

## COVID-19 AND ITS PSYCHICAL INFLUENCES ON THE PERCEPTION OF THE NURSING STAFF OF ONCOLOGICAL PALLIATIVE CARE

COVID-19 E SUAS INFLUÊNCIAS PSÍQUICAS NA PERCEPÇÃO DA EQUIPE DE ENFERMAGEM DA ATENÇÃO PALIATIVA ONCOLÓGICA

COVID-19 Y SUS INFLUENCIAS PSÍQUICAS EN LA PERCEPCIÓN DEL EQUIPO DE ENFERMERÍA DE LA ATENCIÓN PALIATIVA ONCOLÓGICA

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### ABSTRACT

**Objective:** to identify the main psychological influences on the perception of the Nursing staff in oncological palliative care during the COVID-19 pandemic. **Method:** interpretative study with a qualitative approach with theoretical framework in the psychodynamics of Christophe Dejours' work. The sample comprised 20 members of the Nursing staff who work to assist patients in oncological palliative care suspected and confirmed for COVID-19. Developed in a hospital unit specialized in oncological palliative care in the city of Rio de Janeiro/Brazil. Semi-structured interviews were conducted and analyzed based on the methodological framework of the discourse of the collective subject (CSD). **Results:** two CSD speeches emerged with their central ideas: CSD1 - "negative psychological influences of oncological palliative care during the pandemic by COVID-19 in the perception of the Nursing staff"; and CSD2 - "Positive psychological influences of oncological palliative care during the pandemic by COVID-19 in the perception of the Nursing staff". **Conclusion:** it was possible to notice that the emotional load demanded by these professionals, as well as everything involved in the process of coping with this pandemic, has an important relationship with the appearance of symptoms that can trigger the burnout syndrome. On the other hand, it was possible to identify positive factors related to professional well-being during the pandemic and protective factors to the workers' health, such as staying in the same work team aiming at mutual support.

**Keywords:** Stress Psychol; Nursing, Team; Palliative Care; Coronavirus Infections.

### RESUMO

**Objetivo:** identificar as principais influências psíquicas na percepção da equipe de Enfermagem na atenção paliativa oncológica durante a pandemia da COVID-19. **Método:** estudo interpretativo de abordagem qualitativa com referencial teórico na psicodinâmica do trabalho de Christophe Dejours. Compuseram a amostra 20 membros da equipe de Enfermagem que atuam na assistência de pacientes em cuidados paliativos oncológicos suspeitos e confirmados para COVID-19. Desenvolvido em uma unidade hospitalar especializada em cuidados paliativos oncológicos na cidade do Rio de Janeiro/Brasil. Foram realizadas entrevistas semiestruturadas e analisadas com base no referencial metodológico do discurso do sujeito coletivo (DSC). **Resultados:** emergiram dois discursos do DSC com suas ideias centrais: DSC1 - "influências psíquicas negativas da assistência paliativa oncológica durante a pandemia pela COVID-19 na percepção da equipe de Enfermagem"; e DSC2 - "influências psíquicas positivas da assistência paliativa oncológica durante a pandemia pela COVID-19 na percepção da equipe de Enfermagem". **Conclusão:** pôde-se perceber que a carga emocional demandada por esses profissionais, bem como tudo que está envolvido no processo do enfrentamento dessa pandemia, apresenta importante relação com o aparecimento dos sintomas que podem desencadear a síndrome de burnout. Por outro lado, foi possível identificar fatores positivos relacionados ao bem-estar profissional nesse momento de pandemia e fatores protetivos à saúde do trabalhador, tal como se manter na mesma equipe de trabalho visando ao apoio mútuo.

**Palavras-chave:** Estresse Psicológico; Equipe de Enfermagem; Cuidados Paliativos; Infecções por Coronavírus.

### RESUMEN

**Objetivo:** identificar las principales influencias psíquicas en la percepción del equipo de Enfermería en la atención paliativa oncológica durante la pandemia de la COVID-19. **Método:** estudio interpretativo con enfoque cualitativo con referencia teórica en la psicodinámica del trabajo de Christophe Dejours. Compusieron la muestra 20 miembros del equipo de Enfermería que actúan en la asistencia de pacientes en cuidados paliativos oncológicos sospechosos y confirmados para COVID-19. Desarrollado en una unidad hospitalaria especializada en cuidados oncológicos paliativos, en la ciudad de Rio de Janeiro/Brasil. Se realizaron entrevistas semiestruturadas y analizadas en base al referencial metodológico del Discurso del Sujeto Colectivo. **Resultados:** surgieron dos discursos del sujeto colectivo (DSC) con sus ideas centrales: DSC1 - "Influencias psíquicas negativas de la asistencia paliativa oncológica durante la pandemia por COVID-19 en la percepción del equipo de Enfermería" y DSC2 - "Influencias psíquicas positivas de la asistencia paliativa oncológica durante la pandemia por COVID-19 en la

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percepción del equipo de Enfermería". **Conclusión:** se pudo percibir que la carga emocional demandada por estos profesionales, así como todo que está involucrado en el proceso de afrontamiento de esta pandemia, presentan importante relación con la aparición de los síntomas que pueden desencadenar el síndrome de Burnout. Por otro lado, fue posible identificar factores positivos relacionados con el bienestar profesional en este momento de pandemia y factores protectores a la salud del trabajador, como permanecer en el mismo equipo de trabajo buscando el apoyo mutuo.

**Palabras clave:** Estrés Psicológico; Grupo de Enfermería; Cuidados Paliativos; Infecciones por Coronavirus.

## INTRODUCTION

The Nursing staff remains exposed to several factors inherent to the profession in the context of care in the face of COVID-19. The increased workload, the threat of COVID-19 infection itself, frustration with the death of the patients they care for, and social/family isolation are predictive factors for the psychological stress of members of the Nursing staff.<sup>1</sup>

The psychological impacts on the members of the Nursing staff generate negative socio-political consequences for the countries. The extreme pressures experienced by members of the Nursing staff during a pandemic can increase the risk of burnout, which strongly impacts the personal and professional lives of the staff members.<sup>2</sup>

Burnout syndrome has also been reported by healthcare professionals involved in patient care during an epidemic caused by another type of coronavirus, which occurred in Korea in 2016. Although this condition is generally established longitudinally, it may be related to organizational factors (such as institutional environment, moral harassment, excessive workload, low wages, among others), the severity of the pandemic can trigger emotional exhaustion.<sup>3</sup>

Stress, anxiety, and depression can be seen as normal emotional reactions in a pandemic. In the past, healthcare professionals in phenomena of this nature have suffered high levels of stress, anxiety, and bad mood.<sup>2</sup>

Psychological influences on members of the Nursing staff of oncological palliative care can be enhanced by closely witnessing the suffering, uncertainties, fear, and loneliness of patients and their family members/caregivers, in addition to experiencing their own fears and uncertainties for being on the front lines during the pandemic.

In any biological disaster, fear, uncertainty, and stigma are common. It is important to identify them early,

in addition to knowing the psychological situation and the predisposition of each group, aiming to reduce the psychological stress of the team arising from these limiting situations.

Therefore, the present study is consistent with the research priorities in accordance with the Health Research Priorities Agenda and with the basic principle of Unified Health System (*Sistema Único de Saúde - SUS*), which is the integrality of care, taking into account the issue of worker health in its various aspects and in relation to the work process.

From the above, the study aims to identify the main psychological influences on the perception of the Nursing staff in palliative oncological care during the COVID-19 pandemic.

## METHOD

### Ethical Aspects

The research project was submitted and approved by the Ethics and Research Committee (CEP) of the National Cancer Institute (*Instituto Nacional do Cancer - INCA*), according to Opinion Report Nr. 3,992,180 - CAAE 30684120.0.0000.5274, after prior registration on the platform Brazil, according to Resolution Nr. 466/2012 of the Brazilian National Health Council (*Conselho Nacional de Saúde - CNS*).

It is an interpretative study with a qualitative approach and based on the Psychodynamics of Work by Christophe Dejours.

The advances in studies in Work Psychology today have had an important milestone with the emergence of Psychodynamics of Work as a line of theoretical and methodological study. Created by the French psychiatrist Christophe Dejours in the 1980s, Psychodynamics of Work is focused on the study of the relationship between work and health, with a strong bias in the contradictory normality of workers in constant struggle against psychological suffering amid the negative situation and conditions of work.<sup>4</sup>

Psychodynamics of Work, in addition to being a discipline, is considered a theory that seeks to analyze the origin of physical and psychological suffering and exhaustion, as well as the origin of satisfaction, health and pleasure in the work environment.

The study was conducted in a hospital unit specialized in oncological palliative care, more precisely in the emergency and hospitalization sectors for patients con-

sidered suspicious or confirmed for COVID-19. This unit belongs to a national reference center for cancer treatment, located in the city of *Rio de Janeiro*, in the neighborhood of *Vila Isabel* - RJ/Brazil.

These locations were chosen to carry out the study, because they make it possible to directly contact the Nursing staff with patients in oncological palliative care suspected of and diagnosed with COVID-19.

Twenty professionals from the Nursing staff agreed to participate in the study, 10 Nursing technicians and 10 nurses, invited by the researchers. The research team included members of the Nursing staff working in direct care for patients with suspicions and diagnoses of COVID-19. Licensed staff members were excluded from the service due to medical/maternity leave. There was no refusal to participate.

The sample calculation was based on previous studies of the qualitative methodology, using the saturation sampling tool. Saturation sampling is used to determine the final size of a sample, suspending the collection of new data, that is, it determines its closure.<sup>5</sup>

The data were collected from April to May 2020, and to obtain them, we used the semi-structured interview technique using the initial question: in your perception, has working on oncological palliative care during the COVID-19 pandemic generated positive or negative influences regarding your ability to assist patients or do your work?

Data were collected during the work shift in the meeting room, in the hospitalization sector, so as not to cause harm to the Nursing care provided to patients. There were no difficulties in conducting the interviews, since the meeting room is a reserved, quiet, and air-conditioned environment.

The interviews were recorded with the aid of an electronic device in MP3 format, being transcribed literally and archived in word processing software (Microsoft Word 2019).

In order to maintain the anonymity of the participants, their statements were represented in this study by the letter (E) for nurses and the letters (TE) for Nursing technicians, complemented by an Arabic number that represents the order in which the interview was conducted, for example, E1 to E10 and TE1 to TE10.

For the ordering and organization of the empirical material produced in the interviews, the methodological process of the collective subject discourse (CSD) was used, which is based on the theories of social rep-

resentations, allowing then to organize the set of verbal discourses issued by a given set of subjects on a given theme.<sup>6</sup>

The CSD allows for a clearer interpretation of a specific social representation. For this, the following methodological figures are sought in the analysis of the transcribed verbal material: the key expressions (KE), the central ideas (CI) and the anchoring (AC). CIs bring the essence of the discourse emitted by the individual; KEs are literal transcriptions of part of the interviews, which provide the essence of the discursive content; and AC is the explicit linguistic manifestation of a given theory or ideology or belief or value of discourse. The CSD consists of extracts from the statements transcribed with the same CI, the same KE, and the same AC.<sup>7</sup> At the end of the analysis, a CSD was generated in the first person of the singular.

In order to maintain accuracy in the study, the list of Consolidated Criteria for Qualitative Research Reports (COREQ) was used as a support tool, consisting of 32 verification items in relation to the research team, the research project, and data analysis.

## RESULTS

Of the 20 participants interviewed, 85% were female, aged between 33 and 54 years and 80% were married. The vast majority have children (95%), all participants share a home with someone, 35% are Catholics and only 15% reported not following religion.

When asked about employment data, 55% said they had no other employment, 80% worked on shifts, 40% working at night, another 40% working during the day and the remainder were day workers. Most have been working in palliative care for between eight and 11 years (50%).

After a careful reading of the responses and analysis based on the CSD, some central ideas showed great representativeness. It was observed that there was more than one central idea for the same questioning, associated with its key expressions and anchoring, generating more than one speech for the same question, but with opposite meanings.

Thus, for the same question, two CSDs with their CI, KE and AC emerged: CSD1 - "negative psychological influences of oncological palliative care during the pandemic by COVID-19 in the perception of the Nursing staff" and DSC2 - "positive psychological influences of

oncological palliative care during the pandemic by COVID-19 in the perception of the Nursing staff”.

### **CSD1 - Negative psychological influences of oncological palliative care during the pandemic by COVID-19 in the perception of the Nursing staff**

The speeches reveal that some study participants suffer negative influences from the assistance to these patients. Tachycardia, characterized by an increase in heart rate above 100 beats per minute, can occur as the body's response to the stress experienced in the unfavorable work environment.

Another influence mentioned in the speech was that of constant tiredness, not solved with quality sleep, impacting physically and psychologically.

*[...] I have tachycardia, when I get here at the door, I am absolutely sure [...] Most of the time tired, every day tired, sleep is never restful, my head is always working, always trying to invent new things that would be more protective for people, new protocols, I'm always tired, I'm always thinking [...] I'm physically tired because colleagues are getting sick, and this generates work overload. This is psychologically tiring for having to think about so many things and so much news or even time, each hour a new protocol would emerge [...]* (CSD1).

Anxiety, distress, and bad mood were cited as constant symptoms, highlighting that they are taken as alerts for some occupational diseases, such as burnout. Anxiety and anguish, before starting the shift, are generated by fear of the unknown in this unprecedented moment.

*[...] Before starting the shift I feel anxious and apprehensive about how the shift will be and what may happen during the day, it makes me extremely moody... it gives me an absurd stress before starting work [...]* (CSD1).

The concern is constantly described in the speeches, especially when it is associated with uncertainties, doubts about how to perform the work and due to the adaptation to the new management of care, as well as the correct way of using personal protective equipment or even a possible shortage of PPE.

*[...] The hospital was not prepared for this pandemic and I ended up being very concerned. It is prepared for oncological palliative care and not to assist COVID-19 [...] Another major concern is related to the dynamics of work and the use of PPE, as we are al-*

*ready rationing the material and if we continue working like we did before, soon we will not have enough material [...]* (CSD1).

In the healthcare service, attention and trust in the assistance provided are essential for carrying out quality work. The insecurity punctuated in the study can generate carelessness and inattention when performing technical procedures, putting the safety of both the patient and the professional at risk.

*[...] I feel insecure at times, at other times I try to face reality, because if I let it show, I can make the whole team insecure, so I try to have strength and continue [...]* (CSD1).

The lack of recognition and professional devaluation can bring sadness, low self-esteem, loss of interest and suffering at work, and can also have consequences on the individual's personal life, compromising the work performed and their self-perception as a worker.

*[...] I feel devalued. They do not care about maintaining the health of the Nursing staff, the feeling I have is that we are always fighting alone for better working conditions [...]* (CSD1).

Fear and sadness are again described in this new moment, related to the possibility of contamination of their family members, as well as when the team perceives the patient's loneliness and the possibility for patients to experience the end of life unaccompanied.

*[...] Fear of contaminating myself, of returning home and still bringing contamination to my whole family [...] Fear that my colleagues will get sick and not have enough employees, as has already happened [...] I feel very sad to know that the patient at that moment will be alone and may die without saying goodbye to any family member [...]* (CSD1).

### **CSD 2 - Positive influences from patient care in oncological palliative care of patients suspected and diagnosed with COVID-19**

Despite uncertainties and fears in the face of the pandemic, positive symptoms can occur or arise. It is important to remember that we are biographical beings and each one has his/her reason for possible sadness and joy. What is a source of sadness for some can be a source of joy for others. The meaning of life is at the root of every being.

It has been described that spirituality is important in the process of pandemics and stress. Faith serves to strengthen the individual, helping him/her in difficult times, whose answers and support cannot be found in other spheres of life.

*[...] I come calm, and I have even been talking to God [...] As I am a Christian person, so I always pray before the shift starts [...] (CSD2).*

Defensive strategies are mechanisms used by the participants to minimize the perception of the severity of the moment, reducing constant or previous suffering to the future. Not projecting the future is a very common tool and is widely used by professionals who are going through difficult times.

*[...] Usually I try not to be influenced by bad news or to project the shift. I think that reflecting on COVID-19 before starting the shift is bad, because I suffer in advance [...] I prefer not to think beforehand and let things happen [...] (CSD2).*

The feeling of well-being at work is often based on the principle of safety in working with a team you already know, creating a feeling of security and protection. According to Maslow's basic needs pyramid, security is at the second hierarchical level of the most basic human needs, preceded by physiological needs, demonstrating the importance of this category.<sup>8</sup>

*[...] I feel good, especially when I know my team is complete, it makes me feel calmer, it makes me safer [...] There is a lot of bad news and a lot of new things, so I work on my floor and with my team it makes me calmer [...] (CSD2).*

Despite the difficult task of being at the forefront of fighting a pandemic, the feeling of accomplishment at that moment can be rewarding and pleasurable, strengthening the professional in his/her work. Feeling inserted and knowing one's importance in the care process sublimates suffering in pleasure from the process of utility.

*[...] In a way, being able to help at this moment makes me proud [...] Proud to be helping and on the front line, helping my team, helping my colleague in the vest, and having an important role in this pandemic moment [...] (CSD2).*

## DISCUSSION

Recent data state that working on the front line is not necessarily related to a higher risk of psychological distress when compared to other professionals, since the anguish related to COVID-19 extended beyond the risk of occupational exposure, becoming a general concern, showing the importance of the existence of psychological support to healthcare professionals.<sup>9</sup> News about suicides of professionals working at the front of the pandemic, however, is a tragic indicator that traumatic events, experienced by many healthcare professionals, overload their abilities to overcome moments of anguish.<sup>10</sup>

In the research, reports of tiredness and work overload were observed, which can culminate in professional exhaustion. Overworked workers have their concentration and income reduced and the quality of work compromised, generating high risks of contamination for themselves and others.

Healthcare professionals are subject to several stressors inside and outside the work environment, such as: risk of personal infection, fear of contaminating family and friends, inadequate access to personal protective equipment and moral distress, conditions that can culminate in psychological suffering for these individuals.<sup>9</sup>

Changes in mood and symptoms such as anxiety and distress were experienced by respondents during the pandemic. These professionals therefore need to be listened to, worked on, and supported by professionals trained to act in times of crisis.

Hospital managers should encourage, support, and trust among healthcare professionals, using opportunities to consult or supervise peers and support groups to encourage healthcare workers to maintain their resilience practices. Assistance to the healthcare team through the integration of a mental health and/or religious support professional is recommended.<sup>10</sup>

Healthcare professionals tend to experience the stress in their daily lives caused by the physical and emotional overload of closely monitoring the sufferings and adversities faced by the patients under their care. The lack of space to relieve their anxieties and the lack of opportunity to share this feeling with someone they trust can end up potentiating their pain, making the worker feel alone and a failure.<sup>7</sup>

When pleasure and gratification from work are replaced by exhaustion and discouragement from work,

the worker may be experiencing burnout syndrome, which is considered an occupational disease marked by burnout and negative feelings related to work that directly influence the professional's performance.<sup>11,12</sup>

The pandemic brought about the constant need to adapt to the new. Transparency regarding the institutional reality and the pandemic experienced is essential, aiming to minimize fears, insecurities, and uncertainties, as well as keeping the work protocols well delineated, updated, and supported by the most recent studies available. It is necessary to have the active participation of the professionals involved in the process so that they are subjects of their own work, making them feel like they belong more and feeling more secure in the context in which they are inserted.

All of this implies more appreciation of the professional, another item raised in the study. After all, the problem, when tackled together, tends to be more tolerable and the solution or ideas with the potential to minimize impacts may come from sources not previously expected.

Predicting possible increases in post-traumatic events arising from this pandemic, hospital leaders need to focus on improving the well-being of healthcare workers. They need to do this by inviting and listening to possible solutions from the entire team and then providing staff with the ability to make independent decisions.<sup>10</sup>

Knowledge must be developed together, in order to bring institutions and individuals closer to the issues experienced, making them participate in the reflection and discussion of problems in the scenario in which they live.<sup>13</sup>

This new reality was accompanied by a drastic reduction in the workforce due to the withdrawal of many professionals at the same time, due to signs and symptoms of the disease or other medical leave of a different nature or because they belong to risk groups.

The insufficient number of professionals makes work stressful, exhausting and tiring, causing the fear of failure and harm to patients, thereby favoring mental illness.<sup>14</sup>

The support between the teams proved to be essential in this delicate and emergency moment that these professionals are facing. The security of working with the full team, which they are already used to, proved to be comforting, becoming an important support for them in the pandemic.

Harmony within the work teams has great relevance for improving the performance of the work offered and professional well-being.<sup>15</sup> Although the sup-

port of colleagues is important, sometimes being able to vent with a professional without the bonds of working together can be useful for the team, especially to recognize the feelings they are struggling with, such as fear, anger, and reluctance to work.<sup>16</sup>

Despite the challenging and unknown moment experienced by the interviewees which has left its mark on world history and on the deepest part of each individual, it was also possible to find encouragement and strength to remain solid in this task.

Professional satisfaction generates more quality and safety in the care provided, better assistance, and support for both patients and family members and favoring everyone involved in the care.<sup>17</sup>

To face the pandemic, spirituality appeared in the study as an important support tool. Faith is a feeling of belief, of believing that things have a purpose and that they will improve. It removes doubt, fear, and uncertainty. It is the hope and confidence that better days are ahead and that nothing is out of control. The individual, when connected with his spirituality, tends to strengthen himself/herself and seek the desired support.

Spirituality plays an important role in the quality of life, health and physical, emotional, and mental well-being of patients and the population in general, influencing their beliefs, attitudes, emotions, and behavior.<sup>18</sup> Conceptually, spirituality and religiosity are different terms. While religion can be associated with rites and habits linked to the faith of a community, spirituality is understood as the search for meaning in life, influencing the way the individual faces health problems, and providing them with well-being.<sup>19</sup>

Another way of coping with the pandemic they have adopted is to think about the now and not suffer in advance, due to the uncertainty of what is to come. Anxiety tends to connect us too much with the future, causing us to live in advance what has not yet happened, and which may not even materialize. It is essential to talk, dialogue and encourage healthy discussion in groups. It is essential to improve listening and speaking and to develop humility, empathy, and self-control.

It is important to highlight the need to develop communication in healthcare teams, in order to establish a climate of reciprocity and empathetic cooperation, allowing the expression of feelings and symptoms such as physical exhaustion and emotional exhaustion. In addition, psychoeducation, and guidance on symptoms of post-traumatic stress, anxiety and depression should be provided to teams so that they can identify these symp-

toms in themselves and their peers in the early stages. Healthcare professionals must be able to identify the emotional aspects arising from patients and their families to map them and indicate appropriate psychological resources and interventions, available in the healthcare system.<sup>3</sup>

The COVID-19 pandemic will most likely be remembered and studied by countless generations around the world and the year 2020 will never be forgotten. Many things tend to change, whether positively or not. But this year will certainly have an individual impact and will be a milestone in world history. Being part of that and remaining on the front lines has a great weight.

Leaving your contribution in this historic moment, making a difference in someone's life with pride in the duty accomplished, was cited by the participants as gratifying. This satisfaction found at work helps to cope with adverse situations and strengthens the professional. It is important to seek this well-being, for the team to connect with its purposes, with the reason to wake up every day and go to work.

Taking care of the patient, participating in their healing process, and receiving their gratitude are factors that tend to influence the satisfaction of the health work by the professional. Associated with this, the existence of a pleasant atmosphere among the team plays an important role for contentment in work practice. A harmonious work environment strengthens the nurse to face everyday difficulties and share the anxieties during professional practice.<sup>14</sup>

The study had limitations because it used interviews with a reduced number of participants and did not have generalization power. Another limiting factor is related to the lack of knowledge of the previous mental situation of the interviewed professionals, which can bring significant data, aiming at an early assessment for possible exacerbation of the disorder.

The research was carried out in the first months of the pandemic, not being able to follow the changes in the psychological suffering of the participants over the following months. Finally, the research data refer to the reality of a federal public healthcare institution and to the particularities of this management model and the characteristics of the care provided by professionals and clients, which can influence the results obtained. Further studies are needed to expand on the issues raised in this research.

Research about the practice is a fundamental process of building knowledge about the way of working.

Thus, from the data obtained in this research, there are subsidies that make it possible to rethink the practice adopted and the work processes during the pandemic, using the reports of the actors involved in the exercise of care as a tool that transforms the current reality and future, of this and other similar scenarios.

## FINAL CONSIDERATIONS

A pandemic with the dimension and importance of COVID-19 leaves its mark, changes people's routines and lives, brings mixed feelings and refreshes or reaffirms values and beliefs.

In the reality of the hospital the study was carried out, professionals were able to identify negative and positive factors brought by the pandemic to their professional and private lives. It was possible to notice that the emotional load demanded by these professionals, as well as everything involved in the process of coping with this pandemic, both at a personal, professional, and institutional level, has an important relationship with the appearance of symptoms that can trigger burnout syndrome. Therefore, early identification and intervention of these feelings is essential.

On the other hand, in view of the obstacles brought by this new virus in the lives of the professionals under study, support in faith and in co-workers is essential, as well as the focus on the present, minimizing the anxiety of fear of what is to come, and the certainty and the pride of duty accomplished.

Respondents explained that the maintenance of work teams acts as an important protective factor for workers' health. Having constant support from teammates minimizes anxiety resulting from coping with a disease and unknown situations.

In short, it is essential to analyze the impacts caused by the pandemic on people's health. For this reason, we believe that this type of research can help to generate social and health initiatives for the early identification and treatment of warning signs for burnout syndrome and other diseases threatening physical and mental health, in order to prevent and alleviate the psychosocial effects of the pandemic on society. Employing healthcare institutions must be prepared to meet these new demands and have specialized help for professionals in this delicate moment. Thus, this research offers an interesting starting point that must be followed in the long process ahead.

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