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ORIGINAL ARTICLE

PERCEPTIONS OF PROFESSIONALS IN CARE OF COVID-19 IN AN EMERGENCY CARE UNIT

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ABSTRACT

Objective: to analyze the perception of professionals who worked on the front line in an Emergency Care Unit during different periods of the COVID-19 pandemic. **Method:** a qualitative study with professionals who worked in an Emergency Care Unit during the COVID-19 pandemic. An instrument was used to characterize the sample sociodemographic characteristics, and three guiding questions were used to describe perceptions about the period from 2020 to 2022. To examine the data, content analysis and similarity analysis were performed with the support of the IRAMUTEQ® software, guided by the COnsolidated criteria for REporting Qualitative research. **Results:** professionals' perceptions indicated negative feelings, warning of deterioration of mental health. As for positive aspects, the relevance of teamwork and cultural transformation at the personal and organizational level were observed. **Conclusion:** the analysis of professionals' perceptions indicated feelings that pointed to the need to implement continuing education actions. It also warned about the deterioration of professionals' mental health, with chronic repercussions that require adequate and long-term attention and investment in worker health.

Keywords: COVID-19. Health Management. Health Personnel. Occupational Health. Unified Health System.

INTRODUCTION

The COVID-19 pandemic spread across the world between 2020 and 2022. The disease was characterized by high transmissibility and variable clinical involvement, and could evolve into severe cases abruptly, which required advanced life support measures for a favorable prognosis[1,2]. The clinical presentation, epidemiological data and reported experience COVID-19 management raised two major concerns in disease management: professionals' occupational health and the collapse of health systems.

The strategies for dealing with the disease aimed to organize services to assist patients and ensure workforce protection. Reorganization of care, suspension of elective surgeries, reorientation of care in Primary Healthcare (PHC), focus on treating mild cases of flu, guidance and remote care for the population, surveillance of cases, segregation among patients with flu-like and general symptoms in health units, standardization of care protocols and health education were measures exhaustively adopted in national services[3].

Healthcare professionals have been identified as the most important resource in the fight against the virus[4]. Research has focused on defining the risk of healthcare professionals facing infection. It is estimated that the prevalence of COVID-19 infection in 2021 among healthcare professionals was 11%, with nurses and doctors being the most affected categories[5].

The World Health Organization (WHO) indicated that the disease led to the deaths of 115,493 healthcare professionals until 2021, a number higher than official data, due to underreporting, exposing the deficiency of infection and mortality surveillance systems related to work functions[6]. In Brazil, in March 2020, occupation was included in notification forms for Severe Acute Respiratory Syndromes (SRAG).

In Brazil, in 2021, 2,477 cases of SARS were reported in hospitalized healthcare professionals, of which 80.7% were caused by COVID-19. As for deaths, 773 deaths from the disease were

[1]This manuscript originates from the thesis "Repercussions of the COVID-19 pandemic in an emergency care unit: the implementation of interprofessional protocols for the organization of care flow and the perception of healthcareé

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recorded[7].

Many professionals became infected, saw people close to them become sick and even die. Others experienced changes in their work routines related to workload and intensity of activities, in addition to having to perform tasks they had never performed before, which brought about varied feelings during the process. Occupational studies have indicated a significant increase in mental illnesses among healthcare professionals, such as anxiety, depression, post-traumatic stress disorders and Burnout Syndrome[8,9].

No service in the hierarchy of the country's Unified Health System remained untouched. At each level of complexity and technological intensity, hard or soft, situations were experienced in a difficult and distinct way[10,11].

Thus, this study aimed to understand the perception of professionals who worked on the front line in an Emergency Care Unit (ECU) during different the COVID-19 pandemic.

METHOD

Study design

This is a descriptive study with a qualitative approach, using content analysis and similarity analysis.

Study site

The study was carried out in an ECU located in a city in the countryside of São Paulo, which makes up the city's emergency network, corresponding to intermediate healthcare.

The unit establishes a bridge between primary care and hospital care, having in its coverage area four Basic Health Units, Mobile Emergency Care Service (In Portuguese, SAMU - *Serviço de Atendimento Móvel de Urgência*), diagnostic and therapeutic support, in addition to the hospitals to which patients are referred through referral and counter-referral and which are regulated by Regulatory Centers.

The ECU focused on in this study had 77 employees in its permanent team, allocated through public tender or third-party contract, from the Municipal Health Department, in addition to floating professionals who worked in the unit on a shift basis, without a formal link to the unit.

In the fight against the COVID-19 pandemic, the unit was a reference for cases of the disease at different times, and the service profile of the unit was modified throughout the period in accordance with municipal guidelines. Between 2020 and 2022, it operated with open-door care, in a mixed modality between flu and general cases, and closed-door care, exclusively for hospitalization of moderate and severe cases, with mild cases later included. In some periods, PHC was included in the list of care for influenza-like syndromes (ILS), serving as support to ECU.

To characterize the unit, Chart 1 presents the chronology of the strategies used by the municipality, the number of cases attended to per period and the number of cases attended to in the municipality during the data collection period for this study.

Chart 1. Number of cases treated at the study unit, number of cases in the municipality where the study was carried out, Bauru-SP, 2022

Period	Number of visits to the ECU		Municipality's epidemiological reality in the period in number of cases			Service modality in the unit according to the municipality's response strategy
	Cases of influenza-like syndrome	General cases	Suspected notification of COVID-19	Confirmed cases of COVID-19	COVID-19 deaths	
March to December 2020	17,149	47,416	77,959	20,724	299	Open-door care for ILS and general cases
January to March 2021	7,650	19,849	33,246	12,239	280	
April to June 14, 2021	4,867	19,541	30,711	14,331	383	Open-door care for ILS and general cases with support from PHC units
June 15 to August 11, 2021	4,275	Not applicable	20,400	10,111	232	Closed-door care for hospitalization due to suspected or confirmed COVID-19
August 12 to December 2021	110	39,244	12,520	2,651	46	Open-door care for moderate and severe cases of ILS and referral of mild cases to PHC

January 2022	17,240	Not applicable	19,177	8,468	52	Open-door care exclusive for ILS covering mild, moderate and severe cases
February 2022	8,255	Not applicable	20,354	12,868	73	Open-door care exclusive for ILS, mild, moderate and severe cases with support from PHC for mild cases
March 2022	9,844	Not applicable	5,542	1,748	24	

Source: the authors.

Study participants

Thirty-one subjects participated in the study. The professionals working in the unit, allocated by public tender or third-party contract, from the Municipal Health Department and who carried out their work activities between 2020 and 2022, were included. Professionals who attended the unit during this period on a rotating shift schedule, in addition to those who were away from their work activities during the data collection period, were excluded. The participating professionals were nurses, nursing technicians, pharmacy technicians, pharmacists, security guards, radiology technicians, administrative agents, receptionists, social workers and cleaning assistants.

Study development

Data collection took place between February and March 2022.

Professionals were invited to participate in the study via the unit's coordination, and those who expressed interest in participating expressed their acceptance by signing the Informed Consent Form (ICF).

During the work period, participants were approached by the researcher, who explained the research objectives, and those who agreed to participate received the printed data collection instrument and were directed to a private room to fill out the questionnaire in their own handwriting; once the writing was finished, the instrument was returned to the researcher. The instrument included sociodemographic characteristics, such as sex, profession, time working at the ECU and time since training in the area of activity, and three guiding questions so that subjects could describe their perceptions about the pandemic period, namely: a) "How did you feel working as a frontline professional at the beginning of the pandemic in mid-2020?"; b) "How did you feel working as a frontline professional during 2021?"; and c) "How are you feeling now, in 2022, working as a frontline professional during the pandemic?".

Data analysis

According to the COnsolidated criteria for REporting Qualitative research (COREQ) guideline[12], the collected data were transferred to Microsoft Word®, the findings were processed based on the content analysis technique with the support of the *Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaire*s (IRAMUTEQ®) software and considering the different periods guided by the data collection instrument.

Bardin[13] was used as a framework, and the findings obtained were categorized hierarchically and according to the domains of relevance indicated for interpretation of results. They were then related to units of significance and grouped into contextual units, which included excerpts from research subjects' speeches[13,14]. To elect the units of significance, words with a frequency equal to or greater than the mean frequency recorded and a p-value with significance ≤ 0.05 were considered relevant, and the classes obtained were named according to the identification and analysis of textual domains. To exemplify their content, they were illustrated with excerpts from participants' speeches. It was decided to include all speeches, since professionals were from different categories. To guarantee participant anonymity, their names were replaced by alphanumeric symbols. Units of significance were identified through similarity analysis, which allows identifying the connection between words in the textual structure as well as the verification of occurrence, represented by clusters. In this analysis, the three periods studied were also considered together, and for its presentation, in addition to tables, a graph was created that allows inferring the topics of relative importance in research subjects' speeches. The relationship is represented both by font size and by line thickness interconnecting the terms[15].

Ethical aspects

This study was approved by a Research Ethics Committee, under Opinion 4.312.394 and Certificate of Presentation for Ethical Consideration (In Portuguese, CAAE - *Certificado de Apresentação para Apreciação Ética*) 35133020.3.0000.5441. It is important to note that all the principles and guidelines proposed in Resolution 466/2012 of the Brazilian National Health Council were respected. The names of participants in this investigation were replaced by alphanumeric symbols, thus ensuring their anonymity.

RESULTS

Concerning research subject characterization, of the 31 participating professionals, 23 were female and 8 were male. Regarding the work area, 20 were from the health area, 6 from the administrative area, 2 from the cleaning area and 3 from the security area. The length of employment at the unit varied between 2 and 9 years, with an average of 4.9 years, standard deviation of ±2.7 years and median of 3 years. The time since graduation of subjects was on average 11.1 years (±5.7 years).

The feelings reported and experienced in the different phases analyzed were summarized and are described in Chart 2s (2020), 3 (2021) and 4 (2022) below.

Chart 2. Perception of professionals working on the front lines during the COVID-19 pandemic in 2020, Bauru-SP, 2022

Unit of significance	Fr (%)	Contextual units
Fear	24 (77.4%)	[...] *I was very afraid of contracting COVID right at the beginning, I cried a lot, afraid of being intubated*. (S1) [...] *I was very afraid, and not just for myself, I thought and feared for my family* [...]. (S4) *At the beginning of the pandemic, the fear of the unknown was terrifying*. (S15) [...] *I was afraid of catching the virus and taking it home, so I felt more afraid for my family*. (S21)
Innovation/unexpected	15 (48.3%)	[...] *I didn't know what it was going to be like because this pandemic was new to everyone*. (S1) *We were surprised by something we never expected, it was chaos,* [...]. (S3) [...] *without knowing exactly what it was or where this disease came from, thinking it would be something temporary*. (S14) [...] *everything was uncertain, every day new information*. (S24)
Adaptation	7 (22.5%)	[...] *as time went by, we adapted to the new and tried to do our best*. (S3) [...] *we weren't vaccinated yet, but the need {to work} spoke louder, so I stayed strong*. (S22) [...] *little by little, I gained greater control over the management of cases, with stabilization of negative feelings and anxiety*. (S25) [...] *with a lot of study, I started to feel more confident in the care and procedures I performed*. (S28)
Discredit	6 (19.3%)	*We suffered from the loss of loved ones, as well as from the lack of PPE, the material needed for care, shortage of supplies for intubation, and changing protocols all the time*. (S16) *Because I didn't know if we were well protected by PPE, I was afraid of taking the virus home and infecting my family, whether we would be able to care for so many people, and the overcrowding*. (S17) [...] *we faced problems in the alignment of work that worsened working conditions, such as the lack of a team of professionals, the lack of materials and supplies, the lack of equipment for care, the lack of PPE, the unaligned work process, and the lack of coordination and management of services aligned with scientific evidence*. (S20) [...] *public health had no pre-established response plan, despite the global panorama, little had been planned, and the changes were made suddenly, causing greater stress and insecurity among the team*. (S25)
Satisfaction	5 (16.1%)	[...] *I am proud to be at a time when the whole world needs my work and that of my team*. (S7) [...] *I feel that, given everything we have been through, we are essential to health*. (S16) *I felt grateful to be able to help others and participate in this moment*. (S23) [...] *I felt prepared and ready to face this new moment*. (S30)
Responsibility	5 (16.1%)	[...] *I couldn't abandon the ship, because many people needed me,* [...]. (S4) [...] *I had to do my job, just as we are all together in the same phase of our lives*. (S12) *As I was leading a team of four people, I remained firm in order to provide security and support to everyone*. (S30)

Source: the authors.

Chart 3. Perception of professionals working on the front lines during the COVID-19 pandemic in 2021, Bauru-SP, 2022

Unit of significance	Fr (%)	Contextual units
Vaccine	18 (58%)	*I felt calmer when I got the vaccines*. (S2) *We were all anxious about the much talked about vaccine*. (S5) *With the start of vaccination, anxiety eased.* (S13)
Relief/hope	9 (29%)	[...] *there was already a lot of information about COVID and it got better after getting vaccinated*. (S31) *It was a year of respite, with a decrease in cases and progress in vaccination, which is our salvation*. (S14) [...] *in the end, there was apparently a decrease in the number of cases, with less pressure on the team*. (S25) [...] *I was hoping that the pandemic would end once and for all*. (S13)
Fatigue/work overload	7 (22.5%)	*I felt tired, in fact, exhausted because I had already spent a whole year fighting*. (S3) [...] *healthcare professionals without salary increases, without vacations, at their emotional and physical limit*. (S15) *Tired, each day it got harder, but we got up, took a deep breath and kept going*. (S23) *Very overwhelmed, with a shortage of staff, many patients arriving in serious condition and sometimes without a bed to accommodate them*. (S28)
Fear	6 (19.3%)	[...] *in seriously ill patients, the anguish and fear were very present*. (S4) [...] *but with so many deaths, the fear continued*. (S5)
Physical and psychological distress	4 (12.9%)	[...]*I thought I was going crazy*. (S3) *It was very difficult, physically and mentally. People dying, burials without a wake, families destroyed. I suffered a lot. It was a year of many tears, many prayers…* (S27) *It was a year of many losses, there was no way to separate professional and personal life*. (S30)
Perception of scarcity of resources	3 (9.6%)	[...]*the structure and staff in this area were not sufficient to meet the population's demand*. (S2) *We are experiencing the worst scenario of the pandemic in the service, with hospitals overcrowded, the unit being referred for respiratory cases, with patients intubated, without adequate structure, without the necessary basic supplies and equipment*. (S20)
Hopelessness	2 (6.4%)	[...] *things seemed to be getting better, since the vaccines were starting to be administered, but soon after things started to get worse and we saw many people leaving. It was a mix of fear and sadness, people who seemed to be doing well and at the same time this person got worse and needed to be intubated and died. It was very sad, very tiring, seeing the team giving their all to be able to care for everyone, each one doing their best and trying to do the impossible. We saw friends, neighbors and relatives leaving and we were devastated*. (S22)

Source: the authors.

Chart 4. Perception of professionals working on the front lines during the COVID-19 pandemic in 2022, Bauru-SP, 2022

Unit of significance	Fr (%)	Contextual units
Tranquility	8 (25.8%)	*More relieved by the three doses of the vaccine and because this variant is not as aggressive as the others,* [...]. (S13) *Today I am calmer, for now I can deal well with this phase of people being positive. Today I have a lot of hope that soon all this will pass*. (S27)
Exhaustion	7 (22.5%)	[...] *those of us who have been on the front lines of the pandemic since the beginning are exhausted and overwhelmed, as cases have increased again with the arrival of the new Omicron variant. Then our co-workers got infected again because they had already been infected again, and that's when we doubled up day and night, the service tripled*. (S14) *Exhausted! The pandemic and all the problems experienced by us healthcare professionals have been extremely overwhelming. I have no other word to describe what I feel, only exhaustion*. (S20)
Devaluation	6 (19.3%)	[...] *tired of all this, especially the lack of appreciation for healthcare professionals*. (S6) [...] *vacations and benefits were canceled, which further saturates our indignation*. (S14)
Work overload	5 (16.1%)	[...] *there was a large increase in cases due to the Omicron variant. We had sudden changes in the routines and organization of the unit. There was a lot of pressure from the management. I see that we did not consider that we had received the necessary support. Many layoffs due to contamination occurred, causing more pressure on the remaining team. The team's high demand for testing further overloaded the unit, as well as the search for mild cases for certificates*. (S25) [...] *the demand for work has only increased and deaths continue, even with the vaccine*. (S30)
Regression	5 (16.1%)	*It all started again, like in 2020, a little worse due to the crowd of people with the flu*. (S5) [...] *I was hoping that things would finally start to change, no, we saw chaos in healthcare at the beginning of this year*. (S12) [...] *even with the vaccine, people became seriously ill again*. (S28)

		[...] *and now, again, people are testing positive for COVID, entire families, children and babies, but without needing hospitalization.* (S27)
Perspective of improvement	3 (9.6%)	*Today, thank God, things are better. The vast majority have been vaccinated, the only thing is that I had a lot of hope that we would stop wearing masks.* (S27) [...] *glad that the vaccination of the population against COVID has reduced serious cases and deaths… we are moving towards a complete victory against the virus.* (S11)
Self-confidence	3 (9.6%)	*I feel proud to be able to contribute with my work and knowledge. Today I feel more confident and professionally prepared.* (S3) *Today I feel more confident as a professional and psychologically I am fine*. (S4)
Teamwork	1 (3.2%)	[...] *I do not lose my hope and faith in better days and I am happy to realize that in my two work relationships I have noticed unity and strengthening of the team, I have people by my side that I can always count on.* (S15)

Source: the authors.

The similarity analysis carried out with the speeches from the three periods of interest of this study (2020, 2021 and 2022), presented in Figure 1, demonstrates the construction of six clusters, with the reference words in each one being vaccine, fear, start, team, home and new.

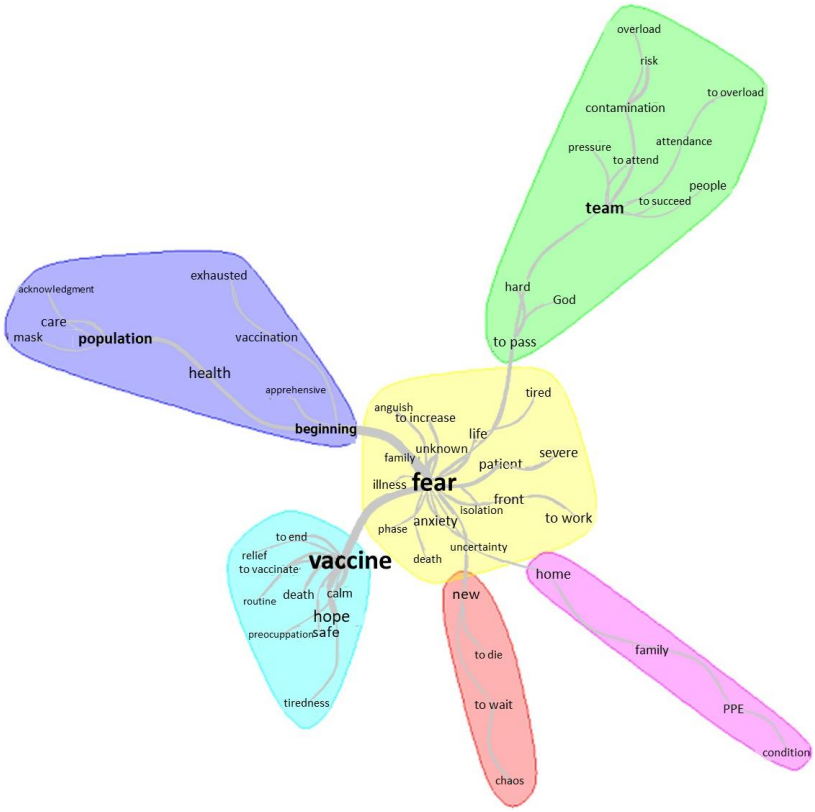

Figure 1. Similarity analysis among words (2020 to 2022), Bauru-SP, 2022
Source: the authors.

DISCUSSION

In Brazil, epidemiological data on the infection caused by COVID-19 have undergone a dynamic trajectory, which began in February 2020, with the first occurrence. Cases increased progressively, and in July an average of 1,061 deaths per day was reached in the country. At the end of 2020, Brazil had recorded 7,675,973 cases of COVID-19; of these, 194,949 resulted in death. The beginning of 2021 was marked by a high rate of infections and a significant increase in deaths: in April alone, 82,262 deaths were recorded. Severe cases of the disease only began to recede in mid-August 2021, a context in which a portion of the population had already been vaccinated. In 2022, cases of ILS were reported *en masse* again, and in January, 3,139,223 were

confirmed in the country; however, cases of SARS did not increase at the same rate[16].

As the pandemic has evolved in the country, the municipality studied has faced different epidemiological presentations of the disease, following a slowly rising curve in mid-2020, a peak in cases of infection and severe cases in early 2021, a remission of cases at the end of 2021, and a new significant increase in cases of ILS in early 2022[17]. Thus, the strategies for coping in the municipality's health sector varied according to the progression or remission of cases (Chart 1).

Brazilian emergency units characterized as open-door care, highlighting ECU, have as work characteristics decision-making and the execution of activities in an agile manner[18], requiring the team to have quality and preparation for immediate action in all types of demands, with organization of routine and adjustment of the number and training of professionals to the occurrences, which require a quick and assertive attitude for successful care[19].

In such a diverse team, in a period of so much uncertainty, subjects revealed positive and negative feelings over time (Charts 2, 3, and 4).

Fear was central among the feelings experienced (Figure 1). This feeling, a basic component of human experience, can be understood as a sensation in the face of the perception of danger, being considered a protective biological mechanism that results in adaptive or defensive behaviors[20,21].

The presence of fear is justified by all the unique situations experienced, and was strongly associated with working with the new and unknown, the risk of contagion, the danger of transmission to family members and prolonged duration of the pandemic. It is worth noting that, although fear is a stressor that causes a neuroendocrine response, it is dealt with differently by individuals, generating active or reactive reactions in the face of imminent danger. Such differences in behavioral styles explain individual vulnerabilities to stress-induced diseases[20]: while some experienced psychological distress, others sought responsibility as the motivation to act on the front line.

Fear, discredit, fatigue, work overload, perception of scarcity of resources, hopelessness, exhaustion, devaluation and setback (Charts 3, 4 and Figure 1) were overlapping and alternating feelings in professionals' reports. Understanding the vulnerabilities of each subject is an essential social support practice for managing health teams during stressful events in the workplace. Leadership centered on personal relationships, with a focus on communication, is capable of providing a work environment that recognizes professionals beyond their technical skills and is attentive to moments of emotional fragility, in order to guarantee effective psychosocial support and support proposals, favoring the balance of workers' mental health[22,23]. During the period analyzed, this was not always possible, due to the overload and uncertainties imposed on the leaders of these teams.

With scientific evidence being produced and disseminated simultaneously with patient care, each study introduced innovations in the health field, which meant new perspectives or refinements of what was previously implemented, leading to changes in guidelines for care for infected patients. Linked to this scenario, there was mass dissemination of texts, sometimes unfounded or based on opinions without scientific background, which were shared informally on social networks, generating distrust and incredulity in the information[24]. Such behaviors caused helplessness, as well as the feeling of being full of information but lacking expertise, reverberating in distrust of guidelines and protocols implemented, which was highlighted in subjects' statements (Chats 2 and 3), such as doubts regarding the adequate contingency plan, quantity and quality of supplies, materials and personal protective equipment (PPE), adequacy of protocols, efficiency of coordination, and management of services.

The frequent changes caused the team to react, which required adaptation to the new, especially when considering the different phases experienced by professionals during the pandemic (2020, 2021 and 2022). Assuming the definition of resilience as a positive adjustment in the face of a challenge[25], the statements of individuals who report their

positive feelings (adaptation, satisfaction, hope, tranquility, prospect of improvement, self-confidence), presented in Charts 2, 3 and 4, support studies that indicate that resilience, as an individual tool, is related to increased self-esteem and self-confidence, improvement in creativity, worker hope and improvement in the ability to act in adversity and manage stress, thus being a protective factor against worker illness[22].

To provide an opportunity for individual resilience in the context of healthcare work, a positive environment is recommended, based on a culture of professional appreciation and respect for workers, with manageable working hours, which allows for a work-family balance, leisure time, physical activity and quality sleep[22]. However, the reality imposed by the pandemic made it difficult to create a positive environment in all its aspects, due to the imposition of social isolation. Work overload and the feeling of professional devaluation were also challenges faced in the unit, which resonated in individuals' statements.

The discussion about work overload in ECUs is not current and is the subject of several studies in health management[18,19]. However, COVID-19 was responsible for publicizing the difficulties experienced by professionals. Thus, it is understandable that subjects express their physical and mental exhaustion in their statements, especially with the aggravating factors imposed by the pandemic period. An example of this is the fact that similarity analysis showed that, of the six clusters (Figure 1), four (fear, team, population and vaccine) contain words that refer to exhaustion.

Although fatigue and overload are constant in the findings of this study, it is possible to assess distinct nuances in the periods assessed, demonstrated by the progressive worsening in statements, which began with the psychological distress of dealing with the new (Chat 2), evolving into physical fatigue due to shortage of professionals, structural weaknesses of the unit and constant absences due to team contamination (Chat 3), finally reaching the point of explaining the deterioration of professionals' working conditions, when the word "exhaustion" defines the last phase of facing the COVID-19 pandemic (Chat 4).

The main work-related factors related to mental illness are work overload, exhausting working hours, low medication supplies, loss of loved ones, shortage or absence of PPE and fear of becoming infected and infecting patients or family members[26] – feelings present in speeches during the three years studied. Thus, professionals' report points to the urgent need for psychological and emotional support.

Furthermore, the consequences of such feelings are related to anxiety, depressive symptoms, insomnia, development of obsessive-compulsive disorder, Burnout syndrome, post-traumatic stress disorder and suicidal ideation[8]. Considering previous traumatic events, with consequences already reported in the literature[27,28], which demonstrate the potential development of chronic mental disorders, it is argued, in addition to the emergency of mental healthcare for healthcare professionals, the need for public policies in occupational health with continuous investment and which guarantee continuity of long-term care and adequate treatment for professionals who worked during this period[26].

Vaccination was the topic that referenced relief for the situation experienced. Similarity analysis (Figure 1) associated words such as "hope", "end", "safe", "relief" and "calm" with this topic, relating the topic to positivity in the workplace. The development of an effective and safe vaccine was associated with the hope of life returning to normal[29]. The same subject was the subject of discussions, tensions and political disputes that questioned the effectiveness of these products as well as their production and distribution at national and international level. Such friction and divergences in discourses caused anxiety and anguish[30] in those who sought in vaccination the hope of minimizing distress, which can be seen in Charts 2 and 3.

In a positive way, the word "team" is mentioned by professionals (Charts 2, 3 and 4). Hence, studies indicate that relational support and communication among co-workers function as social support for stress control[18,26]. In a scenario of long working hours and social isolation, interaction among professionals, with strengthening of bonds and building of trusting

relationships, acts as an escape valve for psychological distress. Relational support among co-workers does not change the reality of healthcare services, but alleviates fears and frustrations, provoking empathy among peers.

Still on the positive side, with the improvement of technical skills and professional qualifications, self-confidence and security have progressively increased. It is estimated that the motivation to learn and relearn will be a trend among healthcare professionals in the post-COVID-19 era.

CONCLUSIONS AND IMPLICATIONS FOR PRACTICE

The analysis of the perceptions of professionals who worked on the front lines in an ECU during different periods of the COVID-19 pandemic indicated positive and negative feelings, warning about deterioration of professionals' mental health, with chronic repercussions that require adequate and long-term attention and investment in worker health. As positive aspects, it is observed the relevance of teamwork and cultural transformation at the personal and organizational levels, with a close look at professional training as a tool for professional autonomy and safety, in addition to issues of resilience, which can be transformative.

Research surveys demonstrated important aspects of feelings among professionals, serving as a warning for the health sector management, since the pandemic highlighted the scenario of professional burnout already experienced before the pandemic period, making explicit the urgent need to implement lifelong continuing education actions as well as monitoring and establishing policies related to mental health and psychosocial support for health personnel.

Although living with COVID-19 was a significant event in the professional lives of everyone involved, a limitation of this study is the fact that its data were collected at the end of the period it was intended to assess. Furthermore, it is a local snapshot of a specific service.

PERCEPÇÕES DOS PROFISSIONAIS NO ATENDIMENTO DA COVID-19 EM UMA UNIDADE DE PRONTO ATENDIMENTO

RESUMO

Objetivo: analisar a percepção de profissionais que atuaram na linha de frente em uma Unidade de Pronto Atendimento durante diferentes períodos de enfrentamento da pandemia de COVID-19. **Método:** estudo de abordagem qualitativa, com profissionais que atuaram em uma Unidade de Pronto Atendimento durante a pandemia de COVID-19. Foi utilizado instrumento para caracterização sociodemográfica da amostra e com três questões norteadoras para descrição das percepções sobre o período de 2020 a 2022. Para o exame dos dados, foram realizadas análise de conteúdo e análise de similitude com apoio do *software* Iramuteq®, norteadas pela diretriz Consolidated Criteria for Reporting Qualitative Research. **Resultados:** as percepções dos profissionais indicaram sentimentos negativos, alertando para a deterioração da saúde mental. Quanto aos aspectos positivos, foram observadas a relevância do trabalho em equipe e a transformação cultural no nível pessoal e organizacional. **Conclusão:** a análise das percepções dos profissionais indicou sentimentos que apontaram para a necessidade de implantação de ações de educação permanente. Também alertou sobre a deterioração da saúde mental dos profissionais, com repercussões crônicas que requerem atenção e investimento em saúde do trabalhador adequados e de longo prazo.

Keywords: COVID-19. Gestão em saúde. Pessoal de saúde. Saúde do trabalhador. Sistema Único de Saúde.

PERCEPCIONES DE LOS PROFESIONALES EN LA ASISTENCIA DEL COVID-19 EN UNA UNIDAD DE PRONTA ATENCIÓN

RESUMEN

Objetivo: analizar la percepción de los profesionales que actuaron en primera línea en una Unidad de Pronta Atención durante diferentes períodos de la lucha contra la pandemia de COVID-19. **Método**: estudio de enfoque cualitativo, con profesionales que trabajaron en una Unidad de Pronta Atención durante la pandemia de COVID-19. Se utilizó instrumento para la caracterización sociodemográfica de la muestra y con tres preguntas orientadoras para la descripción de las percepciones sobre el período de 2020 a 2022. Para el examen de los datos, se realizaron análisis de contenido y análisis de similitud con apoyo del *software Iramuteq*®, dirigidas por

la directriz *Consolidated Criteria for Reporting Qualitative Research*. **Resultados**: las percepciones de los profesionales indicaron sentimientos negativos, alertando para el deterioro de la salud mental. En cuanto a los aspectos positivos, se observó la relevancia del trabajo en equipo y la transformación cultural a nivel personal y organizacional. **Conclusión**: el análisis de las percepciones de los profesionales indicó sentimientos que señalaron la necesidad de establecer acciones de educación permanente. También alertó sobre el deterioro de la salud mental de los profesionales, con repercusiones crónicas que requieren atención e inversión en la salud del trabajador adecuadas y a largo plazo.

Palabras clave: COVID-19. Gestión en salud. Personal de salud. Salud del trabajador. Sistema Único de Salud.

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