

It's as if we were the virus itself: feelings of health professionals in the COVID-19 pandemic

É como se fossemos o próprio vírus: sentimentos de profissionais da saúde na pandemia COVID-19

Es como si fuéramos el propio virus: sentimientos de los profesionales de la salud en la pandemia de COVID-19

RESUMO

Objetivo: desvelar os sentimentos dos profissionais de saúde da atenção primária frente à pandemia da COVID-19 e como esta tem afetado a sua vida na comunidade. Método: estudo de natureza qualitativa, do tipo exploratório, realizado com 28 profissionais de saúde de uma regional de saúde do Estado do Paraná, de março a abril de 2021. As entrevistas ocorreram a partir da seguinte pergunta disparadora: Como você se sentiu sendo profissional de saúde da atenção primária durante a pandemia e como isso afetou a sua vida na comunidade? Todos os aspectos éticos e legais previstos foram respeitados. Resultados: Por meio da análise do conteúdo das entrevistas, emergiram duas categorias, sendo elas: "A pandemia é real e chegou na minha cidade", a qual representa o medo e receio das mudanças vividas no cotidiano profissional da atenção primária em saúde como a suspensão da visita domiciliar, base de grande parte do trabalho; e "A marginalização do profissional de saúde", que ilustra como o medo da contaminação gerou a hostilização da categoria. Considerações finais: a pandemia exigiu mudanças abruptas, e a insegurança em assistir a pacientes contaminados, seja pelo receio da transmissão cruzada ou pelo risco de contaminar a própria família, levam a repercussões no processo de trabalho destes profissionais, bem como, na saúde física e psíquica dos mesmos. Além disso, a responsabilidade da conscientização e do cuidado constantes, contribuíram para que esses profissionais estivessem expostos ao estresse e sobrecarga emocional.

DESCRIPTORIOS: COVID-19; Enfermagem; Atenção Primária à Saúde; Pandemias.

ABSTRACT

Objective: to reveal the feelings of primary care health professionals in the face of the COVID-19 pandemic and how it has affected their life in the community. Method: a qualitative, exploratory study, carried out with 28 health professionals from a health region in the State of Paraná, from March to April 2021. The interviews took place from the following triggering question: How did you feel being a professional of primary care during the pandemic and how has this affected your life in the community? All ethical and legal aspects provided for were respected. Results: Through the analysis of the content of the interviews, two categories emerged, namely: "The pandemic is real and has arrived in my city", which represents the fear and apprehension of the changes experienced in the professional routine of primary health care, such as the suspension of home visits, the basis of much of the work; and "The marginalization of the health professional", which illustrates how the fear of contamination generated the hostility of the category. Final considerations: the pandemic demanded abrupt changes, and the insecurity in assisting contaminated patients, either for fear of cross-transmission or for the risk of contaminating the family itself, lead to repercussions in the work process of these professionals, as well as in the physical and psyche of them. In addition, the responsibility of constant awareness and care contributed to these professionals being exposed to stress and emotional overload.

DESCRIPTORS: COVID-19; Nursing; Primary Health Care; Pandemics.

RESUMEN

Objetivo: revelar el sentir de los profesionales de salud de atención primaria frente a la pandemia de COVID-19 y cómo ha afectado su vida en la comunidad. Método: estudio cualitativo, exploratorio, realizado con 28 profesionales de la salud de una región de salud del Estado de Paraná, de marzo a abril de 2021. Las entrevistas se realizaron a partir de la siguiente pregunta desencadenante: ¿Cómo te sentiste siendo profesional de la atención primaria? durante la pandemia y cómo ha afectado esto su vida en la comunidad? Se respetaron todos los aspectos éticos y legales previstos. Resultados: A través del análisis del contenido de las entrevistas surgieron dos categorías, a saber: "La pandemia es real y llegó a mi ciudad", que representa el miedo y la aprensión ante los cambios vividos en el cotidiano profesional de la atención primaria de salud, como la suspensión de las visitas domiciliarias, base de gran parte del trabajo; y "La marginación del profesional de la salud", que ilustra cómo el miedo a la contaminación generó la hostilidad de la categoría. Consideraciones finales: la pandemia exigió cambios abruptos, y la inseguridad en la atención de pacientes contaminados, ya sea por temor a la transmisión cruzada o por el riesgo de contaminar a la propia familia, repercute en el proceso de trabajo de estos profesionales, así como en el físico y psíquico de ellos. Además, la responsabilidad de constante concientización y cuidado contribuyó a que estos profesionales estuvieran expuestos a estrés y sobrecarga emocional.

DESCRIPTORES: COVID-19; Enfermería; Primeros auxilios; Pandemias.

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INTRODUCTION

The rapidly spreading worldwide respiratory disease, initially detected in Wuhan, China, in 2019, led the World Health Organization (WHO) to decree, as of March 2020, the COVID-19 pandemic. The disease caused by the coronavirus (SARS-CoV-2), is characterized as a severe acute respiratory syndrome (SARS), with significant lethality and mortality rates, representing a threat to sanitary measures, as well as to global public health.¹

Such respiratory infection has as main symptoms coryza, dry cough, headache, dyspnea, vomiting, diarrhea, loss of smell and/or appetite and skin rashes. Severe cases of the disease can present complications such as respiratory failure, sepsis, thromboembolism and/or multiple organ failure, which can even lead to death.²

In view of this, health professionals

become protagonists in the management, planning and care of patients infected by COVID-19, contributing to the promotion of health and mitigation of the disease. However, these same professionals, as they constitute the active group in patient health care and in the so-called "front line" to combat the pandemic, become increasingly vulnerable to the effects of the pandemic, often having their physical and mental health compromised.³⁻⁴

To meet the needs arising from the pandemic, health services, especially Primary Health Care (PHC), as it is the main gateway to the Unified Health System (SUS), they underwent several changes and adaptations in order to meet the new demand, focusing on the care of patients infected by COVID-19.⁵

According to the Special Epidemiological Bulletin, released through the Ministry of Health in July 2021, there

are about 141 million confirmed cases of COVID-19 worldwide. The United States of America, India and Brazil have the most relevant numbers of disease occurrence, totaling approximately 60 million accumulated cases. Among them, in Brazil, 469,569 suspected cases of COVID-19 were reported among health professionals, 26% of which were positive for the disease. With regard to hospitalization and death rates in this group, there were 77.3% of SARS notifications, 27.2% of which had fatal outcomes.⁶

As such, healthcare professionals dealing directly with exposure to the virus are constantly susceptible to occupational stress and pressure related to making complex, life-or-death decisions among their patients. Coping with critical situations such as those currently experienced can trigger negative feelings in the lives of these professionals.^{4,7}

Studies that aim to establish reflec-

tions on the mental health of health professionals in the face of care and combating the COVID-19 pandemic, highlight the main psychosocial effects resulting from these experiences. Among the impacts that the disease causes, there is the constant fear of high exposure to the virulent load and, consequently, contamination and death.⁴⁷ In addition, experiencing the loss of co-workers and/or family members, possible exposure to unhealthy working conditions with a lack of Personal Protective Equipment (PPE), the condition of physical and emotional exhaustion, as well as the stigma and discrimination of society for being potential agents of transmission of the virus, constitute aspects that outline this scenario of confrontation.^{8,9}

Considering the gaps in the national literature related to the theme, it is necessary to question: "What are the feelings of primary care health professionals during the face of the COVID-19 pandemic and what is the impact of this experience on their lives and in the context of their social life?" Therefore, the present study aims to reveal the feelings of primary care health professionals in the face of the COVID-19 pandemic and how it has affected their life in the community.

METHOD

This is a qualitative, exploratory study carried out with health professionals from a regional health center in the State of Paraná. To ensure the methodological quality of this research, the criteria established in the COREQ (Consolidated Criteria for Reporting Qualitative Research) guideline were adopted for its production. The research was carried out from March to April 2021.¹⁰

Initially, contact was made with all the municipalities of the referred health region (HR), which has 30 municipalities, on the occasion of the meeting with the municipal health managers at the RS headquarters, requesting the indica-

tion of a health professional who would be responsible for coordinating PHC activities in each location. It was established as an inclusion criterion the period of one year as the minimum time of performance in the position, however, there was no exclusion for this reason.

[...] healthcare professionals dealing directly with exposure to the virus are constantly susceptible to occupational stress and pressure related to making complex, life-or-death decisions among their patients.

Two municipalities refused to participate due to lack of personnel, leading to the participation of a total of 28 health professionals.

With the names and telephone numbers of the managers' indications, the researcher contacted the health profes-

sionals, introducing themselves and inviting them to participate in the research and, upon acceptance, the interview was scheduled according to the availability of the professional. Google Meet, which were recorded and later transcribed. Before the beginning of each interview, the researcher read the free and informed consent form, in addition to asking permission for recording.

The interviews took place from the following triggering question: How did you feel being a primary care health professional during the pandemic and how did it affect your life in the community?

Each interview lasted an average of 30 minutes, resulting in 87 pages typed in the Microsoft Word® program, with 1.5 point spacing between lines. The transcribed data were sent by e-mail to all participants for their reading and approval.

The data were imported into the NVivo Release Program version 1.5.1®, as an auxiliary procedure in the content analysis process, following the steps of pre-analysis, analytical description and inferential interpretation.¹¹ The initial coding phase took place to emerge conceptions about the feelings of primary care health professionals during the confrontation of the COVID-19 pandemic and what is the impact of this experience in their life and in the context of their social life. Through a process of approximation and distancing, the main themes were identified and named, as well as discussed in the light of national and international literature.

Participants were identified using the letter "P" for professionals and the Arabic numeral corresponding to the order in which the interviews were carried out, in order to guarantee the confidentiality of identities.

The study was developed in accordance with the guidelines regulated by Resolution 466/12 of the National Health Council, was submitted for evaluation by the Ethics Committee in Research with Human Beings of the State University of Maringá and approved

under opinion nº 4,594,485, CAAE: 24906719.9.0000.0104.

RESULTS

Of the 28 participants in this study, 26 (92.8%) were nurses, one (3.6%) was a nutritionist and one (3.6%) was a social worker. The average age was 38 years, with a predominance of females, since there was only one male participant, and with an average time of experience in the position of seven years.

With the advent of the pandemic, many changes were imposed on the daily work of primary care health professionals. Professional and personal routines were changed and professionals had to adapt to a new reality. Through the analysis of the content of the interviews, two categories emerged, namely: "The pandemic is real and it arrived in my city"; and "The marginalization of the health professional".

The pandemic is real and it arrived in my city

The pandemic was responsible for a drastic change in the global health picture, with the loss of thousands of lives to the disease. When news of the pandemic began to invade Brazilian media, large cities were the first to be affected, so that when the virus reached small towns, the feelings of health professionals responsible for primary care were diverse. There were manifestations of fear of the highly contagious virus, of anguish in the face of the unknown, of what should be faced, in addition to disbelief on the part of some professionals about the severity of the disease and responsibility in relation to the health of the community:

My unit became an UPA (Emergency Care Unit) overnight. So, on the day my director arrived on a Thursday and said "look, there was a meeting at the secretariat, tomorrow we start working as an UPA", a unit that doesn't even

have an oxygen network. P17

It was very complicated, we were very nervous, very tense, afraid of getting it, afraid of passing it on to the family, afraid of passing it on to another patient. P22

[...] I was almost crazy and couldn't sleep, I cried every day, desperate, because everything I had to do, I was already overloaded [...] The psychological shaken does not allow me to work in a peaceful way. P28

In the speeches of health professionals, the fear and tension of being in a service where entry is on free demand, during a pandemic, can be seen. Such conduct was justified, especially at the beginning of the pandemic, because there were not many biosecurity protocols defined for the care of COVID-19.

Although primary health care performs part of its work with the community through home visits, during the pandemic such actions were suspended, significantly altering the work of professionals, as demonstrated by the following reports:

We have a lot of difficulty getting inside the houses, there are many people who are afraid of us, you know?!... So, we end up visiting through the gate, [...] not even those who are seriously ill allow us to enter. P19

It affected all the work of the PSF (family health program), right?! The CHA (community health agents) stopped visiting because no one wants us, the health professional, in the house. P24

Thus, although there were reports from people in the community and some health professionals who did not believe in the disease, the perception of a devastating reality, which involved

members of the family itself and society as a whole, crystallized with the advancement of the pandemic.

There were patients who did not believe in COVID, there were even colleagues in the profession who did not believe. So we had to make them understand this, and then the vaccine came, many did not want to take the vaccine because they were very afraid [...] when people close to us died, then people started to get scared. P22

After we had the first death, the cases started to rise too much, people said "oops, the health people are right, it's not just a flu". Then they started to respect each other a little more. P21

The work of raising awareness about the disease among the population must be constant and, since the beginning of the pandemic, it has been a challenge for professionals. The oscillations in the number of cases over the period weaken health care actions in general, exposing individuals to contamination. The basic guidelines regarding biosafety protocols for the population are constantly reiterated, and even in the face of the efforts of professionals, they often seem to be disregarded by many.

We had to talk again about the importance of care, distance, correct use of the mask, and correct use of gel alcohol. You have to keep remembering: "pass the gel alcohol in your hand", "sir, put the mask on your face". P11

The bulletin starts to decrease, starts to improve, you have no idea of the crowding that happens on weekends, in bars, cafeteria. P13

More than 200 young people with a truck, drink, music, because it's

far from the city, they party freely, gather and return home, which is where they go to their grandparents, to their parents. So it's discouraging, the issue of people's awareness doesn't exist. P25

Unfortunately, the fluctuation in the numbers of the pandemic is due to the difficulties in maintaining the care, which the population should maintain, for individual and collective protection. Thus, it is observed that people, faced with this scenario and in the face of their own actions, end up establishing a barrier between them and the health professional, due to fear of retaliation for their behavior in agglomerations and disrespect for current health decrees.

The marginalization of the health professional

The pandemic can lead to the outbreak of the most diverse feelings in human beings such as fear, anger, sadness, indignation, fear, concern, frustration and annoyance. However, sometimes these feelings end up being directed to those people who are working to fight the pandemic, as is the case of health professionals.

As health workers are on the front line in the fight against the pandemic, the community has experienced a duality of feeling in relation to these professionals, sometimes seen and treated as heroes, sometimes contributing to a process of their marginalization. Although in the global media scenario, health professionals are praised as brave fighters in this battle against the pandemic, in their municipalities, they are often marginalized due to their greater exposure to the disease.

It's as if we were the virus in person, in short, it's as if we were the virus in person. So, if you're a nurse or a nursing technician, it's as if you were the virus in person. P15

The population was moving away from us, [...] there was a case of a supermarket owner who wouldn't let us in, they had it delivered to the health professionals. P11

There was a day when we almost had to call the police to enter the woman's house, because we knew she was not well, [...] that if she doesn't go to the hospital, she will die. So, we went through this stress, right?! [...] incredible, the person would rather die than let a health professional see them. P22

The ways in which primary care health professionals report having been harassed is somewhat disturbing, considering the efforts made by these agents in caring for the whole of society at the time of a pandemic.

Fear of contamination, they had a lot! Still have it, right?! Patients who go and leave splashing alcohol in the air and even on us professionals... More like that. "this virus, I don't want to get this virus, if I get it I will die". P16

Look, I still argue a lot, I'm the one who still argues because the person wasn't wearing a mask, even here inside the UBS, we had situations of people without masks, the employees themselves, so we argued, [...] and they always cursed me, thinking I was crazy and exaggerating. P28

The statements show the disrespect and lack of empathy on the part of the population that, supported by fear, insecurity and lack of information, attributes to the professional, working in a risky environment, blame for an eventual transmission of the virus to the community. In addition, conflicts within the team itself are common, due to the non-compliance of some members with the individual protection measu-

res recommended by the World Health Organization, to control and combat COVID-19.

DISCUSSION

It can be seen that the emergence of the virus in small municipalities seemed a distant reality at the beginning of the pandemic. Small towns were slow to experience the pandemic, however, from the first confirmed cases of the disease, this logo became part of people's daily lives, being present in all countries, states and municipalities, affecting all individuals regardless of age group, sex, race/color, social class and profession. Faced with this new reality, the pandemic has become something very stressful, leading primary care health professionals to experience feelings of fear, insecurity, anxiety and fatigue, caused by the new demands on health services.

Attention to the mental health of health professionals working on the front lines in the fight against COVID-19 is urgent. These people need to be cared for in order to be able to care, since they deal daily with great challenges between cures, losses and countless reorganizations in the work environment, in the most different points of the health care network.¹² In addition, the feelings that permeate the lives of health workers are related to concern for their own health and that of the people they live with (especially the most vulnerable and those with chronic conditions), as well as related to uncertainty about the future.¹³

The free demand service and the restructuring of care protocols aimed at the current pandemic scenario also had an impact on the reality of the work of primary care health professionals. Thus, dealing with the unknown and with inconclusive information about the disease results in the health system's difficulties in providing an adequate response to the population's needs. With this, it is essential that health workers are protected in their work environment, for example, with the adequate supply of

Personal Protective Equipment (PPE). The use of PPE is essential to minimize the risks of infection by the virus, in addition to providing more security for professionals.¹⁴

Among the attributions of primary health care, there is home care, defined as one of the essential strategies in health care in different life cycles. However, due to the pandemic, home visits (HV) were mostly suspended. This context of impossibility of performing HV has become common, due to isolation and social distance. In its place, other care formats were implemented, with the use of virtual consultations, aiming to maintain care and at the same time reduce the spread of the disease.¹⁵

The pandemic has thus led to an increase in the number of primary care professionals who have incorporated virtual care into their practice.¹⁶ Based on this experience, it appears that digital technologies in the work environment of health professionals have been shown to be a possibility to face the difficulties of patient access to face-to-face care.¹⁷ As a result, telehealth has provided a greater reach than would otherwise be possible, constituting an effective care strategy in this pandemic period.¹⁵

In the reports presented by health professionals, it is clear that a portion of these and the community in general, experienced a period of denial, as they did not believe that the pandemic was real. This perception was modified, however, as a result of the progress of cases, and to the extent of the losses experienced. The epidemiological picture that presents itself to this day affects individuals in a multidimensional way, as it has an impact on the physical, emotional, psychological, economic and social dimensions. However, even if negative feelings are to be expected, it is essential to early detect extremes, such as anxiety and exacerbated fear.¹⁸

Primary health care has worked tirelessly to face the pandemic through prevention and awareness actions about COVID-19, aiming to reduce the num-

ber of cases. As a means of coping with the health problems of individuals, families and communities, primary care has been shown to be a strategy of excellence in public health, through prevention, epidemiological surveillance and monitoring of patients recovered from

[...] The insecurity in caring for infected patients, whether due to the fear of cross-transmission or the risk of contaminating the family itself, as well as living with the absence of well-defined care protocols, lead to repercussions in the work process of these professionals, as well as, their physical and mental health.

the disease.¹⁹

Many emotions and negative feelings emanating from the community end up being directed to health professionals, who gave up their families and social life in favor of their work in caring for

others. Professionals on the front line of the pandemic, when acting as emergency responders and health service providers, become vulnerable during this period, even suffering from moral damages caused by the population itself.¹²

It is noted that, at the same time that health professionals are considered heroes by society, they are also marginalized in the reality in which they are inserted. Stigma and discrimination directed at infected individuals and in relation to people who care for this public with COVID-19 has become a frequent phenomenon. Thus, in view of this fact, combating social stigma and its consequences should be a priority for mental health professionals.¹³

The involvement of health professionals with the service and with society interferes with the physical and mental health and well-being of both workers and their families,

because the way they are seen, supported or rejected by the community, reverberates in their own self-image, generating or not feelings of appreciation, gratification, respect and recognition.²⁰

Concern about the pandemic scenario grows more and more, both in traditional media (such as television, radio and digital networks) and in social media, which have started to highlight information related to the experiences of health professionals. The large amount of news disseminated and the accumulation of information in this period was defined as "infodemic", in the sense of the great risk that fake news has, reaching more individuals than the virus itself, and consequently causing uncertainties and concerns in lay people.^{13,21}

Faced with fake news and the different problems brought to the public, part of society starts to marginalize health professionals. With this, it is important to know the real experiences in the work environment linked to COVID-19, enabling reflection on moral suffering and prioritizing measures that ensure the safety, health and well-being of health professionals during the pan-

demic.²⁰

Even if primary care health workers are not in direct contact with the patient who has tested positive for COVID-19, like professionals from specialized ICUs, they are present on the front line to face the disease and, therefore, in the face of the lack of knowledge of this diagnosis in the assisted clientele. Primary health care constitutes an important communication hub in the care network, through its individual and collective strategies and actions, covering the promotion and prevention of diseases, as well as the identification of the first symptoms of COVID-19, and the follow-up and rehabilitation of patients.

²¹ Faced with so many complementary aspects of their work, however, health professionals still experience a paradoxical phenomenon,²⁰ as described in the study report "It is as if we were the virus in person."- P15 Thus, from being heroes of the pandemic, on the one hand, these workers come to experience, at the same time, a process of marginalization and hostility from the community, as

potential sources of propagation of the disease.

A limitation of the present study is the fact that it was carried out with only one health professional, representative of each municipality linked to regional health. However, it was possible to identify several realities that are common and experienced in the pandemic. Another limiting aspect concerns the need to carry out the interviews remotely, which may have influenced the flow of the narrative through face-to-face interaction.

CONCLUSIONS

The findings of the present study allowed us to recognize the perceptions and feelings experienced by professionals working in PHC. With the arrival of the pandemic in Brazil, abrupt changes occurred, requiring a new attitude and approach to patients affected by the disease. The insecurity in caring for infected patients, whether due to the fear of cross-transmission or the risk of con-

taminating the family itself, as well as living with the absence of well-defined care protocols, lead to repercussions in the work process of these professionals, as well as, their physical and mental health. In addition, the responsibility of constant awareness and care contributed to these professionals being exposed to stress and emotional overload.

Regarding the feelings of marginalization experienced by health professionals, what stands out is the perception of an ambiguous relationship between these and the community, which, while cultivating deep respect and admiration for the work and selflessness of freight line workers, fears and marginalizes them as if they were the virus itself.

In any case, the results found in the present investigation can support reflections on the feelings involved in the care process on the part of primary care health professionals in the pandemic scenario, being relevant aspects to be considered both by state and federal managers, as well as by the community as a whole.

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