

**Emotional implications for nurses' health during the SARS-CoV-2 pandemic***Implicaciones emocionales para la salud de las enfermeras durante la pandemia del SARS-CoV-2**As implicações emocionais na saúde dos enfermeiros durante a pandemia do SARS-CoV-2***Geline Nascente Soares Lentz<sup>1</sup>**

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Considering the current global situation, marked by major public health crises and, more recently, the pandemic caused by COVID-19, the present work sought to gather information and research related to the challenges of nursing professionals in the face of the pandemic. The measures adopted to deal with the pandemic, such as social detachment, quarantine, and isolation, are extremely difficult situations within the professional context. For health professionals causally linked to the care of patients infected with the COVID-19 virus, there are some stressors that can lead the professional to extreme physical and mental stress. Work overload and pressure during comprehensive care is observed at all levels of patient care. It is just as necessary to take care of the mental health as well as the physical health of the frontline professionals in the pandemic. The characteristics that led us to choose nursing as a profession are infinitely important at this time, a period in which patient care is a protective factor not only in the health of those who seek care, but for the whole of society. Finally, questions related to the psychological part of the nursing professional will be presented in the face of the pandemic situation of the new SARS-CoV-2.

**Descriptors:** Nurse; COVID-19; SARS-CoV-2; Emotional Health; Pandemic.**Resumen**

Considerando la situación mundial actual, marcada por importantes crisis de salud pública y, más recientemente, la pandemia provocada por COVID-19, el presente trabajo buscó recabar información e investigaciones relacionadas con los desafíos de los profesionales de enfermería ante la pandemia. Las medidas adoptadas para hacer frente a la pandemia, como el desapego social, la cuarentena y el aislamiento, son situaciones de extrema dificultad en el contexto profesional. Para los profesionales de la salud directamente vinculados a la atención de pacientes infectados por el virus COVID-19, existen algunos factores estresantes que pueden llevar al profesional a un estrés físico y mental extremo. La sobrecarga de trabajo y la presión durante la atención integral se observan en todos los niveles de atención al paciente. Es igualmente necesario cuidar la salud mental y la salud física de los profesionales de primera línea en la pandemia. Las características que nos llevaron a elegir la enfermería como profesión son infinitamente importantes en este momento, un período en el que el cuidado del paciente es un factor protector no solo de la salud de quienes buscan atención, sino de toda la sociedad. Finalmente, se presentarán cuestiones relacionadas con la parte psicológica del profesional de enfermería ante la situación pandémica del nuevo SARS-CoV-2.

**Descriptores:** Enfermero; COVID-19; SARS-CoV-2; Salud Emocional; Pandemias.**Resumo**

Considerando-se a situação atual mundial, marcada por importantes crises na saúde pública e, mais recentemente, a pandemia causada pela COVID-19, o presente trabalho buscou juntar informações e pesquisas ligada aos desafios dos profissionais de enfermagem frente a pandemia. As medidas adotadas para lidar com a pandemia, tais como distanciamento social, quarentena e isolamento, são situações extremamente difícil dentro do contexto profissional. Para os profissionais de saúde diretamente ligados ao atendimento de pacientes contaminados com o vírus da COVID-19, existem alguns fatores estressores que podem levar o profissional a extremo desgaste físico e mental. A sobrecarga de trabalho e pressão durante a assistência integral é observada em todos os níveis de atenção ao paciente. É tão necessário cuidar da saúde mental quanto da física dos profissionais linha de frente na pandemia. As características que nos levaram a escolher a enfermagem como profissão são infinitamente importantes neste momento, um período em que o cuidado com o paciente é fator de proteção não só na saúde daquele que busca o atendimento, mas de toda a sociedade. Por fim, serão apresentadas questões relacionadas a parte psicológica do profissional de enfermagem diante da situação de pandemia do novo SARS-CoV-2.

**Descriptores:** Enfermeiro; COVID-19; SARS-CoV-2; Saúde Emocional; Pandemias.

## Introduction

In March 2020, the global pandemic of the new Coronavirus SARS-CoV-2 - COVID-19 began, the virus first identified in China, city of Wuhan in December 2019, being monitored by the World Health Organization (WHO). The disease is characterized by the clinical picture of severe respiratory infection and asymptomatic infections. In both cases, the patient may be a contamination agent.

According to the WHO, most cases are of mild symptoms, severe cases and in need of hospitalization are around 15% to 25% of these 5% are composed of patients who need ventilatory support.

On March 20, 2020, Brazil declared knowledge of the community transmission of the etiological agent of COVID-19, as it is a disease with new characteristics and evolution, health professionals are the components most exposed to risks and injuries due to disease. On January 22, 2020, Brazil, through the Public Health Emergency Operations Center (COE-COVID-19) of the Ministry of Health (MS), coordinated by the Health Surveillance Secretariat (SVS), started a series of measures adopted to guide action in the face of the pandemic in our country.

Brazil adopts strategies following the same protocols used worldwide in the preparation in response to COVID-19, adopting an emergency classification system at three levels: Alert, Imminent Danger and Public Health Emergency, which are based on the risk assessment of the new Coronavirus in Brazil and its impact on public health. Including recommendations for all levels of health care in public and private services, suggesting the development and implementation of contingency plans. Strategies were generated to minimize the spread of the disease, among them - highlighted in the Ministry of Health - are the training and constant updating of health teams in relation to COVID-19, the recognition of signs and symptoms of pathology and relevant local epidemiology with identification of risk groups. In addition to surveillance actions among health professionals identifying possible cases among the risk group, minimizing transmission to family members, patients, and society in general. These strategies are expanded to the other teams working in health services such as laundry, kitchen and cleaning<sup>1</sup>.

Coping with the pandemic is a special process of Public Health functions about public health and regarding the health of frontline professionals in health services. The WHO guidelines for healthcare professionals in patient care in general are the use of disposable masks at any time during care; in care for suspected / confirmed patients, the professional should use a mask, goggles or face shield, impervious clothes / aprons, and procedure gloves, in case of carrying out procedures that may be the cause of this, the use of PFF or N95 masks is indicated. (or any other mask containing aerosols), caps, closed shoes, and shoe protectors; associated with hand hygiene and use of gel alcohol when hand washing is not possible.

The measures of social distancing proved to be the most effective strategy in minimizing the proliferation of the SARS-CoV-2 virus, however for the health professional this measure becomes an impossible practice due to its role in

direct assistance to patients with suspicion or carrier confirmed from COVID-19. For these professionals, the care routine becomes extremely exhausting and, often associated with non-ideal care conditions, in addition to the high viral load to which they are exposed, leading to an increased risk of infection in their professional activity<sup>2</sup>.

Professionals working on the front line of the new Coronavirus pandemic - SARS-CoV-2 share the general fear of the population of contracting the pathology, and even dying, but the stress situation in which they find themselves is aggravated by the constant fear of being an infective agent of close people, co-workers, failing to save their patients and even infecting patients during their care. Corroborating this situation, the fact that professionals often perform their activities without the provision of adequate personal protective equipment, with several professionals below what is prescribed by law, difficulties in following their workflow correctly<sup>3</sup>.

The COVID-19 pandemic has shown alarming numbers of infected people and deaths, these associated with the speed of transmission directly impact the lives of the world population. According to the WHO report, as of June 3, 2020, 6,287,771 confirmed cases and 379,941 deaths have been reported, with the main continents affected, European and American<sup>2</sup>.

In April 2020, the SARS-CoV-2 virus pandemic was already considered the most severe respiratory syndrome since the Spanish Flu dated 1918. Concern about the newest flu syndrome named COVID-19 goes through problems related to a possible collapse in the health systems, since even in terms of physical characteristics or personnel recruitment, health institutions were not prepared for such an expressive increase in patient demand<sup>3</sup>.

The WHO, in 2007, had as its subject of debate the preparation of countries to face unexpected crises and disasters. The orientation at that time was for countries to create models to deal with these unexpected problems, observing the crisis in public health, the importance of the primary concern with mental aspects was evidenced, equating them with primary care<sup>4</sup>.

In general, pandemics are associated with many deaths, a factor that in the pandemic by COVID-19 can be associated with the psychological impact caused on society, not only by living with the new microorganism, but by the necessary means of isolation and social isolation. Symptoms like anxiety, depression and stress can be seen during this period. The pandemic crisis can be felt in the epidemiological and psychological aspects<sup>5</sup>.

In addition to the widespread panic that a pandemic can cause in society, especially when there is no knowledge, or it is being acquired about that pathogen. The production of vaccines and drugs is in the process of being studied, and social isolation is necessary as an effective measure, a dynamic that has changed the daily lives, relationships, work, and social interactions of individuals worldwide. The need for social isolation increases feelings of loneliness, boredom, helplessness, sadness, and reactions such as sleep disorders, appetite and interpersonal conflicts are increased during the pandemic<sup>6</sup>.



Nursing is the largest number of professionals within hospital institutions, the profession combines scientific and technical knowledge in direct patient care. The professional daily life of the team is already generating situations of extreme stress, anxiety, and fear. Characteristic symptoms of psychological distress that can be associated with professional practice, work overload, stress, social support and the professionals' relationships with the patient, family, and team. The professional working in the pandemic was faced with the care of potentially serious patients with intensive support from the team and needing several protocols to guarantee their treatment, the need to use personal protective equipment throughout their journey, the fear of infection, the social and, mainly, family isolation. All these factors are allied in the nursing professional's mental suffering process, increasing anxiety levels in all areas where patients with COVID-19 are hospitalized<sup>7</sup>.

The psychological impact of the pandemic led to an increase in Common Mental Disorders (CMD), with emphasis on fatigue, stress, aggression, panic, among others, including post-trauma disorders. In addition, professionals are susceptible to the risk of social violence and suicide<sup>8</sup>.

Studies bring the main risk factors for infection by COVID-19 during the care of the health professional: high occupational exposure to the virus; fear of becoming infected and transmitting it to teammates and family members; social isolation and difficulty in contact with the support network, long working hours during the pandemic; working directly in the process of care and treatment for patients with COVID-19; physical fatigue; lack of personal protective equipment; absence of strict infection control guidelines at the institution; feeling of grandeur in relation to the cure of critically ill patients; lack of access to information on COVID-19; lack of professional recognition by superiors and death of patients. It also emphasizes that professionals working in the emergency, intensive care and isolation sectors are more likely to be psychologically shaken due to the patient's high viral load and high work demand<sup>9</sup>.

Due to the new Coronavirus presenting symptoms like a cold, the professional who presents these symptoms enters a dilemma of withdrawing from their activities to preserve co-workers and patients and, consequently, needs social isolation, moving away from the family.

The nursing professional is the psychological support that the patient gets attached to during the need for health care, however, at the time of the pandemic, this professional is unable to perform this task in a qualified way due to this impact on his mental health. The WHO and professional associations in nursing realizing this psychological demand from health professionals already organize psychological care actions for professionals<sup>7,9</sup>.

In the current world pandemic scenario, continuing education actions focusing on individual and collective protections of frontline professionals are extremely necessary, helping to maintain security and acting as an action aimed at minimizing feelings of anxiety and fear. Other actions, such as psychological support via telephone or face-to-face, are essential to listen to the anguish and

fears of the professionals during these moments when the professional may need to express his demands, doing this, the professional can feel supported and more confident.

The Federal Nursing Council also suggested as a measure of coping with the pandemic the change of professionals over 60 years of age, pregnant women, and people with chronic diseases (risk group) to other sectors where not only the biological risk is minimized, but also stressful situations emotional become less constant. It is essential that the institutions create sectors of psychological support to the professional who is exercising their functions during the pandemic, subsidizing this professional for safety during professional practice, but also ensuring their mental health<sup>9</sup>.

This study aims to describe the psychological implications faced by nurses working as a front line in the pandemic of COVID-19 in the scope of public health, pediatric emergency, and pre-hospital care.

## Methodology

It was based on the professional experiences of the authors who acted as a front line in the pandemic of COVID-19 during the months of April to November 2020 in the city of Criciúma in the pre-hospital and primary care service, in the city of Florianópolis in the context of emergency pediatric and the city of Videira also in the scope of primary care; both cities located in the State of Santa Catarina - Brazil.

## Experience Report

This study aims to warn about the psychological impact of the COVID-19 virus among nursing professionals who work on the front line of the pandemic. With our mixed professional experience in the face of the pandemic, we were able to find this point in common between primary health care, a pediatric emergency department in a large hospital and pre-hospital care in an advanced unit. In the construction of this work, we observed that some experiences were shared, such as uncertainty regarding the conduct at the beginning of the pandemic, the need for information and guidance when the virus was installed in our state, the need for the correct and continuous use of personal protective equipment and the psychological suffering with fear of infection and possible infection of our family members.

The demand of all teams was increased exponentially and, in the case of primary care, there was a need to relocate professionals to the new screening centers specifically designed for symptomatic patients from COVID-19, creating a new challenge in the professional life of this nurse, an change not only in the work environment initially chosen, but also in the need to get involved in a new team stimulating and advising on care that was not part of their routine until the moment before the pandemic.

Still within the scope of primary care, a department called the health situation room was created where the nurse is the leader in the search for the resolution of issues relevant to the care of patients in their unit, issues that are brought up to the epidemiological surveillance of their



municipality and later, answered via memo by the superiors, creating a solid and resolute link to the daily questions facing COVID-19. In their physical structure, primary care units were affected by the pandemic, appointments only by phone, home visits in special cases, recently opened outpatient clinics and nursing offices were closed, the need to reduce the number of users within the unit and infinite other specific actions that needed to be revised in the current scenario.

Pediatric emergency sectors in times without a pandemic are already extremely difficult for nursing. The patient's demand must be met as well as the desire of a family member who is there as a companion, the techniques must be executed quickly and resolutely and the stress of dealing with the pediatric patient is daily. The COVID-19 pandemic generated a new trigger of panic in this sector due to the possible infection that at the beginning of the pandemic reached high levels, causing abstinence from several employees in that sector and, consequently, an overload of work. The emergency sector, being a dynamic sector where several tasks are performed in sequence, becomes physically tiring, with the pandemic the use of personal protective equipment has made this routine more exhausting, since several of these equipment lead to physical injuries, such as PFF / N95 masks. Professionals in this sector have the need to keep carrying the equipment throughout their working hours, as they do not know the profile of the patient they will receive.

The pre-hospital care service always lives uncertain days, no workday is like the other and we never know what to expect for the next service. This expectation increased after the pandemic, as our work has the need to enter all kinds of places, the teams changed their view during patient care, becoming much more careful and critical to the use of personal protective equipment. Patient care starts at the medical regulation service, there the first contact of the applicant to the regulating physician takes place, who must request whether or not there are signs of flu syndrome, if there is a suspicion, the regulating physician at the time of triggering the team already communicates the need of complete dressing (in cases without suspicion, care is performed with standard precautions and PFF / N95 masks) and the need to minimize the materials that go to the patient with the concern of less possibly contaminated materials after the occurrence.

The teams still carry out transfers between hospitals of the patient confirmed with COVID-19, and at the end of this transfer they must sanitize used materials and, when the sanitizers are not present in the operational bases (after 18:00 hours), the team itself performs the disinfection of the vehicle. The nurses of the advanced unit service themselves created a method for the safe removal of the entire team, this step is carried out together where each one can observe the colleague and point out the possible

moment of contamination in the removal, which they deem essential to maintain health teams.

We observed that the managers of our health services correctly offered the training that each care area needed, whether in loco, digital, or through documents, these training were offered, here we observe the difficulty that it is for the manager to adapt- at this moment, because our profession is extremely practical and, on several occasions, needs face-to-face meetings to demonstrate some technique, which is not possible at this moment and adapting the technology in favor of health.

The point in common to all the authors was the wear and tear of the nursing professional during the pandemic, as frontline workers we feel how much our psychological has been affected, our main stress factor is the fear of infecting our families because of our activities, like all professionals, we need to keep the distance and stay in isolation from our families, which generated feelings such as frustration and sadness.

The loss of colleagues in nursing generates fear and anxiety, we often wonder where we went wrong, and what points we need to improve. The increased demand for work and the cancellation of vacations have increased physical exhaustion. We also verified the prejudice for our profession when divulging it in any place that is necessary, we noticed that people look at us with judging eyes and differ us as if we were the only infectious source of the pandemic.

We observe management actions in our workplaces to minimize psychological impacts and assist in the suffering of nursing professionals, but we still find that they are not mandatory actions and without national nature, obtaining little adherence by the team due to the stigmas that still exist in the face of psychological suffering.

## Conclusion

In view of the current pandemic scenario, we see nursing as one of the categories with the greatest psychological impact among health professionals due to the high time spent on patient care and the long working hours associated with fear of infection by COVID-19. It is essential to think not only about the physical health of nurses working on the front lines, but also about the psychological impacts that facing this pandemic can cause.

In our report despite the different areas of activity, the impacts generated, such as structural and team problems, are the same as those faced by nurses.

As nurses, we must be beyond leaders, we must be models of health for our team that is so fragile at this moment, keeping our mental health up to date, seeking support whenever necessary and strengthening this need with managers and the entire health team working in direct patient care. Maintaining and stimulating your team with the certainty that better days will come for nursing professionals and the lessons learned from this pandemic will be guiding and a legacy for the next generation of Brazilian nursing.



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