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# Relationships between the COVID-19 pandemic and the mental health of nursing professionals

Relaciones entre la pandemia de COVID-19 y la salud mental de los profesionales de enfermería

Relações entre a pandemia de COVID-19 e a saúde mental dos profissionais de enfermagem

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The pandemic caused by the coronavirus has presented itself as a challenge for health workers, in view of actions related to the work process that involve issues, such as: decision making (cognitive aspect), assistance practice (technical aspects), changes in routine (physical overload) and the psychic burden that invol-

ves situations of fear and anguish related mainly to biosafety.

Sick health workers decrease the chances of early diagnosis, prevention, treatment and rehabilitation actions, both for people affected by COVID-19 OR SARS-CoV-2 - scientific name (or even popularly known as coronavirus

2019) - and people with other diseases that need assistance.

Achille Mbembe, Cameroonian, philosopher and author of *Necropolitics*, has been gaining strength in anthropological discussions in Brazil for presenting to us in his work the use of power and politics to condition human existence, choosing

who can live and who should die. Letting die has been put on the scene, especially in discussions that bring social class, race and gender/sexuality to debate morbidity and mortality in certain groups<sup>(1)</sup>.

As the professional category most present in health services and working on the front line of care, nursing professionals face stressful situations. With the emergence of the new coronavirus (COVID-19) and all changes in the health system, nursing sees old issues (re) arise in a potentiated way, such as: high workload, low pay, poor working conditions, in addition to daily assist people with different types of diseases, with pain, suffering, death and all the responsibility inherent to the profession. Thus, issues of anxiety and stress related to work activity need to be monitored.

### **Pandemic and the Collapse of the Health Service**

According to international data, until April 11, 2020, 1,741,807 cases of COVID-19 were confirmed, with 106,694 deaths. The United States of America is the country with the largest number of cases (508,575). Brazil is the 14th in number of confirmed cases and the 12th in number of deaths<sup>(2)</sup>. The COVID-19 pandemic implies an organization of health services that currently exceeds the coping capacity to assist the population demand affected by COVID-19 and also the morbidities that normally affect the population.

The collapse in health services has been a major challenge for countries that face many cases of the disease at the same time and that results in thousands of deaths per day. Countries such as Italy, where 5,200 beds in the Intensive Care Unit (ICU) were available, had these vacancies quickly filled due to the surprising exponential increase in the number of cases in a short period. In parallel to this, the scarcity of personal protective equipment (PPE) for health professionals and respirators, for the maintenance of care and assistance to patients affected by this pandemic, caused an exposure to high levels of stress and decision making. serious (who should live

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or die), for professionals exposed to a long working period that includes double or triple hours in many cases.

In Brazil, the Ministry of Health forecasts an increase in the number of cases in April / 20, maintaining this increase for the months of May/20 and June/20, with expectations of stability and deceleration in July/20 and a decrease in cases in August/20. Current data (04/15/20 at 2:00 pm) inform 28,320 confirmed cases, of which 6,634 are in serious condition and 1,736 deaths in Brazil<sup>(3)</sup>. The effective creation of ICU beds in Brazil is carried out through the quantitative of the population in the regions and states of the country. It is important to take into account that the requirement for hospitals to have an ICU bed is when they have more than 100 beds.

In the country, there is an offer of 40.6 thousand beds for intensive care, with an adequate supply of technology to assist complications in the respiratory system of patients who need it, of which 17.9 thousand are available in public health institutions, Unified Health System (SUS). Considering the number of the Brazilian population, more than 211.3 million, according to the IBGE, and the list of existing beds in the public service, it is understood that the conflict that the national health system is about to pass before the declaration of the pandemic<sup>(4)</sup>.

As a strategy to deal with cases resulting from the pandemic, several states are using as a strategy the reservation of beds/hospital vacancies for patients affected by the coronavirus 2019, as well as field hospitals with the perspective of minimizing the collapse of the health-oriented service. But the strategy of increasing the number of beds alone is not enough, the cast of health professionals needs to keep pace with the increase in the number of places available in hospital institutions to promote adequate care and care.

The panorama in the main capitals of the country before the declaration of pandemic by the World Health Organization (WHO), on March 11, 2020, was already deficit in several sectors, the double triple

journey will be a reality for many professionals who are already worn in many ways. Thinking about the health professionals who are facing the fight against the pandemic, we have nurses and nursing technicians (nursing staff), physiotherapists, nutritionists, social workers and doctors who are part of the fight scenario, which no country in the world can predict, against this disease. And that is why it is necessary to think about how to take care of the health of these combatants/representatives of SUS so that we can survive COVID-19 and its comorbidities within society.

### Fear of illness by COVID-19

The emergence of a new form of coronavirus (COVID-19) created a confusing and rapidly evolving situation in Brazil and in the world, resurging as a proposal to control the contagion in quarantine. The term “quarantine” has the classic concept of seclusion of individuals susceptible to infection from a contagious disease, for the maximum period of incubation<sup>(5)</sup>.

Even with the adoption of recommended measures, in the public sphere, to prevent the collapse of health services, there is an increase in the number of hospital admissions and deaths related to COVID-19. Due to the speed of progression of the phenomenon and the lack of coping infrastructure, the multiprofessional health team sees its work shift suddenly changed, personal protective equipment is missing and, thus, fear and apprehension emerge in face of the possibility of infection by new coronavirus.

Frontline in the fight against coronavirus, Brazilian nursing sees (re) emerging old problems faced by the category, such as: low remuneration, working conditions subjected to the increase of the various degrees of occupational risk and work overload. In a note, the Federal Council of Nursing (COFEN) informs that the number of professionals already sick exceeds four thousand, being away from their functions due to confirmed or suspected cases and thirty professionals, among nur-

ses, nursing technicians and nursing assistants, died<sup>(6)</sup>.

An epidemic, such as that of COVID-19, implies a psychosocial disorder that can overcome the ability to cope with the affected population, thus, nursing professionals and other professional categories need greater attention to health workers, as they are more subject to mental suffering, either through situations experienced directly or indirectly. The stressors to this group are enhanced due to the double exposure, from the professional perspective in the work and personal spaces, with the risks of intrafamily transmission. Increased symptoms of anxiety, depression, loss of sleep quality, increased use of legal or illegal drugs, psychosomatic symptoms and fear of becoming infected or transmitting the infection to family members are recurrent<sup>(7)</sup>.

In this scenario of coping with the new coronavirus (COVID-19), in which health professionals need to deal with several factors, such as: the possibility of becoming ill, being psychic and/or organic and the other companions who are on the front line of performance; the concern with the illness of their family members and people who have a closer relationship; the vulnerability in which they are exposed in health services; the lack of resources to be able to serve the entire population. All of these factors generate great tension, because there is a main enemy that permeates this context: death.

Historically, the different formations in the health area are built in the sense of preserving life, seeing death as opposed to everything that is sought. Even in the face of breaking with the only curative logic of care, when seeking health promotion and prevention, the goal is to make life more powerful, facing not only biological, but also social and cultural causes that can lead to illness and, consequently, the death.

In view of the current pandemic, it is clear that all actions to promote, prevent and recover the health of professionals are focused on combating the advance of the damage caused by the new coronavirus (COVID-19). Infectious

diseases, for many years, brought many deaths, being the biggest causes of death in several civilizations.

During the Middle Ages, illness from infectious pathologies occurred quickly, as did death. There were not enough resources for treatment and, thus, families lived with that reality, as well as people involved in health care in that context. Even in the face of this everyday scenario, feelings of guilt and fear were frequent<sup>(8)</sup>.

Since the twentieth century, many changes have occurred in public health policies and the hospital gains the status of a rival to death, with the professionals who work in this space, the heroes who fight death. This conception is still a reality and it is in this context that health professionals in Brazil are inserted, with some aggravating factors, such as: the lack of service structure, the various consequences of social inequality present in the country, the low remuneration or even the absence and the delay, among others. In addition, we now have the new Coronavirus (COVID-19). How to be a hero, a title that in itself already brings psychological suffering, in the face of this reality?

With these changes in the conception of death and life, health and illness, a greater number of emotional problems occurred, making it necessary to deal with the issues that appear before the process of death and dying, and health professionals need to take care of the perception in face of this reality, to avoid a psychic illness<sup>(9)</sup>.

The health professional experiences this paradox daily, it is not possible to be a hero. And the acceptance of this fact is crucial to continue at work, giving rise to fear and anguish, which have always existed, but which by many were veiled or judged, gaining space and being shared in the current moment of the new coronavirus pandemic (COVID-19). It is not a matter of letting these feelings direct care, but of accepting their presence, seeking coping strategies so that the mental health of these professionals can be taken care of.

### The difficult choice of who to help

In the midst of this situation, patients

who are being assisted by these health teams with the negative evolution of their condition provide moments of limits, depending on the use of all possible therapies or their absence due to the severity of the scenario, contributing to increasingly narrow paths between life and death. Path in which age and the presence of other diseases make a difference for decision making, severity and prognosis for each case<sup>(10)</sup>.

Such care practices in experienced contexts, such as COVID-19, can generate ethical conflicts and feelings of guilt, since all professional actions and decisions imply consequences that affect others, positively or negatively.

As a result, the lack of sufficient resources to treat critically ill patients may mean that health professionals have to choose who will be admitted to the ICU according to their chances of survival, as it is followed by the exponential growth of cases and with a large number of people seek care in hospitals, decisions

like this become increasingly recurrent among the teams.

Thus, depending on how the COVID-19 pandemic develops, prioritizing in favor of those who have not only the greatest chance of surviving, but who will also live longer after being saved, tend to take into account values and principles pertaining to the daily life of health services and professionals in the area. As decisions of an ethical nature, in times of greater vulnerability of these teams regarding the assistance of cases without positive therapeutic responses<sup>(10)</sup>.

From this, health workers are increasingly subject to the suffering generated by the intense physical and mental exhaustion directly related to the stressful situations of this work, since they are professionals who perform complex, repetitive care and deal with pain and, often, with the choice of patient death. Due to these factors, and when these workers realize the impossibility of solving all the patients' problems, frustrations and feelings of helplessness

arise, generating mental exhaustion. And, many times, putting themselves in the patient's and family's place, in addition to visualizing their own family members, also suffering from it<sup>(11)</sup>.

These positions, in the face of identifiable people, are not comfortable for this group of workers, on the contrary, it is a difficult task and of great illness on the part of them, even considered undesirable. Because, your fundamental ethical obligation, in the relationship with your patients, is to act for their well-being, not to cause harm or damage to them.

The considerations presented here are not intended to pre-establish or plaster the complexity of aspects involving the mental health of the health professional, but rather to bring light, the reflection that the current scenario requires the assessment of different aspects, of direct or indirect impact, individual or collective, which can be taken into consideration and analyzed to minimize the consequences in coping with the coronavirus. ■

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