

EXPERIENCES OF NURSES AND DOCTORS OF EMERGENCY CARE UNITS IN COPING WITH COVID-19

VIVÊNCIAS DE ENFERMEIROS E MÉDICOS DE UNIDADES DE PRONTO ATENDIMENTO NO ENFRENTAMENTO DA COVID-19

EXPERIENCIAS DE ENFERMEROS Y MÉDICOS DE UNIDADES DE URGENCIAS EN EL ENFRENTAMIENTO DEL COVID-19

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Objective: to describe experiences of nurses and doctors of Emergency Care Units in coping with the Covid-19 pandemic. **Method:** descriptive-exploratory study with a qualitative approach, conducted with seven doctors and seven nurses working in two Emergency Care Units, reference for Covid-19. The interviews took place between September and November 2020 and were guided by a semi-structured questionnaire. The statements were recorded, transcribed and submitted to Content Analysis. **Results:** two categories of analysis emerged: "We feel exhausted": the experience of nurses and doctors and Strategies to face the mishaps in the pandemic context. **Final considerations:** the professionals experienced several challenges, such as lack of institutional protocol, lack of physical structure, material, human resources and training, difficulty in sensitizing the population and concern to contaminate oneself and the family. However, they relied on different strategies, such as preventive self-isolation, family support, exchange of experiences with other professionals and keeping up to date on the disease.

Descriptors: Coronavirus Infections. Health Personnel. Emergency Hospital Service. Social Perception.

Objetivo: descrever vivências de enfermeiros e médicos de Unidades de Pronto Atendimento no enfrentamento da pandemia da Covid-19. *Método:* estudo descritivo-exploratório de abordagem qualitativa, realizado com sete médicos e sete enfermeiros atuantes em duas Unidades de Pronto Atendimento, referência para Covid-19. As entrevistas ocorreram entre setembro e novembro de 2020 e foram guiadas por questionário semiestruturado. Os depoimentos

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foram gravados, transcritos e submetidos a Análise de Conteúdo. Resultados: surgiram duas categorias de análise: “A gente se sente esgotado”: a vivência de enfermeiros e médicos e Estratégias para enfrentar os percalços no contexto da pandemia. Considerações finais: os profissionais vivenciaram diversos desafios, como falta de protocolo institucional, falta de estrutura física, material, recursos humanos e capacitação, dificuldade para sensibilizar a população e preocupação de contaminar-se e contaminar a família. Entretanto, apoiaram-se em diferentes estratégias, como autoisolamento preventivo, apoio familiar, troca de experiências com outros profissionais e manter-se atualizado sobre a doença.

Descritores: Infecções por Coronavírus. Pessoal de Saúde. Serviço Hospitalar de Emergência. Percepção Social.

Objetivo: describir las experiencias de enfermeros y médicos de Unidades de Urgencias en el enfrentamiento de la pandemia de Covid-19. Método: estudio descriptivo-exploratorio con abordaje cualitativo, realizado con siete médicos y siete enfermeros que trabajan en dos Unidades de Urgencias, referencia para Covid-19. Las entrevistas tuvieron lugar entre septiembre y noviembre de 2020 y se guiaron por un cuestionario semiestructurado. Las declaraciones fueron grabadas, transcritas y sometidas a Análisis de Contenido. Resultados: surgieron dos categorías de análisis: “Nos sentimos agotados”: la experiencia de enfermeros y médicos y Estrategias para enfrentar los percances en el contexto de la pandemia. Consideraciones finales: los profesionales experimentaron varios desafíos, como la falta de protocolo institucional, la falta de estructura física, material, recursos humanos y capacitación, la dificultad para sensibilizar a la población y la preocupación por contaminar a sí mismo y a la familia. Sin embargo, se apoyaron en diferentes estrategias, como el autoaislamiento preventivo, el apoyo familiar, el intercambio de experiencias con otros profesionales y mantenerse al día sobre la enfermedad.

Descriptor: Infecciones por Coronavirus. Personal de Salud. Servicio de Urgencias Hospitalarias. Percepción Social.

Introduction

Currently, the world is largely affected by the pandemic caused by the Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2), a new coronavirus, which causes Covid-19 (Coronavirus Disease-19)⁽¹⁾. In Brazil, the pandemic has unveiled previous and historical situations of dismantling and neglect of public policies, including the limited funding of the Unified Health System (SUS, in Portuguese), science, public universities and research centers. Moreover, the devaluation of labor and workers is also evident, especially in the health sphere⁽²⁾.

During the accelerated advance of the Covid-19 pandemic, health systems needed to reorganize care in view of the high and growing demand. Regarding the regionalized and decentralized organization of the SUS, in addition to the opening of new Intensive Care Unit (ICU) beds in general hospitals, there was also re-management of the ordering of the flow of patients within the Health Care Networks. The Emergency Care Unit (UPA, in Portuguese), the main fixed component of urgency and intermediate unit between primary care and hospital emergency was configured as a reference for exclusive care to people with suspected or confirmed contamination by the virus⁽³⁾.

Until March 2021, a period classified as the worst in the pandemic, with daily records of deaths, the UPAs, ICUs and wards of public and private hospitals experienced a collapse with lack of beds and lack of medicines and materials, leading several patients to death, still in line of waiting. In view of this chaotic scenario, it is observed that the Covid-19 pandemic has been an exhausting, traumatic and exacerbated event for professionals active on the front line, triggering among them illness due to physical and mental exhaustion and deaths due to contamination by the virus⁽⁴⁾. Thus, health professionals have been seen as the second victim of the Covid-19 pandemic⁽⁴⁾.

Similarly, studies conducted with health professionals working in emergency units during other epidemic outbreaks of new respiratory viruses, such as Influenza H1N1⁽⁵⁾, Severe Acute Respiratory Syndrome⁽⁶⁾ and Middle East Respiratory Syndrome by Coronavirus⁽⁷⁾, demonstrated that many experienced severe stress at work and physical and mental exhaustion. For fear of individual and family contamination, some professionals refused to take care of patients and quit their jobs⁽⁵⁻⁷⁾.

The constant fear and apprehension among health professionals are mainly related to the risk of being exposed to the virus and the concern of contagion of their families⁽⁸⁾. Therefore, it is important that UPA managers be aware of the professional stress associated with the experiences of an outbreak of emerging infectious diseases. This is because, at this moment, professionals face challenges of various orders, including lack of information, access to Personal Protective Equipment (PPE), as well as excessive and exhaustive workload and fear of contamination⁽⁹⁾.

Understanding that work in UPA, a reference for patients with Covid-19, has had repercussions on the lives of health professionals, seeking to provide information for the planning of interventions that propose to prevent or decrease the level of professional stress, as well as prepare the health system to support professionals in future outbreaks of infectious diseases of epidemic or pandemic nature⁽¹⁰⁾. Thus, the question is: What are the experiences of nurses and doctors of UPA in coping with the Covid-19 pandemic? Therefore, this study aims to describe the experiences of nurses and doctors of UPA in coping with the Covid-19 pandemic.

Method

Descriptive-exploratory study, with a qualitative approach, supported by content analysis and described according to recommendations of the Consolidated Criteria for Reporting Qualitative Research (COREQ). The participants were seven nurses and seven doctors working in two UPAs, located in two municipalities in the state of Paraná, Brazil, each with a population of approximately 35,000 inhabitants. Each municipality has a UPA, a public institution that continuously assists patients as an open door, being the only emergency unit to refer patients with signs and symptoms of Covid-19 from the municipalities surveyed.

The care provision in both UPAs was organized through sentinel services, structurally, separating symptomatic patients from the other

patients. The team consisted of two doctors, two nurses and seven nursing technicians per period, and worked in a rotation scheme between the Covid Emergency Care (Covid-EC) and the conventional one, supported by professionals from the Primary Health Units (PHU).

During the collection period, which began on September 28, 2020, the first municipality surveyed had 2,273 reported cases, with 471 confirmed cases and 8 deaths from Covid-19; the second had 1,916 reported cases, with 594 confirmations and 7 deaths.

The sampling, consisting of convenience, was composed at the end of 14 participants who met the following inclusion criteria: being a nurse or doctor on duty and working for over one year in the UPA, which allowed knowing the work process and routine of the unit before the pandemic period. Professionals (9) who were absent due to vacation, medical and maternity leave during the data collection period were excluded.

The participants were personally approached, when the objectives of the research and the forms of participation were explained. In case of acceptance, the individual interview was scheduled, held in a reserved place within the own UPAs. Two Nursing students from the last period, previously trained, conducted data collection jointly. It is noteworthy that they knew the unit because they had performed curricular internship in the sector.

Data collection was performed through an open individual interview, using a semi-structured form, constructed by the researchers, not validated, without pilot test, composed of two parts: the first, with sociodemographic questions related to gender, age, academic education, time of training, time of work in an emergency unit, family income, race/color and marital status; and the second, consisting of questions of support and the following guiding question: Tell me about your professional experience in the emergency care unit in the context of the Covid-19 pandemic. The interviews lasted an average of 35 minutes, were audio-recorded, allowing the subsequent transcription in full

of the statements. Data saturation was verified when the statements presented consistency and density for analysis, and the new data analyzed did not aggregate or deepen the thematic categories already elaborated.

The data were submitted to Content Analysis, thematic modality, using the stages of pre-analysis, exploration of the material and treatment of the obtained results. In the pre-analysis, the interviews were organized and then floating readings allowed the observation of the relationship between the content obtained and the proposed objectives. In the exploration of the material, the speeches were fragmented, applying different colors. Subsequently, the fragments were grouped by semantic similarity into more comprehensive categories, which consisted of the classification of the elements according to their similarities and differences, with subsequent regrouping, as a function of common characteristics. In the last stage, after the saturation of the preliminary categories, the results were treated, making inference and interpretation, based on the specific literature on the subject⁽¹¹⁾. This exhaustive analytical process led to the identification of two thematic categories: "We feel exhausted": the experience of nurses and doctors and Strategies to face the mishaps in the pandemic context.

The research project was analyzed and approved by the Permanent Human Research Ethics Committee, at the *Universidade Estadual de Maringá*, receiving Opinion n. 2.759.729. The participants were informed about the objective of the study and their rights, according to Resolution n. 466/12 of the National Health Council, and their supplements and signed the Informed Consent Form (ICF) in two copies of equal content. To ensure confidentiality and anonymity, in the identification of the speeches, codenames consisting of the letter "N" of nurse and "D" of doctor were used, followed by an Arabic number referring to the order of the interviews.

Results

The study included 14 health professionals, 7 nurses and 7 doctors, whose ages ranged from

24 to 48 years, 8 were male and most (13), white. Among the interviewees, 13 had a specialization course and had been working for over two years at the UPA. Professional experience ranged from 1 to 11 years (mean of 5 years).

According to the data analysis, the categories that were constructed will be discussed below.

Thematic category 1: "We feel exhausted": the experience of nurses and doctors

The participants revealed that among the main challenges faced at the beginning of the pandemic was the fact that Covid-19 is a new disease, with uncertain clinical and epidemiological course, which hindered early and correct diagnosis, as well as treatment. In addition, the structure of health institutions in small municipalities was incipient for the high demands of the pandemic, including the unavailability of tests for large-scale diagnosis.

In addition to this challenge, the professionals revealed that the crisis was strongly instigated by the absence of well-established care protocols, delimited and clearly passed on to those who worked on the "front line". According to their perceptions, care would be facilitated if there were the establishment of protocols and their transfer to professionals.

Another prominent aspect expressed in the content referred to the presence of weaknesses and non-adaptations in the physical structure, material and human resources for adequate patient care and protection of workers, since the pandemic in Brazil spread rapidly and there was little time to prepare for coping.

The content revealed that, in addition to the lack of preparation of the UPA and the work process, there was a need for training the health teams. Thus, such situations experienced in EC services in the context of the Covid-19 pandemic exposed how vulnerable professionals were, by showing the result of contamination of many health professionals, the consequent absence from work activities and the experience of work overload by those who remained on the "front line". The participants reported exhaustion and physical exhaustion of the teams in the chaotic context.

Added to the exhaustion situation of the teams, the professionals also reported that the experience of the pandemic within the UPA was marked by concern and fear, especially, of being contaminated and sick from Covid-19, as well as transmitting the virus to their family members. This fear was intensified by the lack of awareness and cooperation of the population. Despite the

guidance provided by scientists, epidemiologists and other professional categories, widely disseminated in the media, it was noticeable that the recommendations and preventive measures were/are not being strictly complied with by the population.

Chart 1 shows the empirical findings.

Chart 1 – Thematic content of the experiences of nurses and doctors in Emergency Care units in coping with the Covid-19 pandemic. Paraná, Brazil, 2020 (continued)

Thematic category 1: “We feel exhausted”: the experience of nurses and doctors	
Meaning Unit	Excerpt from interviews
Covid-19 as a new disease and the uncertainties that permeated professional practice	[...] <i>at first there was a great difficulty as it is a new disease, we were unable to diagnose it correctly, had no test available for large-scale diagnosis and, above all, a definitive treatment of the disease.</i> (D7). [...] <i>no one knew for sure how the disease would behave, what the diagnoses would be and how it would evolve in epidemiological terms.</i> (D1).
Lack of well-established protocols in the unit for the clinical management of patients with Covid-19	[...] <i>at the beginning of the pandemic, it was difficulty because there was no correct protocol established, which patient would be hospitalized and which would be in isolation, this clarity was necessary in order to be able to meet to the patient.</i> (D4).
Weaknesses and structural and human resource inadequacies to cope with the pandemic	[...] <i>there are difficulties in the care of these suspected patients [of Covid-19] due to lack of infrastructure, in fact, no place is prepared, the disease came very fast in our country.</i> (D6). [...] <i>my main concern is with the PPE and the care for the environment to which we are exposed to.</i> (D2). [...] <i>I think we suffered from the issue of organization of the service, lacked PPE, lacked professionals trained to face the most complex cases, we lacked to feel safe. If I am going to sum it up, I may tell you that everything we have lived through is based on difficulties.</i> (N6).
Problems in the health work process and shortcomings in the training of professional teams	[...] <i>it lacked organization, lacked training for us to know how to deal with patients with Covid-19 symptoms, such as meeting and referring.</i> (D3). [...] <i>the team is not prepared for this situation, for this degree of pandemic. And the services do not have a structure to meet this population, who must be met separately from the other. Without organization and training, it becomes difficult.</i> (D6).
Vulnerability of professionals to contamination, absence from the work environment and physical exhaustion	<i>The overload happened, mainly, because we always work at the limit and now there are many professionals who end up getting sick, being absent, there is also the significant increase in the number of patients, all this overloads the team.</i> (N4). <i>We feel exhausted, tired. We cannot deny that sometimes despair comes, because exhaust and exhaustion come, physical and mental exhaustion at the same time.</i> (D3).
The outbreak of fear and the feeling of concern of professionals before contamination and illness by Covid-19 and transmitting it to others, intensified by the perception of the population's lack of support	[...] <i>my main fear is to becoming contaminated, every day I see news, mainly, of professionals in the area who are hospitalized, who are dying because of the pandemic.</i> (N1). [...] <i>the greatest fear was to contaminate myself, face difficulties and learn to deal with this fear [...] I am afraid of bringing the disease into my home and, with it, infecting my family members, this kind of fear still persists.</i> (D2).

Chart 1 – Thematic content of the experiences of nurses and doctors in Emergency Care units in coping with the Covid-19 pandemic. Paraná, Brazil, 2020 (conclusion)

Thematic category 1: “We feel exhausted”: the experience of nurses and doctors	
The outbreak of fear and the feeling of concern of professionals before contamination and illness by Covid-19 and transmitting it to others, intensified by the perception of the population’s lack of support	<p>[...] <i>great concern we had and still have in the issue of safety of the team and health professionals, so that no one would lose their lives [...] with the arrival of this new virus, it is evident the fear and concern about the risk of infection and the possibility of transmitting the disease to our family members.</i> (N5).</p> <p>[...] <i>the population is not fulfilling their role, we have to take care of themselves and we try to do what is best for them. But without their help, it is harder for us to work.</i> (D4).</p> <p>[...] <i>how difficult it is for people to follow a basic orientation, do not leave, wear a mask, use alcohol gel, things that are available to everyone, everyone already knows, already has this information, but not everyone complies with it. Therefore, there is insecurity on our part, the population does not support 100% of the guidelines that we and the media provide all the time. Looks like no one is taking it seriously!</i> (N6).</p>

Source: Created by the authors.

Thematic category 2: Strategies to face the mishaps in the pandemic context

During the interviews, the professionals pointed out some strategies used to assist in the process of coping with the challenges experienced during the pandemic. One of these strategies was a reflection of the concern to contaminate family members, which triggered self-isolation and changes in proximity relationships with their social network, increasing the wear and stress of professionals.

At the same time that the distance from family and friends was reinforced as a prudent practice of professionals to avoid contamination of family members, the interviewees mentioned the need

for support from family and friends to face stress at work and the moment of uncertainty resulting from the pandemic, even by virtual means.

The strategy reported to cope with the lack of clinical protocols, training and materials present in professional experiences was the sharing of experiences with other professionals, so that possible failures experienced and identified in patient care could be corrected. Moreover, the search for up-to-date information and reliable sources was a professional strategy used to keep up-to-date on the evolution of studies about the disease. This was an individual action and not something organized by health services.

Chart 2 shows the empirical findings of this thematic category.

Chart 2 – Thematic content of Covid-19 pandemic coping strategies created by nurses and doctors in Emergency Care units. Paraná, Brazil, 2020 (continued)

Thematic category 2: Strategies to face the mishaps in the pandemic context	
Meaning Unit	Excerpt from interviews
Self-isolation and impacts of distance from the socio-affective network	<p>[...] <i>I cannot visit my elderly father, my family, my sisters who are a certain age, friends and acquaintances for being in an environment where I have several positive patients for Covid-19.</i> (N3).</p> <p>[...] <i>distance is an impact on our lives now. Not being able to be with family, friends, we can no longer hug, talk, share a meal, these are moments that have been impacted by the pandemic. Being a health professional, we can take the disease to them, we have to live in isolation.</i> (N2).</p> <p>[...] <i>that is what we need to do, distance. That makes us very discouraged and worried.</i> (D7).</p>

Chart 2 – Thematic content of Covid-19 pandemic coping strategies created by nurses and doctors in Emergency Care units. Paraná, Brazil, 2020 (conclusion)

Thematic category 2: Strategies to face the mishaps in the pandemic context	
Search for family and friends' support to minimize stress	<p>[...] <i>I try to get closer to my family, my friends, by talking by distance video call.</i> (N4).</p> <p>[...] <i>the people who supported me the most during this period of the pandemic were my wife, children, and my parents. They are my support.</i> (D3).</p> <p>[...] <i>I think my family members gave me a very great support, helped me face this stressful phase of my career.</i> (D5).</p> <p>[...] <i>a co-worker I like very much is the one who supports me the most and my family, at a distance. I have had a lot of support from my parents, especially my mother, who is always worried about my job.</i> (N7).</p>
Mutual professional help in the search for sharing experiences and ideas	<p>[...] <i>I think we were talking, we were each telling our experience of care, experience with the disease, and so, some mistakes we were improving.</i> (D2).</p> <p>[...] <i>sometimes, talking to a colleague in the service, it was a good strategy to face the mishaps and clinical doubts.</i> (D3).</p> <p>[...] <i>my wife is also a doctor, also works with patients with suspected Covid-19, so we, on a day-to-day life, talked, one supporting and exchanging experiences with the other.</i> (D1).</p>
Expansion of knowledge by seeking current and secure information	<p>[...] <i>we always try to read and learn more about the subject, taking an online course, when possible, to update ourselves on the best type of care.</i> (N1).</p> <p>[...] <i>the main way to improve is to communicate with more experienced colleagues and always update yourself on what is new regarding the disease, each seeks the source of reliable and up-to-date information.</i> (D7).</p>

Source: Created by the authors.

Discussion

This study demonstrates empirical contents that describe the professional and personal experiences of nurses and doctors during the work on the front line against the Covid-19 pandemic, within the scope of UPAs in small municipalities. It stressed that exhaustion was present among health professionals and revealed some strategies for coping with the mishaps generated by the pandemic context of Covid-19. Coping strategies were incipient and poorly reported, suggesting that, at the time of the study, professionals were still more likely to identify experiences of exhaustion resulting from work.

Among the challenges experienced is the fear generated by the unawareness of the diagnosis, treatment and prognosis of Covid-19; the lack of protocols to guide the service; the scarcity of professionals trained to work on the front

line with the most complex cases; in addition to the deficiency in the physical structure and organization of services, especially at the beginning of the pandemic. These factors were cited as aggravating of physical and psychological exhaustion of professionals.

The reported challenges stem from the fact that the disease is unknown. Concerning biological aspects, for example, the disease affects people at different levels of complexity and triggers varied clinical conditions. This requires clinically experienced professionals or, at least, very attentive to identify cases of evolution of poor prognosis, make timely decisions and treat possible complications, reducing the risk of sequelae and death⁽¹²⁾. In this sense, the findings of this study explain reflections about how nurses and doctors have performed care and the production of care directed to Covid-19 before the frequent challenges associated with clinical management, therapeutic conduct, ethical action

and the guarantee of professional and patient safety and protection.

Regarding the work process in the emergency and hospital network, other challenges were present. For example, a study pointed out that the greatest challenges related to the reorganization of care, expansion of the number of beds, supply with equipment and supplies, training of professionals and provision of personal and collective protection equipment⁽¹³⁾. These aspects were reported in an international study as essential strategies both to reduce infection among health professionals and to reduce the mental burden of stress, anxiety and symptoms related to overload and fear during work⁽¹⁴⁾.

The reports of the participants of this study reinforced the need of professionals to reinvent themselves with the sudden change in routine, with the lack of materials and training, as well as difficulties in accessing PPE. These factors contributed even more to the overload and exhaustion of the teams. As the pandemic accelerated, access to PPE has become a constant concern, especially for professionals working in the UPAs, a place where the risk is admittedly higher due to invasive procedures that release in the environment aerosols potentially transmitting the virus⁽¹²⁾. The scarcity of PPE was observed in several institutions in other countries, not only in Brazilian ones. It is noteworthy that the maintenance of PPE in hospitals should be a State policy, in which governments need to mobilize for the national industry to respond to the challenge. However, there was a price speculation, which had an increase associated with market shortages.

In addition, due to the absence of a single protocol to be followed, the lack of PPE and the lack of training on the correct form of paramentation, removal and disposal have made health workers more vulnerable to contamination^(12,14). In this context, more than a change in the professional practice of nurses and doctors working in EC units, the pandemic has exposed a disaggregation for the maintenance of the work process and has sharpened problems of precariousness and dismantling of public health

services and the UHS itself already historically existing in those spaces⁽²⁾.

In view of these professional experiences, it should be highlighted that the findings emerge for an analysis of how the UPAs of small municipalities were affected by the pandemic and how they organized themselves to cope with the health crisis. These results, when expressed through studies, are shown to be important subsidies to instrumentalize managers, technical supporters, agents of implementation of public policies and health professionals, and increases actions focused on planning and execution of programmatic health strategies in pandemic contexts.

In coping with the situation, the professionals revealed strategies taken individually, conducted, mostly, by their personal knowledge and experiences. Faced with the fear of contamination of oneself, family and friends reported by the participants, many chose to perform self-isolation, which contributed to the mental suffering of workers. It is known that health professionals are particularly susceptible and constitute a risk group for Covid-19 because they are directly exposed to infected patients^(4,14).

In line with other findings, the fear of being infected, the proximity to the suffering and/or death of patients, in addition to the anguish of family members, lack of medical supplies, uncertain information, loneliness and concern for loved ones were also aspects evidenced in a study on the experiences of nurses during the Covid-19 pandemic⁽¹⁵⁾. Moreover, it is important to reflect on the impact generated by the epidemic daily life to the daily professional experiences of nurses and doctors in doing and in the professional practice in EC units, which reveal the weakening and vulnerabilities of those who produce care in these spaces, despite a context in which late professional training is observed, exposure of the teams, absence from work, illness and death of nurses and doctors.

Constant exposure and fear of being infected are reaffirmed in numbers. Thousands of health professionals were distanced from their work activities during 2020 because they acquired

the infection. It is verified that 7,000 health professionals worldwide died from coronavirus infection, with Brazil being the third country with the most deaths of health professionals during the pandemic⁽¹⁶⁾. The Federal Nursing Council (COFEN) stated in a public document that Brazil accounts for one third of the total deaths from Covid-19 among professionals in this category⁽¹⁷⁾. Thus, in view of the results of this study, it is worth inferring that, in the pandemic context, the access of patients with clinical health needs as a matter of urgency and emergency, especially in small municipalities, was considerably high. Nevertheless, the professional teams of those services were not fully prepared and protected to work in the face of the unknown, and in a clinic that is still not standardized for care conduction. This partly explains professional exhaustion.

Furthermore, it is important to highlight that, in a context of stress and uncertainties, including the modes of professional action within the EC units, different needs had to be met by nurses and doctors, i.e.: incorporation of clinical guidelines, consumption of scientific evidence and the distinction of fake news, biosafety measures, standards and care routines, and other specificities of an emergency unit. These needs may have contributed to the physical and mental exhaustion of professionals.

The lack of defined technical protocols, the lack of access to the psychology team, as well as the difficulties of resilience and crisis management skills are configured as stressful factors and contribute to the suffering and moral distress of health professionals. Commonly, suffering and moral distress are high among professionals who develop direct critical care to critically severe patients. During the Covid-19 pandemic, this fact has become more frequent in view of the number of severe patients, leveraged by the overload of health services, similar to war situations, leading professionals to become the new victims of the pandemic⁽¹⁸⁾.

In this sense, the evidence shows that the “front line” teams present physical, mental exhaustion, difficulty in decision-making and anxiety due to the pain of losing many patients

and co-workers, added to the possibility of transmitting the disease to family members, especially those who care for parents or young children⁽¹⁹⁾. The fear of contaminating family members is a relevant psychosocial risk, thus being essential to guarantee measures to mitigate this risk, such as the provision of medical care and psychological support, the provision of accommodation outside the workplace, for example⁽¹²⁾.

Some institutions have provided hotel accommodation for health professionals who wish to rest outside their residence as a safety measure for their families. This was recognized as a successful strategy in China, which also implemented safe transportation for the displacement of workers to the workplace⁽²⁰⁾. However, studies indicate that, even with intense training, nurses commonly neglect their exposure while caring for patients, especially when they are exhausted, after long working hours, increasing the risk of contamination^(15,19).

Scientific and television publications throughout 2020 showed that health teams have been suffering and exhausting due to the Covid-19 pandemic⁽²¹⁻²²⁾. Thus, psychological and psychiatric follow-up of professionals is ethically and humanly relevant, considering that mental health care favors better performance in the workplace and the absence of this support will reduce the potential for care, increasing the chances of absence, contamination, deaths and other subsequent consequences⁽²¹⁻²²⁾.

Family and friends' support, monitoring with a multidisciplinary team through the use of telemedicine, as well as the training of professionals were strategies evidenced as ways to cope with the challenges of the pandemic with an impact on the mental health of professionals⁽²³⁾. Moreover, the understanding of prevention measures and the containment of the proliferation of transmission by the population has a positive effect on the psychological responses of health professionals and the general population itself⁽²⁴⁾.

In this sense, it is necessary that health authorities, together with the governments, carry out updates and communications on

the characteristics and consequences of the pandemic in order to prevent the dissemination of fake news, as well as to promote continued training for professionals working on the front line. The program “*Brasil conta comigo – profissionais de saúde*”, launched by the Ministry of Health⁽²⁵⁾, directed the training and registration of professionals in the area to cope with the Covid-19 pandemic. However, it is still necessary to expand and improve such strategies, to assist and support professionals at this time, especially those inserted in the countryside of the country and in small municipalities.

In view of the results, it is necessary to consider that this investigation has limitations, highlighting the data collection, performed in the facilities of the EC unit, so that, possibly, some interviewees were concerned about returning to work, limiting their answers. Another point is related to the fact that the research was conducted in a limited number of institutions and with a limited number of interviewees, circumscribing the results to the context under analysis. Therefore, it is recommended to carry out future studies on the theme, in scenarios that favor data collection and in different regions of the country, so that an expanded perspective is obtained regarding the repercussions of the Covid-19 pandemic on the lives of health professionals in UPAs.

Final considerations

The professional experiences of nurses and doctors working in UPA were marked by challenges related to the fact that Covid-19 is a new disease, which hindered the diagnosis: the lack of institutional protocol that specifically directed the practice; the lack of training of the team; fear and concern to contaminate oneself and the family; and the difficulty to sensitize the population about the adoption of preventive measures.

To mitigate the problems and professional difficulties experienced in the daily life of the UPAs, nurses and doctors employed different coping strategies. Self-isolation was highlighted as a preventive measure, the support of other

health professionals in the sharing of information and experiences, the search for family and friends' support, even at a distance, and the individual and constant search for up-to-date information about the disease and its treatment.

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