educ. enferm.* 2019; 37(2): e09. DOI: <http://dx.doi.org/10.17533/udea.iee.v37n2e09>
- Monteiro AKC, Pereira MCC, Santos JDM, Machado RS, Nogueira LT, Santos EMLRA. Efeito da intervenção educativa no pós-operatório de pessoas com estomias intestinais de eliminação: revisão sistemática. *Enferm. glob.* 2020; 19(57):648-690. DOI: <http://dx.doi.org/eglobal.19.1.368501>.
- Tull MT, Edmonds KA, Scamaldo KM, Richmond JR, Rose JP, Gratz KL. Psychological Outcomes Associated with Stay-at-Home Orders and the Perceived Impact of COVID-19 on Daily Life. *Psychiatry Res.* 2020; 289:113098. DOI: <https://doi.org/10.1016/j.psychres.2020.113098>
- Márquez VJR. Teleconsulta en la pandemia por Coronavirus: desafíos para la telemedicina pos-COVID-19 telemedicina en la era post-COVID-19. *Rev. colomb. gastroenterol.* 2020;35(supl 1):5–16. DOI: <http://dx.doi.org/10.22516/25007440.543>.
- Sullivan R, Chalkidou K. Llamado urgente a un plan de salida: las consecuencias económicas y sociales de las respuestas a la pandemia de COVID-19 [Internet]. Center for Global Delevopment, 2020 [cited 2020 mar 12]. Available from: <https://www.cgdev.org/blog/urgent-call-exit-plan-economic-and-social-consequences-responses-covid-19-pandemic>.
- Organización Mundial de la Salud. WHO Mental Health Gap Action Programme (mhGAP) [Internet]. 2020 [cited 2020 apr 20]. Available from: https://www.who.int/mental_health/mhgap/en/
- Duan L, Zhu G. Psychological interventions for people affected by the COVID-19 epidemic.

- Lancet Psychiatry. 2020; 7(4):300–2. DOI: [https://doi.org/10.1016/S2215-0366\(20\)30073-0](https://doi.org/10.1016/S2215-0366(20)30073-0)
20. Gardner P, Moaleff P. Psychological impact on SARS survivors: Critical review of the English language literature. *Can Psychol.* 2015; 56(1): 123-135. DOI: <http://dx.doi.org/10.1037/a0037973>
21. Nobles J, Martin F, Dawson S, Moran P, J Savovic. The potential impact of COVID-19 on mental health outcomes and the implications for service solutions [Internet]. *Natl Inst Heal Res.* 2020 [cited 2020 aug 09]; 1:1–36. Available from: <https://arc-w.nihr.ac.uk/Wordpress/wp-content/uploads/2020/04/COVID-19-Rapid-ReviewCOVID-and-Mental-Health-FINAL.pdf>
22. Sanz JIM. Uso de las TIC en orientación en los tiempos de COVID-19. *Revista AOSMA* [Internet]. 2020 [cited 2020 aug 08]; (2005):88–91. Available from: <https://dialnet.unirioja.es/servlet/articulo?codigo=7381638>
23. Marques ES, Moraes CL, Hasselmann MH, Deslandes SF, Reichenheim ME. Violencia contra mujeres, niños y adolescentes en tiempos de pandemia por COVID-19: panorama, motivaciones y formas de afrontarla. *Cad. Saúde Pública.* 2020; 36(4): e00074420. DOI: <http://dx.doi.org/10.1590/0102-311x00074420>
24. Krug EG, Dahlberg LL, Mercy JA, Zwi AB. Informe mundial sobre la violencia y la salud. *Rev. Inst. Med. trop.* 2003; 45(3):130-130. DOI: <https://doi.org/10.1590/S0036-46652003000300014>.
25. Fuentes GP. Enfermería y COVID-19: reconocimiento de la profesión en tiempos de adversidad. *Rev. colomb. enferm.* [Internet]. 2020 [cited 2020 aug 08]; 19(1):1909-1621. Available from: <https://dialnet.unirioja.es/servlet/articulo?codigo=7396850>
26. Menegaz JC, Fontes VMS. Executive coaching to the development of competences of nurse leaders. *rev. min. enferm.* 2020; 24: e-1281. DOI: <http://www.dx.doi.org/10.5935/1415-2762.20200010>

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