



# Health professionals' perception of the impact of the COVID-19 pandemic

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## **1 INTRODUCTION**

According to the World Health Organization (WHO), viral diseases continue to emerge and represent a serious public health problem. The pandemic caused by the new coronavirus (SARS-CoV-2) has set up a worldwide public health emergency (HELIOTERIO et al., 2020).

Research that analyzes the prevalence of the impact of the pandemic on health professionals is necessary in order to develop strategies that can benefit quality of life and mental health during the pandemic of COVID-19. This pandemic scenario is a strong potential disaster in mental health, which requires even more attention from the public authorities, which will only be properly known in the post-pandemic period (RIBEIRO et al., 2022).

The working conditions of these frontline professionals facing the pandemic included work rhythm with extensive workload, professional devaluation, interpersonal differences, reduced hours of sleep among other conditions resulting in physical and psychological stress (DUARTE, et al, 2020). In this context, this study has as main objective to evaluate the perceptions of health professionals in facing the COVID-19 and the impacts of the pandemic.

## **2 METHODOLOGY**

This was a qualitative, cross-sectional study that aimed to assess the quality of life of health professionals facing the pandemic of the Coronavirus COVID-19. The research was carried out by means of an electronic questionnaire, forwarded virtually, by e-mail, to the professionals who work with COVID-



19 in the Triângulo Mineiro. To participate in the study, health professionals working in the Unidades de Atenção Básicas de Saúde (Basic Health Care Units), the Units and the Teaching Hospital located in the Triângulo Mineiro were invited. The inclusion criteria were: to have a formal employment relationship with a hospital of any size or a provider of human resources services in a hospital of any size for a period of at least six months; to be 18 years of age or older and less than 60 years of age; to have completed professional training in at least one of the following professions: medicine, radiology technician, dentistry, pharmacy, nursing, nursing assistant, nursing technician, nutrition, speech therapy, physical therapy, occupational therapy, physical education, social work, or psychology; perform direct patient care activities for at least six months; have agreed to participate in the research by selecting a positive response regarding consent to the terms of this research, presented on the first page of the electronic form.

Participants were excluded from the study if: the contact data were incorrect; professionals who did not respond after three contact attempts with at least seven days between each attempt; professionals on vacation and/or leave of any kind during the collection period and professionals performing non-care or indirect care functions. Data collection started with the acceptance of the Ethics in Research Committee, under opinion number 4,339,437, which was subsequently invited to participate in the research through electronic mail (e-mail) and/or telephone contact by smartphone application WhatsApp, being clarified as to the objectives and procedures of the research, through the Free and Informed Consent Form. The participants filled out a questionnaire to characterize the sample with questions such as: profession, socioeconomic characteristics, health problems and specific questions about coping with COVID-19, which was answered by the research subjects virtually.

### 3 CONCLUSION

Participants in the study were n=119 health care professionals aged 23 to 61 years, during the period of the global Covid-19 Coronavirus pandemic, September-October 2020, in which 109 were female and 10 were male. Among the participants, 63% reported having children and among them 70.7% had 2 children or more. Among the participants, n=41 were Health Agents, n=18 were Nurses, n=14 Dentists, n=10 Nursing Technicians, n=10 Physicians, n=7 Physical Therapist, n=5 Psychologists, n=3 Nutritionists, n=7 Dental Assistants, n=02 Social Workers. The places of work reported were Basic Health Care (Unidades Básicas de Saúde - UBS, Unidades Matriciais, Atendimento domiciliares) and Hospitals (urgency, emergency and Intensive Care Units - ICU). As for the time of permanence in the work Institutions, 45.5% of the professionals described they had been working for more than 5 years and 52.1% with more than 5 years in the same sectors presented. Most of the participants (n=118) had taken the Covid-19 test at some point. They reported that 80.7% had contact with a colleague who tested positive for Covid-19.

The health professionals presented their perceptions regarding the impact of the pandemic of COVID-19 in the world.:



F1 "Physical overload (healthcare professionals), emotional imbalance, unemployment, increased emphasis on biosecurity, increase in anxiety disorders, social isolation, growth of the digital market, internal changes..."

F2 "The COVID 19 pandemic made people awaken to health actions that should be routine such as, hand sanitation, etiquette when coughing and sneezing, food sanitation. It also showed the vulnerability of human beings and the importance of research and health professionals.

F3 "Unsure about the outcome of the pandemic and about when life will return to normal again."

F4 "I feel insecure and afraid of transmitting the virus to my family members who are in the risk group".

F5 "Sadness to have had friends sick, hospitalized in serious condition, some dead. Despair to see that there are still people who don't take the disease seriously. Worry and fear about getting contaminated and transmitting to loved ones before knowing that I am contaminated, even though I use all the PPE in the protocol."

F6 "I believe that the biggest impact will be for the emotional issue due to the radical change in the human being's routine and in their interpersonal and behavioral relationships."

F7 "It has impacted politics, economics, people's critical sense, appreciation of research, perception of social responsibility."

F8 "I feel very sad seeing thousands dying."

F9 "Emotional weariness, a lot of fear."

F10 "Sadness and a sense of helplessness."

It is noted in the statements of health professionals, that harmful feelings to mental health were present, such as fear, sadness, impotence, insecurity, uncertainty, anxiety, insecurity, among others. During outbreaks and pandemics, it is common for health professionals to work long hours, without breaks and under great pressure, leading to fatigue and exhaustion. Professionals need to have enough rest time guaranteed to recover from physical and mental exhaustion, especially because, in a pandemic, long working hours increase occupational exposure to the infectious agent, exposing the worker to diseases and accidents (Schwartz, King e Yen, 2020).

Study showed recurring data from reports of increased symptoms of anxiety, depression, loss of sleep quality, increased drug use, psychosomatic symptoms, and fear of becoming infected or transmitting the infection to family members (Fiocruz, 2020).

Regarding the mental health of health professionals, several articles describe actions to promote and protect the mental health of health professionals and point to the need to better address this area, highlighting the creation of psychological support teams for health professionals, offering virtual courses and other strategies that include micro practices performed in hospital services.

Some proposed measures for health care for this post-pandemic audience are: telemedicine services, including video with mental health professionals, mobile applications, online resources, and virtual peer



support. Such services require the training of psychologists, psychiatrists, and other professionals, as well as the availability of infrastructure with telephones and devices for interaction. The Psychosocial Care network can also be used to meet crisis situations of the population, family members and companions, as well as health professionals (TEIXEIRA et al., 2020).

We conclude that public policies are necessary, as well as the implementation of psychological support programs that can contribute to the prevention of psychological pathologies and help these health professionals to face their anguish.



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