



## EXPERIENCE IN THE COVID-19 PANDEMIC: THE PERSPECTIVE OF INTENSIVE CARE NURSES

Alessandra Rabelo Gonçalves Fernandes\*

Valdenir de Almeida da Silva\*\*

Camila Carvalho de Sousa\*\*\*

Rosana Santos Mota\*\*\*\*

Carleane Macedo Ferreira\*\*\*\*\*

Flávia Letícia Rabelo Gonçalves\*\*\*\*\*

### ABSTRACT

**Objetivo:** descrever as vivências de enfermeiras intensivistas durante a pandemia pela Covid-19. **Método:** pesquisa qualitativa desenvolvida em uma Unidade de Terapia Intensiva (UTI) adulta de hospital público e de ensino na Bahia, no período de outubro a dezembro de 2020. Participaram enfermeiras intensivistas que prestaram assistência de enfermagem de alta complexidade durante a pandemia do coronavírus. Os dados foram processados e analisados no software estatístico IRAMUTEQ. **Resultados:** as enfermeiras apontaram a vivência de ansiedade, estresse, exaustão física e psíquica. As respostas expressaram sentimentos de medo, tristeza e angústia, agravados pelo distanciamento social e mudança do estilo de vida de maneira abrupta. Os achados contribuíram para a compreensão das experiências vivenciadas pelas enfermeiras. **Considerações finais:** O estudo revelou que as enfermeiras experimentaram padrões semelhantes de sofrimento psicológico, afetando sua vida pessoal, social e profissional, exigindo adaptações e enfrentamento de múltiplos desafios no contexto da pandemia da COVID-19. As percepções relatadas por enfermeiras brasileiras são aspectos que causam danos à saúde da mulher, por isso, é urgente promover ações que diminuam os impactos negativos causados pela pandemia.

**Keywords:** Nursing. COVID-19. Intensive Care Unit. Occupational Health. Women's Health.

### INTRODUCTION

The COVID-19 pandemic was considered one of the biggest health crises of recent times. The high transmissibility of the virus was reflected in the number of infected and deaths worldwide. According to data compiled until March 2023, cases of COVID-19 worldwide exceed 680 million, with 6.8 million deaths. In this context, the pandemic caused an alert and interruption in the provision of health services in many countries, causing excessive pressure on the global health system, and placing nursing workers at the center of this crisis in the spotlight<sup>(1-3)</sup>.

In Brazil, the pandemic has exacerbated and highlighted a chronic and old problem of the Brazilian health system, immersed in a neoliberal context, characterized by inequalities, reduction of investments, devaluation of workers and

underfinancing in the sector<sup>(4)</sup>.

In this scenario, health professionals who were at the forefront of Covid-19 were the ones who suffered the most emotional exhaustion and physical exhaustion<sup>(5)</sup>. This physical exhaustion, especially among nursing professionals, was widely reported by the media. At various times, the media sought to naturalize and romanticize the discourse that nursing professionals were true heroes and heroines in the fight against the unknown virus<sup>(6)</sup>.

In contrast to this romanticized view, several studies have revealed that the pandemic has caused damage to the health of these frontline professionals. Factors such as increased workload, physical exhaustion, scarcity of personal protective equipment (PPE), distancing from family and social life, concerns about their own health, fear of contaminating family members and feelings of

\*Nurse. PhD student in Collective Health. Professor Edgard Santos University Hospital - HUPES/EBSERH. Salvador, Bahia. E-mail: [alessandra.fernandes@ebserh.gov.br](mailto:alessandra.fernandes@ebserh.gov.br). ORCID ID: 0000-0003-3417-6584

\*\*Nurse. PhD in nursing. Professor at the Federal University of Bahia School of Nursing. Professor Edgard Santos University Hospital - HUPES. Salvador, Bahia. E-mail: [valdenir.almeida@ufba.br](mailto:valdenir.almeida@ufba.br). ORCID ID: 0000-0003-1947-468X.

\*\*\*Nurse. PhD in Collective Health. Professor Edgard Santos University Hospital - HUPES/EBSERH. Salvador, Bahia. E-mail: [sousa.camila@ebserh.gov.br](mailto:sousa.camila@ebserh.gov.br). ORCID ID: 0000-0002-6139-0984

\*\*\*\*Nurse. PhD in Nursing. Professor Edgard Santos University Hospital - HUPES. Salvador, Bahia. E-mail: [rosana.mota@ebserh.gov.br](mailto:rosana.mota@ebserh.gov.br). ORCID ID: 0000-0002-3193-9972

\*\*\*\*\*Nurse. Master's student in nursing. Professor of undergraduate nursing at the Ruy Barbosa University - UNIRUY. E-mail: [mcarleane@gmail.com](mailto:mcarleane@gmail.com). ORCID ID: 0000-0002-5166-3774

\*\*\*\*\*Nurse. Specialist in Intensive Care. Professor Edgard Santos University Hospital - HUPES. Salvador, Bahia. E-mail: [flavia.rabelo@ebserh.gov.br](mailto:flavia.rabelo@ebserh.gov.br). ORCID ID: 0009-0008-7405-8279

uncertainty contributed to the increase in levels of stress, anxiety, fear and concerns among these professionals<sup>(7-11)</sup>.

The nursing category, mostly female, represents the majority of health workers in Brazil, and plays a key role in the health field<sup>(6)</sup>. These professionals deserve prominence and attention, due to the occupational risks to which they are exposed. This group faces high psychic loads due to the nature of the work they perform, such as exposure to biological risk factors, since they provide care to critical patients<sup>(12)</sup>. In addition, these professionals are subject to high working hours, poor working conditions, low remuneration reflecting their emotional state and quality of life<sup>(13)</sup>. Thus, the high technical and bureaucratic requirements also add to these challenges, making the situation even more complex for these professionals<sup>(11)</sup>.

In addition to the risks inherent in the working environment in the ICU, these professionals face historical difficulties arising from a society that imposes multiple responsibilities. These women often assume roles of mothers and caregivers of the home and family, which can result in physical and emotional exhaustion<sup>(14)</sup>. A study on the reconciliation between motherhood and work revealed that women carried feelings of social anguish, related to the feeling of not being able to fully exercise motherhood, combined with the fear of contaminating their children<sup>(15)</sup>.

In addition, studies indicate that nursing was the profession most affected by the impacts on mental health resulting from the COVID-19 pandemic<sup>(2,6,11-13)</sup>. Considering the predominance of women in nursing and the various roles played by these women, this research can contribute to the understanding of the impacts of the pandemic on the health of these professionals in their multiple dimensions and experiences. It is also noteworthy that few qualitative studies have dedicated themselves to listening and reporting the perceptions, feelings and experiences of intensive care nurses in coping with the pandemic.

Thus, it is appropriate to address this issue, due to the lack of studies that discuss the impacts of the pandemic on the health of women who worked as a workforce in the Covid-19 pandemic. It is necessary to reflect on the effects of the pandemic on women who worked as nurses in the ICU, and the possible damage to their health. Starting from this argument, and recognizing the importance of filling this

knowledge gap in the Brazilian context, the objective of this study is to describe the experience of intensive care nurses during the Covid-19 pandemic, aiming to contribute to the development of effective measures and policies of support and care for these professionals in the post-pandemic phase.

## METHOD

This is a descriptive and exploratory research with a qualitative approach. The study was conducted in a hospital belonging to the Unified Health System (UHS), located in Salvador - Bahia, accredited by the Ministries of Health and Education as a teaching hospital. It provides medium and high complexity care in several specialties and has 277 beds, 10 for general intensive care and 10 for cardiology, both for adult patients.

During the first pandemic wave, the general Intensive Care Unit (ICU) was adapted for a cohort unit of Covid-19 patients, due to difficulties in the supply/demand of high complexity beds in the state of Bahia. The research was conducted in the general ICU that assists patients with the clinical profile (hematological, renal, with severe infectious processes, among others). The nursing team of this unit is composed of 18 nurses, four male, and 31 nursing technicians and assistants, totaling 49 professionals.

For inclusion in the study, the following criteria were considered: intensive care nurses who provided direct care to patients with suspected or confirmed diagnosis of Covid-19. Nurses who were on vacation, sick leave or away from work for other reasons were excluded from the study period. Sample selection was non-probabilistic intentional. The option to include only nursing workers of higher education is due to the performance of managerial, care and educational functions by these professionals in the process of adapting the unit to receive patients with suspicion or confirmation of Covid-19. On the other hand, the selection of the female gender is justified by the finding in the literature of the greatest impacts of nursing exercise in the front line in the pandemic period on the physical and mental health of nurses superimposed on the social roles they play in their daily lives<sup>(14, 16, 17)</sup>.

From the 14 nurses eligible for the study, two

nurses were excluded due to vacation and one nurse because she was the main researcher of the study, totaling 11 nurses, who agreed to collaborate with the research voluntarily. The contact was made through the delivery of an invitation letter with information about the research; and the meetings were scheduled after acceptance, according to the availability of the participants.

The information was collected between the months of October and December 2020 through a semi-structured instrument consisting of data characterization of the participants and guiding questions that guided the interviews: (1) Talk about the emotional impacts and/ or changes in your daily life due to your professional performance during the pandemic by the new coronavirus; and (2) How do you see yourself as a nurse before and after the pandemic by the new coronavirus?

To ensure privacy, the interviews were conducted individually, in a reserved space in the ICU and lasted between 11 and 40 minutes. In order to minimize the possibility of biases, given that the main researcher is part of the unit team, the interviews were conducted by a resident nurse in intensive care, previously trained and with experience in qualitative research. After authorization of the nurses and signature of the Informed Consent Form, the interviews were recorded using a mobile phone application for voice recording. During the information collection, the researchers did not maintain any relationship with the participants.

The interviews were transcribed in full and there was no return of the texts to the participants for conference and feedback. After transcription, the corpus was processed in the statistical software IRAMUTEQ (*Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires*), a free software licensed by the GNU GPL (v2), open source<sup>(18)</sup>. Its use is able to confer statistical rigor on textual information, being useful for work with voluminous corpus. As for the type of analysis of the textual corpus by Iramuteq, we used the Descending Hierarchical Classification (CHD), in which the text segments are classified according to their vocabularies and regrouped according to the similarity between them by means of chi-test squared. This type of analysis groups text segments into classes with similar vocabulary and vocabulary different from the segments of other classes<sup>(18)</sup>. In the processing of information through

Iramuteq, there is no interference of researchers in the classification and the themes are derived from the data, without early identification.

The analysis of the corpus through the DHC allowed the apprehension of the content related to the experiences of intensive care nurses in the COVID-19 pandemic and the related themes.

The study followed the guidelines of COREQ<sup>(19)</sup>. This study was approved by a Research Ethics Committee (REC) with a favorable opinion through CAAE number: 36841720.0.0000.0049. All participants signed the Informed Consent Form (ICF), and to ensure anonymity, in the presentation of the results, the identification of the professional category (Nur.) followed by the order number of the interviews.

## RESULTS

The 11 female nurses participating in the study were 34 to 41 years old, with professional experience in ICU ranging from 6 months to 15 years. From the interviews, 4 thematic axes were identified: (1) Expression of feeling of fear and uncertainty; (2) Distancing from the family and impairment to leisure activities; (3) Physical and mental overload; (4) Anxiety and stress in the work environment.

Participants expressed concern and fear, especially at the beginning of the pandemic due to the uncertainties generated by the lack of knowledge about the virus and the fear of the unknown. Incipient knowledge of the disease made patient care difficult, as there was no scientific evidence on treatment and prognosis, producing a high level of stress and anxiety across the team.

The female nurses reported feeling of fear at the possibility of being infected by people living daily, inside and outside the work environment, and also showed great concern about the vestment with the PPE. These women pointed out that the impairment of mental health, due to occupational stress and anxiety, could interfere with patient care and increase the risks to the safety of the team, in the execution of labor tasks, quality of care and increased risk of accidents at work.

The fear is thinking being sick, and the disease is going to get me. Then there is that bad feeling all over the body, and what happened was right at the beginning, the first thing we were going through in the mind was that step by step of the vestment. (Nur. 05)

The biggest feeling I can say was that I felt trapped, stuffy. I felt like being underwater, as if someone held me and I could not go up to breathe. (Nur. 03).

Distressing, little we know about the disease [...] so it was a panic, best I can say. The windows closed, shoes always outside keeping distance from the door when leaving the house, always masked with fear of people, scared with a sneeze and to this day I continue with all this apprehension. (Nur. 05)

If I am not feeling well I will not be able to continue my assistance, and I try to do something not being well, because I am at risk for both me and my patient. (Nur. 02)

In the workplace, physical overload, social isolation and family distancing were reported as causing suffering and anxiety. Some nurses claimed that the pandemic abruptly changed their social life, felt trapped in their own homes, and the estrangement of families was an attempt to protect them from the virus. In addition, they highlighted the duality experienced between commitment as a health professional, and their motherhood revealed by fear of contaminating their children.

Being apart from my family was difficult, we were always close and after working in a COVID-19 ICU I had to distance myself, depriving myself from leisure, in addition to the emotional stress I was going through due to anxiety, sometimes I had insomnia. (Nur. 01)

In a way, I lost my safe haven, because as I was working in the COVID-19 ICU, I was not able to visit my family, who has always been my support in everything, the second thing is that covid-19 took up a lot of my life time. (Nur. 03)

The challenge was experiencing the duality between the fear of contaminating myself and contaminating my children, but at the same time trying to maintain the same assistance that I have always maintained throughout my profession. (Nur. 07)

I had to stay away from my daughter, everything was very new, we did not know exactly what was going to happen, the risks we were taking. We did not know exactly the result of this assistance. (Nur. 09)

The first wave of COVID-19 produced in nurses a high degree of uncertainty related to disease, transmissibility, risks and treatment. In this first moment, the participants were informed that the ICU would be transformed into a unit for patients diagnosed with Covid-19. Many reported anxiety, fear, sleep disturbances and concern about the worldwide scarcity of PPE. It should be noted that

the physical and emotional overload experienced by intensive care nurses may have been enhanced by confinement and the fact that it is an intensive care unit, with high risk of contamination due to invasive procedures often performed.

*I do not let this destabilize me emotionally, at first, it was negative, I lost my peace, I had difficulty sleeping and I was afraid of everything.* (Nur. 05)

When I arrived on duty, I played some music, said a prayer in comfort, ate beforehand, this time was preparation for entering the ICU. So, I think the main factor was anxiety, despite not showing it. (Nur. 07)

At the beginning I had anxiety, a little depressive, sometimes fearful, even today my psychology is still affected, as the pandemic is still ongoing, the fear still persists. (Nur. 01)

For me, it was very difficult, because there are several issues, mainly the fear of getting infected, fear of doing something wrong and ending up being infected, in addition we are living in a complicated moment as we did not have the materials we needed to work correctly. (Nur. 11)

Nurses reported physical and mental overload in the workplace, including the presence of aggressive behaviors. The statements of these professionals reveal that work in the COVID-19 unit implies constant exposure to psychological violence, stress and confinement, factors that can cause significant damage to the health of these professionals. For some nurses, the sense of responsibility and the fulfillment of their social role functioned as a way of escape from everyday concerns.

I felt the virus in the air, anywhere for me meant a monster, fortunately, I did need to use medication and seek professional support, but I had more aggressive behavior. (Nur. 05)

I was trying to stay alive, I could not support anyone, what my colleague was going through was too [...] we were constantly exposed to violence, stress and confinement. (Nur. 03)

The statements of the nurses reveal the intense pressure and emotional challenges faced by health professionals during the pandemic, in which the severity of the psychological impact of the pandemic on health professionals stands out, work environment permeated by fear, stress and aggression.

The constant struggle for survival, the inability to offer mutual support and continuous exposure to adverse conditions underscore the need for mental

health interventions and adequate psychological support for these nurses who worked on the front lines in the ICU Covid. It is essential to recognize and address these challenges to improve the well-being of health professionals, especially in times of crisis.

## DISCUSSION

The study showed that the perceptions and experiences reported by nurses in a health service in Brazil resemble the experiences experienced in other countries during the COVID-19 pandemic. These experiences produced stress, anxiety, and physical and psychological exhaustion. The findings contributed to a deeper understanding of the experiences of these professionals, who revealed feelings of fear, sadness and anguish. These feelings were enhanced by the scarcity of Personal Protective Equipment (PPE), social distancing, separation from their families and abrupt changes in their daily routines.

In this context, although nurses have adopted strategies to face the pandemic, such as listening to music, maintaining a healthy diet and practicing prayers, the results show the harmful effects on their health. The experiences shared by the participants converge with findings from other studies<sup>(20-22)</sup>, bringing to light the impacts of the pandemic on the health of women who provide care to critical patients, with still unpredictable consequences.

In China, one study proved that ICU nurses were affected by an emotional overload due to the lack of information about the coronavirus<sup>(21)</sup>. A review study found moderate levels of stress, anxiety, depression and sleep disorders among frontline professionals, indicating that being female and belonging to the nursing category are more associated with depressive symptoms<sup>(20)</sup>.

A systematic review showed that work overload emotionally affected health professionals, in part due to lack of adequate time to prepare for the increase in cases<sup>(5)</sup>. A Brazilian study showed that female gender and workload were the main predictors of stress among health professionals in an emergency care unit during the pandemic<sup>(17)</sup>. Regarding the social distancing reported by the participants, a study conducted in Turkey pointed out that the reasons for the withdrawal of intensive care nurses with the family occurred in an attempt to protect people from their living together<sup>(23)</sup>. This

social distancing and physical inactivity are capable of producing impacts on mental, emotional health and risk of mortality from chronic diseases<sup>(24,25)</sup>.

Similar findings were found in a Brazilian study, which observed a high level of stress and distress among nursing mothers in the pandemic, due to the fear of contaminating their children<sup>(26)</sup>. A plausible explanation for this would be the lack of knowledge about transmissibility and forms of treatment of the virus, associated with changes in its daily routine and family dynamics, which resulted in difficulties to maintain emotional balance.

In addition to these factors, it is necessary to recognize that ICU professionals were one of the most affected by the impacts of COVID-19, due to the high volume of work in the care of critical patients and the scarcity of personal protective equipment<sup>(11)</sup>. These aspects were evidenced by a survey conducted in the Netherlands, which pointed to an overload in ICU professionals and a deficiency of material resources, factors that, over time, can trigger depressive symptoms<sup>(27)</sup>.

The damage caused to women's health, who acted on the frontlines of the pandemic, is intensified due to the numerous social roles they play in their daily lives. While managing their responsibilities as nurses in the ICU, these women also face the constant concern for the safety and well-being of their families, the demands of their children and domestic work<sup>(14)</sup>. This double journey accentuates physical and emotional exhaustion, highlighting the need for specific support for these professionals.

Thus, the pandemic exposed not only the physical risks associated with the front line, but also the deep emotional challenges resulting from the imbalance between work and family life. This scenario highlights the importance of interventions that can alleviate emotional overload and protect the mental health of these workers.

To minimize negative effects on social life, workplaces should provide adequate and ample spaces for the promotion of well-being, physical activities and self-reflection practices, in which professionals can revisit their feelings in search of personal growth<sup>(25)</sup>. These measures contribute to maintaining a healthy balance and prepare professionals to face future health crises<sup>(1)</sup>.

The literature points out other strategies for the protection of the mental health of health professionals at the frontline of Covid-19, such as

decreased workload, availability of PPE<sup>(28)</sup>, psychological support, flexible work shifts, working hours, promoting a safe work environment, as well as training and training nurses in disaster situations<sup>(11)</sup>. Thus, it is crucial to stimulate physical activity, healthy lifestyle habits, adequate breaks for rest, play activities, flexible days for working mothers and active participation of public managers, since these measures create possibilities for building and strengthening public policies that promote healthier working environments for these women.

Although the results of the study indicate relevant aspects to the mental health of intensive care nurses, some limitations should be considered. There is a possibility that the questions addressed in the interview do not reflect all the repercussions of the pandemic on mental health. Another point to be considered is that the interviews were conducted in the process of deactivation of the cohort ICU after the cooling of the first wave and reduction of admissions of patients diagnosed with COVID-19 in the hospital, which may have led to possible memory bias on the part of the nurses.

Moreover, the long duration of the pandemic and the accumulation of knowledge about the management of the disease may have contributed to the reduction of feelings of fear, insecurity, stress and anxiety experienced by professionals. Another limitation of the study was the fact that it did not address the female nursing techniques and assistants.

However, although there are limitations, this study presents as a strong point the report of intensive care nurses during the Covid-19 pandemic, as well as the repercussions on their mental health. Furthermore, it signals coping strategies in the constant search to minimize stress and anxiety levels

at work, as well as suggests some mechanisms to protect women's health.

Thus, the discussion about the perceptions of fear, anxiety, social distancing, withdrawal from children, depression, sleep disorder and physical and mental wear are important aspects to be considered for the health of women in their work environment, actions that reduce the negative impacts caused by the pandemic, and develop protective measures so that these professionals can prepare for future health crises of this magnitude.

## FINAL THOUGHTS

The deep understanding of the experience of intensive care professionals is crucial for the development of effective actions aimed at their well-being. Psychological support, healthy work environments, legal support and public policies are essential to mitigate stress and improve the quality of life of these workers. The perceptions shared by the participants reinforce the negative effects of the pandemic on the health of these professionals, revealing similar patterns in other scenarios.

Finally, understanding the experience of female nurses in intensive care may contribute to the promotion of well-being and decrease the burden of stress and anxiety in the workplace. For this, more qualitative studies are needed to explore the consequences of the pandemic in the mental health and personal life of these health workers, seeking effective solutions to mitigate the damage caused by COVID-19. Therefore, future qualitative research need to be conducted in order to strengthen the discussion on the subject and investigate more deeply the post-pandemic sequelae

---

## VIVÊNCIAS NA PANDEMIA DE COVID-19: O OLHAR DE ENFERMEIRAS INTENSIVISTAS

### RESUMO

**Objetivo:** descrever as vivências de enfermeiras intensivistas durante a pandemia pela Covid-19. **Método:** pesquisa qualitativa desenvolvida em uma Unidade de Terapia Intensiva (UTI) adulto de hospital público e de ensino na Bahia, no período de outubro a dezembro de 2020. Participaram enfermeiras intensivistas que prestaram assistência de enfermagem de alta complexidade durante a pandemia do coronavírus. Os dados foram processados e analisados no software estatístico IRAMUTEQ. **Resultados:** as enfermeiras apontaram a vivência de ansiedade, estresse, exaustão física e psíquica. As respostas expressaram sentimentos de medo, tristeza e angústia, agravados pelo distanciamento social e mudança do estilo de vida de maneira abrupta. Os achados contribuíram para a compreensão das experiências vivenciadas pelas enfermeiras. **Considerações finais:** O estudo revelou que as enfermeiras experimentaram padrões semelhantes de sofrimento psicológico, afetando sua vida pessoal, social e profissional, exigindo adaptações e enfrentamento de múltiplos desafios no contexto da pandemia da COVID-19. As percepções relatadas por enfermeiras brasileiras são aspectos que causam danos à saúde da mulher, por isso, é urgente promover ações que diminuam os impactos negativos causados pela pandemia.

**Palavras-chave:** Enfermagem. COVID-19. Unidade de Terapia Intensiva. Saúde do Trabalhador. Saúde da mulher.

## VIVENCIAS EN LA PANDEMIA DE COVID-19: PERCEPCIÓN DE ENFERMERAS INTENSIVISTAS

### RESUMEN

**Objetivo:** describir las vivencias de enfermeras intensivistas durante la pandemia por Covid-19. **Método:** investigación cualitativa desarrollada en una Unidad de Cuidados Intensivos (UCI) adulta de hospital público y de enseñanza en Bahía-Brasil, en el período de octubre a diciembre de 2020. Participaron enfermeras intensivistas que prestaron asistencia de enfermería de alta complejidad durante la pandemia de coronavirus. Los datos fueron procesados y analizados en el *software* estadístico IRAMUTEQ. **Resultados:** las enfermeras señalaron la vivencia de ansiedad, estrés, agotamiento físico y psíquico. Las respuestas expresaron sentimientos de miedo, tristeza y angustia, agravados por el aislamiento social y el cambio del estilo de vida de manera abrupta. Los hallazgos contribuyeron a la comprensión de las experiencias vividas por las enfermeras. **Consideraciones finales:** el estudio reveló que las enfermeras experimentaron patrones similares de sufrimiento psicológico, afectando su vida personal, social y profesional, exigiendo adaptaciones y múltiples desafíos en el contexto de la pandemia de COVID-19. Las percepciones reportadas por enfermeras brasileñas son aspectos que causan daños a la salud de la mujer, por eso, es urgente promover acciones que disminuyan los impactos negativos causados por la pandemia.

**Palabras clave:** Enfermería. COVID-19. Unidad de Cuidados Intensivos. Salud del Trabajador. Salud de la mujer.

### REFERENCES

- Wharton C, Kotera Y, Brennan S. A well-being champion and the role of self-reflective practice for ICU nurses during Covid-19 and beyond. *Nurs Crit Care*. 2021; 26(2):70–2. DOI: <https://doi.org/10.1111/nicc.12563>
- Perraud F, Ecartot F, Loiseau M, Laurent A, Fournier A, Lheureux F, et al. A qualitative study of reinforcement workers' perceptions and experiences of working in intensive care during the Covid-19 pandemic: A PsyCOVID-ICU substudy. *PLoS One*. 2022;17(3):e0264287. DOI: <https://doi.org/10.1371/journal.pone.0264287>
- Covid - Coronavirus Statistics - Worldometer [Internet]. [citado 23 de maio de 2024]. Disponível em: [https://www.worldometers.info/coronavirus/?utm\\_campaign=homeAdvegas1](https://www.worldometers.info/coronavirus/?utm_campaign=homeAdvegas1)
- Cueto M. O Covid-19 e as epidemias da Globalização. 2020 [citado 22 de maio de 2024]; Disponível em: <https://www.arca.fiocruz.br/handle/icict/40654>
- Koontalay A, Suksatan W, Prabsangob K, Sadang JM. Healthcare Workers' Burdens During the COVID-19 Pandemic: A Qualitative Systematic Review. *J Multidiscip Healthc*. 2021; 14(1):3015–25. DOI: <https://doi.org/10.2147/JMDH.S330041>
- Miasato FA. Sem heróis, sem heroínas: reflexões sobre o discurso heroico utilizado pela mídia sobre os profissionais de enfermagem na pandemia de Covid-19. *CIADS*. 2022; 11(2):118–38. DOI: <https://doi.org/10.17566/ciads.v11i2.881>
- Kang L, Ma S, Chen M, Yang J, Wang Y, Li R, et al. Impact on mental health and perceptions of psychological care among medical and nursing staff in Wuhan during the 2019 novel coronavirus disease outbreak: A cross-sectional study. *Brain Behav Immun*. 2020; 87(1):11–7. DOI: <https://doi.org/10.1016/j.bbi.2020.03.028>
- Perogamvros L, Castelnovo A, Samson D, Dang-Vu TT. Failure of fear extinction in insomnia: An evolutionary perspective. *Sleep Med Rev*. 2020; 51(1):101277. DOI: <https://doi.org/10.1016/j.smrv.2020.101277>
- Liu CY, Yang YZ, Zhang XM, Xu X, Dou QL, Zhang WW, et al. The prevalence and influencing factors in anxiety in medical workers fighting COVID-19 in China: a cross-sectional survey. *Epidemiol Infect*. 2020; 148(1):e98. DOI: <https://doi.org/10.1017/S0950268820001107>
- Chew NWS, Lee GKH, Tan BYQ, Jing M, Goh Y, Ngiam NJH, et al. A multinational, multicentre study on the psychological outcomes and associated physical symptoms amongst healthcare workers during Covid-19 outbreak. *Brain Behav Immun*. 2020; 88(1):559–65. DOI: <https://doi.org/10.1016/j.bbi.2020.04.049>
- Leng M, Wei L, Shi X, Cao G, Wei Y, Xu H, et al. Mental distress and influencing factors in nurses caring for patients with Covid-19. *Nurs Crit Care*. 2021; 26(2):94–101. DOI: <https://doi.org/10.1111/nicc.12528>
- Conz CA, Braga VAS, Vasconcelos R, Machado FHR da S, de Jesus MCP, Merighi MAB. Experiences of intensive care unit nurses with COVID-19 patients. *Rev esc enferm USP*. 2021; 55(1):e20210194. DOI: <https://doi.org/10.1590/1980-220X-REEUSP-2021-0194>
- Marins TVO, Crispim CG, Evangelista DS, Neves KC, Fassarella BPA, Ribeiro WA, et al. Enfermeiro na linha de frente ao COVID-19: A experiência da realidade vivenciada. *Research, Society and Development*. 2020; 9(8): e710986471–e710986471. DOI: <http://dx.doi.org/10.33448/rsd-v9i8.6471>
- Duarte MLC, Silva DG, Mattos LG, Bombardi IP, Almeida T de, Garcia YE, et al. The mental health of nurses who are women and mothers during the COVID-19 pandemic. *Rev Gaúcha Enferm*. 2023; 44(1): e20220006. DOI: <https://doi.org/10.1590/1983-1447.2023.20220006.en>
- Andrade CJ, Souza FC, Benincasa M. Conciliação maternidade e trabalho na pandemia da Covid-19: o discurso de profissionais de saúde. *RIEC*. 2020; 3(3) 1682–1702. DOI: <https://doi.org/10.1000/riec.v3i3.197>
- Carlos DM, Wernet M, Okido ACC, Oliveira WA, Silveira AO, Costa LCR. The dialogical experience of being a mother of a child and a nurse in the Covid-19 pandemic. *Texto contexto - enferm*. 2020; 29(1):e20200329. DOI: <https://doi.org/10.1590/1980-265X-TCE-2020-0329>
- Barreto MS, Arruda GO, Marcon SS, Correia LPS, Queruz ALD, Rissardo LK, Pereira ELC. Estresse e burnout entre

profissionais de saúde de pronto atendimento durante a pandemia da covid. *Ciênc. cuid. saúde*. 2022; 20(1) :e6084. DOI: <https://doi.org/10.4025/ciencuidsaude.v20i0.60841>

18. Camargo BV, Justo AM. IRAMUTEQ: um software gratuito para análise de dados textuais. *Temas psicol*. 2023; 21(2): 513-518. DOI: <https://doi.org/10.9788/TP2013.2-16>

19. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *Int J Qual Health Care*. 2007; 19(6): 349-57. DOI: <https://doi.org/10.1093/intqhc/mzm042>

20. Crowe S, Howard AF, Vanderspank-Wright B, Gillis P, McLeod F, Penner C, et al. The effect of Covid-19 pandemic on the mental health of Canadian critical care nurses providing patient care during the early phase pandemic: A mixed method study. *Intensive Crit Care Nurs*. 2021; 63(1):102999. DOI: <https://doi.org/10.1016/j.iccn.2020.102999>

21. Uzun Şahin C, Aydın M, Usta A, Sakın M. Experiences and Psychosocial Difficulties of Frontline Health Care Workers Struggling With Covid-19 in Turkey: A Qualitative Study. *Florence Nightingale J Nurs*. 2022; 30(1):74-82. DOI: <https://doi.org/10.5152/fnijn.2022.21053>

22. Guttormson JL, Calkins K, McAndrew N, Fitzgerald J, Losurdo H, Loonsfoot D. Critical Care Nurse Burnout, Moral Distress, and Mental Health During the Covid-19 Pandemic: A United States Survey. *Heart Lung*. 2022; 55(1):127-33. DOI: <https://doi.org/10.1016/j.hrtlng.2022.04.015>

23. Ozan E, Durgu N. Being a health care professional in the ICU serving patients with covid-19: A qualitative study. *Heart Lung*. 2022; 57(1):1-6. DOI: <https://doi.org/10.1016/j.hrtlng.2022.07.011>

24. Guimarães TT, Santos HMB dos, Sanctos RTM. Physical inactivity, chronic diseases, immunity and Covid-19. *Rev Bras Med Esporte*. 2020; 26(5):378-81. DOI: [https://doi.org/10.1590/1517-8692202026052019\\_0040](https://doi.org/10.1590/1517-8692202026052019_0040)

25. Meyer SM, Landry MJ, Gustat J, Lemon SC, Webster CA. Physical distancing ≠ physical inactivity. *Transl Behav Med*. 2021 Apr 26;11(4):941-944. DOI: <https://doi.org/10.1093/tbm/ibaa134>

26. Carlos DM, Wernet M, Okido ACC, Oliveira WA de, Silveira AO, Costa LCR. The dialogical experience of being a mother of a child and a nurse in the Covid-19 pandemic. *Texto contexto - enferm*. 2020; 29(1): e20200329. DOI: <https://doi.org/10.1590/1980-265X-TCE-2020-0329>

27. Kok N, van Gurp J, Teerenstra S, van der Hoeven H, Fuchs M, Hoedemaekers C, et al. Coronavirus Disease 2019 Immediately Increases Burnout Symptoms in ICU Professionals: A Longitudinal Cohort Study. *Crit Care Med*. 2021;49(3):419-427. DOI: <https://doi.org/10.1097/CCM.0000000000004865>

28. Chinvararak C, Kerdcharoen N, Pruttithavorn W, Polruamngern N, Asawaroekwisoot T, Munsukpol W, et al. Mental health among healthcare workers during Covid-19 pandemic in Thailand. *PLoS One*. 2022;17(5):e0268704. DOI: <https://doi.org/10.1371/journal.pone.0268704>

---

**Corresponding Author:** Camila Carvalho de Sousa. Hospital Universitário Professor Edgard Santos – HUPES/EBSERH. Rua Dr. Augusto Viana, s/n - Canela, Salvador - Bahia, 40110-060. Tel.: (71) 3646-3736. E-mail: [sousa.camila@ebserh.gov.br](mailto:sousa.camila@ebserh.gov.br)

**Submitted:** 07/06/2023

**Accepted:** 15/10/2024