



REPERCUSSIONS AND FEELINGS OF NURSING WORKERS WHO WORKED IN REFERENCE HOSPITALS FOR COVID-19¹

Yasmim da Silva*

Giovanna dos Santos Precioso**

Janaina Recanello***

Maria do Carmo Fernandez Lourenço Haddad****

Maria José Quina Galdino*****

Maynara Fernanda Carvalho Barreto*****

ABSTRACT

Objective: to analyze the repercussions and feelings of nursing workers who worked in a reference health service for COVID-19 care in the state of Paraná. **Method:** qualitative study, exploratory-descriptive, developed with nursing workers who worked in university hospitals reference to COVID-19 in the state of Paraná. Five weekly remote meetings were held with six nursing workers, through workshops using the Group Dynamics technique, with a total workload of 15 hours, between October and November 2023. Data were analyzed based on the records of the first meeting and organized for content analysis through IRAMUTEQ Software, in the period from September to November 2024. **Results:** three main categories were identified: repercussions of the pandemic in the work process; repercussion of the pandemic in the family context; and repercussion of the pandemic on worker's health, evoking both negative and positive feelings. **Final Thoughts:** the impact generated by the COVID-19 pandemic on the mental health of nursing workers has repercussions in the spheres of the work process, family and health in the evoking deep feelings before the unknown and necessary readjustments in this context.

Keywords: Mental Health. Feelings. COVID-19. Nursing.

INTRODUCTION

The COVID-19 pandemic, declared by the World Health Organization (WHO) in March 2020, has unleashed an unprecedented global crisis and imposed profound impacts on the mental health of health professionals, especially those working on the front line⁽¹⁾. In this context, the nursing team was more vulnerable to contagion⁽²⁾ and exposed to high psychosocial risks⁽³⁾.

In Brazil, until March 31, 2021, there were 40,696 cases of COVID-19 and 699 deaths of nursing professionals, representing about 23% of global deaths in this category⁽⁴⁾. These data reflect the precariousness of the working conditions of these workers, regarding their efforts to combat the pandemic⁽³⁾.

Among the risk factors, we highlight the increase in working hours, insufficient or

inadequate personal protective equipment (PPE), lack of material and human resources, lack of training for work performance, fear of contamination, social isolation, distance from family members, situations of violence, professional devaluation and the constant coping with loss of patients. These factors triggered a series of emotional repercussions, such as high levels of occupational stress, which in many cases evolved into Burnout Syndrome⁽⁵⁾.

The Burnout Syndrome manifests itself in an unspecific way, presenting physical, psychic and behavioral symptoms, through a psychological triad that involves emotional exhaustion, depersonalization in customer care, and feelings of low personal fulfillment⁽³⁾. In 2020, Brazil occupied the second position worldwide with the highest prevalence of

*Nurse. Nursing Resident in Nursing Services Management. State University of Londrina. Londrina, Paraná, Brazil. E-mail: ydasilva7@gmail.com. ORCID: <https://orcid.org/0000-0003-1643-6450>.

**Nurse. E-mail: preciosogi123@gmail.com. ORCID: <https://orcid.org/0009-0006-8630-5826>.

***Nurse. Doctor in Nursing. Professor at the State University of Northern Paraná. Bandeirantes, Paraná, Brazil. E-mail: janaina@uenp.edu.br. ORCID: <https://orcid.org/0000-0002-4201-0624>.

****Nurse. Doctor in Nursing. Professor of the Graduate Program in Nursing. State University of Londrina. Londrina, Paraná, Brazil. E-mail: carmohaddad@gmail.com. ORCID: <https://orcid.org/0000-0001-7564-8563>.

*****Nurse. Doctor in Nursing. Professor at the State University of Northern Paraná. Bandeirantes, Paraná, Brazil. E-mail: mariagaldino@uenp.edu.br. ORCID: <https://orcid.org/0000-0001-6709-3502>.

*****Nurse. Doctor in Nursing. Professor at the University of Brasília. Brasília, Brazil. E-mail: maynara@uenp.edu.br. ORCID: <https://orcid.org/0000-0002-3562-8477>.

burnout among health professionals, where about 74% were nurses and 64% nursing technicians⁽⁶⁾.

Although the COVID-19 Public Health Emergency of National Importance was officially closed in Brazil on April 22, 2022⁽⁷⁾, the marks of this period still remain in the mental health of nursing workers. Research conducted with these professionals indicated that the experience during the crisis resulted in psychological sequelae related to post-traumatic stress and insomnia symptoms, whose effects still persist after the end of the pandemic⁽⁸⁾.

In this perspective, there is a need to understand and re-signify the feelings of this category during and after the pandemic, knowing the experiences and challenges faced during the work process. Therefore, this study, of innovative character for exploring aspects still little addressed in the literature about the emotional experience of these professionals, aimed to analyze the repercussions and feelings of nursing workers who worked in reference health service for COVID-19 care in the State of Paraná.

METHOD

Qualitative, exploratory-descriptive study, conducted with nursing workers who worked in reference university hospitals in the care of COVID-19 in the state of Paraná. This study is an integral part (phase three) of the research entitled "Mental health of nursing workers active in the COVID-19 pandemic" and met the steps recommended by the Consolidated Criteria for Reporting a Qualitative Survey (COREQ)⁽⁹⁾.

The data collection took place through a psychosocial intervention, composed of five weekly workshops using the technique of Group Dynamics, totaling 15 hours. The elaboration, planning and conduction of the meetings were carried out by four female researchers: a coordinator of the intervention, doctor in nursing with specialization in development and group dynamics, and the other researchers, were a master and two graduates in nursing, who acted as observers, with the function of recording and transcribing in real time the speeches of participants in the Microsoft Word program, without the use of

recordings, in order to reduce the participants' discomfort when sharing personal experiences; however, this strategy may have limited the capture of discursive nuances, constituting one of the methodological limitations of the study.

We invited nursing professionals who had participated in the initial phase of the larger research, including nurses, technicians and nursing assistants, until reaching a minimum number of 12 to 14 participants. They had answered a structured questionnaire containing 25 sociodemographic, occupational, life and health variables; in addition to the following instruments: the Job Stress Scale, in its version translated and validated for the Brazilian culture; the Maslach Burnout Inventory - Human Services Survey (MBI-HSS); and the Social Skills Inventory (IHS-Del-Prette). The eligibility criteria were: (1) have worked in conditions of high wear and tear; (2) have presented high levels of emotional exhaustion, depersonalization and low levels of professional effectiveness; (3) have lower scores in the situational and behavioral dimensions of Social Skills. The exclusion criteria were: being on vacation or leave during the implementation of the intervention.

The invitation and recruitment of participants were carried out by the nursing graduates between September and October 2023, through the WhatsApp application, with up to three contact attempts, in a minimum interval of seven days between each invitation. Those who did not return were automatically excluded, totaling 14 participants. The intervention, in turn, took place between October and November 2023, through the Google Meet platform, with an average duration of two hours, during the night period, depending on the participants' availability, allowing the participation of nursing professionals from different regions (North, South and West) of the state of Paraná.

The topics of the workshops were selected considering the participants' development needs. In the first meeting, we discussed the resignification of feelings experienced during the pandemic and its repercussions, focusing on occupational stress and Burnout Syndrome. In the second meeting, the temperaments (blood, choleric, melancholic and phlegmatic) were

worked out⁽¹⁰⁾. The third meeting focused on social skills classes (self-monitoring, communication, civility, assertiveness, empathy, work and expression of positive feelings)⁽¹¹⁾. In the fourth meeting, the focus was on assertiveness and generational conflicts. The fifth meeting presented strategies for prevention and reduction of stress at work.

This study specifically analyzed the data produced in the first meeting, which included the prior planning of the opening and explanation of the purpose and relevance of the intervention, definition of the objectives of the meeting, presentation of researchers and participants, living contract, contextualization after the group discussions on Occupational Stress and Burnout Syndrome, feedbacks, and subsequently the completion of the same questionnaire and instruments answered by participants in the first phase of the research. The guiding questions were: How did you feel about your work and activities that were under your responsibility during the COVID-19 pandemic? And, as helpful questions: How did you feel during the COVID-19 pandemic? How do you feel today about everything you've been through? If you could describe in one word what the COVID-19 pandemic represents right now, what would it be?

These initial elements aimed to build a bond of trust between participants, encouraging them to share feelings experienced during the COVID-19 pandemic and its repercussions on mental health after this period, about the experiences and experiences during the work process.

The analysis of textual data was carried out in the period from September to November 2024, through Content Analysis, which involves pre-analysis to operationalize and systematize initial ideas, exploration of material for coding and transformation of textual data, and the treatment of results with message interpretation⁽¹²⁾. In the same period, to complement this approach with a visual dimension, IRAMUTEQ (*Interface de R pour les Analyses Multidimensionales de Textes et de Questionnaires*) was used, which enabled the construction of the Word Cloud and the Similarity Analysis⁽¹³⁾.

Although five workshops were held, only

the first meeting was analyzed in this study, constituting another methodological limitation. As well as the reduced participation in the first meeting, generating limitation in the interpretation of the results.

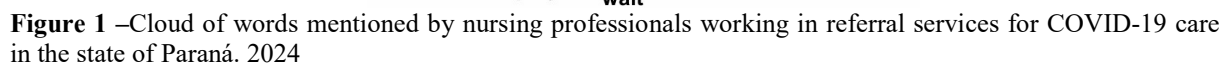
In accordance with the ethical principles governing research involving human beings, this study also followed national and international ethical standards, receiving approval from the Research Ethics Committee, according to the Certificate of Presentation of Ethical Appreciation (CAAE) n. 47883821.4.0000.8123 and Opinion n. 4.821.405. To preserve the anonymity of the workers, the participants were identified with codes (P), followed by the number corresponding to the order of participation in the meeting.

RESULTS

Although 14 professionals agreed to participate in the intervention, only six actively participated in the meetings due to reports of intense workdays and possibly the selection of participants with high levels of emotional exhaustion.

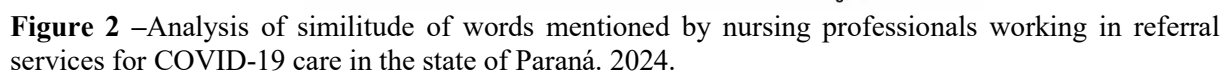
All six professionals who actively participated were female and presented age range from 26 to 55 years. In relation to the position, three were nurses with a position of head, one was a nurse without a position of head, and the others acted as nursing techniques. The time of professional experience ranged from three to 30 years, while the time of operation in the university hospital varied from two to seven years. In addition, only two participants were tendered, while the others were hired by simplified process and occupied temporary positions. Three professionals had double employment, and weekly hours, including all the links, ranged from 40 to 72 hours.

Using the Word Cloud (Figure 1), it was possible to view the most frequent words mentioned by participants, highlighting terms such as "COVID", "family" and "patient". These terms reflect the main emotional nuclei related to the experiences experienced during the pandemic, indicating that the repercussions occurred simultaneously in the work process, family life and patient care.



The Similarity Analysis (Figure 2), in turn, revealed connections between the most recurrent words with other themes. The term "COVID" was associated with words such as "sleep", "friend", "psychological", "pandemic", "judge", "guilt" and "die", signaling a strong relationship between the experience of the pandemic and feelings of fear, emotional suffering and psychological overload.

"fear", "thought", "relief", "alone", "gratitude", "family member" and "talk", indicating that the family environment influenced both as a source of support and emotional tension. In turn, "patient" showed connection with the terms "employee", "nurse", "hospital" and "focus", demonstrating that direct care for the patient, even in front of the fear of exposure, remained as a central axis of professional action.



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The results obtained in the qualitative analysis led to the identification of categories and subcategories, defining the thematic axes described below.

Category 1: Repercussions of the COVID-19 pandemic on the work process

Subcategory A¹: Global COVID-19 Emergency: Restructuring the Healthcare Network and Services

The start of the COVID-19 pandemic was unexpected and sudden, marked by uncertainty and fear among nursing professionals, who faced the unknown without adequate preparation, protection and equipment, according to participants' reports:

Before it started, we thought it would be nothing serious. In January, in the unit where I worked, the infectious disease staff reported that something was happening in China, but they didn't know it would reach here. And suddenly, when it arrived, **nobody was prepared**. The staff were apprehensive. In the ward, all the patients were removed so they could focus on COVID patients. (P4)

At first, **they didn't provide the correct protective equipment**. I would go into the hospital and they would say that I couldn't keep going in all the time dialyzing patients in isolation and not have the necessary materials. [...](P1)

During the pandemic, nursing professionals faced overwork and staff shortages. These challenges required emergency hiring, restructuring of work schedules and redeployment of these workers, which intensified the impact on the mental and physical health of this team.

With the growth of COVID-19 cases, there was a need for reorganization of health services, and nursing workers assumed new responsibilities, which expanded the challenging experiences experienced during this period, as demonstrated in the reports:

I remember very well the first case, where it was the patient and her father who were admitted. And when she was admitted, on the same day we discovered that **we shouldn't put family members in the same ward**. Because the patient was intubated on the same day and her

father was intubated four days later. Her father passed away. She survived.(P4)

Until one day I prepared a corpse in the ICU. I had to prepare a corpse, I thought that was absurd. **And having to put it inside a bag**.(P1)

Subcategory B¹: Occupational repercussions and coping strategies for the COVID-19 pandemic.

Teamwork was essential during the pandemic; however, it also increased the burden of nurses, who repressed their feelings to keep the team stable during the chaos, evidenced in the subsequent cuttings:

What helped me a lot was that I had a very good team. So, regarding physical exhaustion, we helped each other a lot. And when I needed psychological support, the nurse was always willing to help. (P3)

Sometimes I think I'm a little heartless. Because I saw that many employees were suffering, and **I think I had to support them**. So, I held on a lot. (P2)

Although the professionals were mentally exhausted, each dealt with it in a different way. Empathy was evident, especially with regard to the care of patients and the suffering of family members, highlighted in the narratives:

I had a lot of trouble with that. Hugging the hemodialysis machine, because there were so many patients needing dialysis during the COVID pandemic. **Crying behind the machine**, because I saw those families crying. [...] **I saw that mother fall to the ground and I thought of my four daughters**.(P1)

There was a patient in the back of the ward whose family brought a suit. They said he attended church wearing that suit and it was his wish to be buried in it. **He was buried in that suit**. When he passed away, I asked them not to put him in a body bag. **It will be extra work, but put the suit on him**. (P4)

Moreover, the loss of family members and close people due to COVID-19 contagion was deeply challenging and stressful, causing shock states among health professionals and, in many cases, leading to temporary absence from work.

Consequently, there was also an increase in contamination among these professionals, which generated feelings of stress, guilt and judgment,

aggravated by the shortage of personnel in hospital environments, as observed in the clipping:

I had an employee for whom I felt very guilty because I judged her harshly [...], I complained to her, I told her she had just returned from sick leave and was already giving me sick leave again [...], I told her to get tested and it came back positive, but I said that most cases were progressing well. And hers progressed very badly [...], every day I would come home and blame myself because I judged her. And she died. [...].(P4)

Therefore, health professionals needed to develop individual coping strategies to deal with the challenges that arose during the workday, according to:

At the time, my coping mechanism was **to stop watching the news, it only talked about deaths [...]**, and I started watching the rosary at 6:15 am. **And I still watch it today before going to the hospital**, because I needed to strengthen my spirit [...], I just wanted to ask the patient if I could post a picture of their discharge. **I just wanted to talk about discharge.**[...]. (P4)

I think a person has to focus on something. Do martial arts, run, go to the gym. I used to do all of that. At my stress level, kicking a punching bag is better than hitting someone at work. Then I stopped all that because I started working.(P1)

Category 2: Impact of the COVID-19 pandemic on the family context

Subcategory A²: Impact of the work process on the family

The family environment became a space to unload frustrations, concerns and anguish repressed during the work process, facing the fear of exposing their families to contagion by the virus, which were their main emotional support, revealed in these passages:

[...] **I brought COVID home.** So much so that my mother caught it; she was on vacation. And I almost killed her, **I kept blaming myself all the time**[...], I'd get home and instead of laughing and talking with my family, I'd start crying [...], it was an unpleasant situation because **I'd drink and cry.** [...]. (P1)

[...]Here at home, it's just me, my husband, and my nephew. We've been alone at home. **But I still confided in them**[...].(P4)

[...] **But I absorbed too much and it made me very ill at home.** I live alone. So, I never brought this up with my family or my friends. Sometimes I wonder if I'm too cold. (P2)

Category 3: Impact of the COVID-19 pandemic on workers' health

Subcategory A³: Exposure and contamination

The constant fear of exposure and contamination by the virus caused professionals to feel relief that they had not been contaminated or did not present severe symptoms, as emphasized in the following sentences:

I had no symptoms, I arrived home and thought about getting tested, since all the employees who worked with me were infected [...], and a nurse who knew me said that I had COVID.(P1)

[...]I've never worked as hard as I did during the pandemic. On the other hand, **Positive only on my first day of vacation. Consider it a blessing in disguise.**.. (P4)

Subcategory B³: Illness

Participants revealed that the problems of work resulted in mental and physical wear, leading to personal unrecognition, depersonalization and negative thinking:

I'm trying to control myself to get back to how I was before. I go to the gym at five o'clock. I try to do other things. **But COVID brought me something very bad that stayed only with me.** (P2)

[...]In this year{2023}, in February, I thought **I no longer had the structure to work in a hospital.** I've been in the hospital for 20 years. I've always worked in the hospital because I've always had two jobs [...], and I needed to take a break from my life [...], and **I had thoughts that were going to drag me down into things I'd never been** [...], I started taking [medication], but I looked in the mirror and didn't recognize myself [...], **during the COVID period, I slept little, I covered for the professionals** [...], **I would drive home and think about falling into the lake** [...]. (P1)

Thus, the pandemic left psychological and physical marks, maintaining present defense mechanisms and emotional impacts developed by nursing professionals during the confrontation of this period:

But COVID brought me something very bad. I drank a lot, I'm not ashamed to say it. I drank every day at home. I think it was an escape valve. I gained too much weight, I used medication for anxiety and to sleep. It's an addiction I still have. **I drink energy drinks in the morning, I take sleeping pills, I take my anti-anxiety medication, and I drink alcohol.** (P2)

But what I realized about myself is that **I was very active before**, I did high-altitude mountaineering [...], then COVID started and I never went back, not even to the gym. But I always ran. So, I gained about five to eight kilos too. I got kidney stones because we would put on protective gear and forget to drink water so we wouldn't have to pee [...], with the cessation of physical activity, I developed osteoporosis.[...]. (P4)

Subcategory C³: End of the COVID-19 pandemic

Although the process was challenging, adaptation to the changes imposed by the pandemic brought significant learning and personal and professional strengthening. Participants reported that, with the end of the pandemic, they had feelings such as:

Relief, that's the word. Because we lived in fear. Today, for me, **it's a relief to have left all those families behind, all that time, and with a sealed coffin**. Because if you've ever lost a loved one, the family's moment was their last moment. And they couldn't even see their relative. [...].(P1)

[...] **Unbelievable**. It seems like we managed to overcome it. It seems like it's over. It's finished. That's the feeling I have, that it's already done. **Everything we did was unbelievable.** (P2)

The first word that came to mind was **relief**. But I would put **gratitude** for having survived as the second [...], I look back now and I greatly **admire** all the people who worked so hard. I think **we accomplished a great mission**. [...].(P4)

DISCUSSION

The initial scenario of nursing assistance in coping with the COVID-19 pandemic was permeated by fear and uncertainty, due to the lack of knowledge about the disease and the rapid spread of the virus. The absence of a vaccine to contain transmission significantly increased fear among health professionals⁽¹⁴⁾.

In this context, the COVID-19 pandemic had a negative impact on the mental health of health professionals who worked on the front line, especially the nursing team. Factors such as lack of social and professional recognition, moral abuses, exhausting working hours, low remuneration and scarcity of material and human resources aggravated the vulnerability of this professional category⁽¹⁴⁾.

A study conducted in China⁽¹⁵⁾ showed the concern of health professionals with the lack of personal protective equipment, and the feeling of inability to deal with patients in serious condition due to the complications of the virus and being physically and mentally exhausted. In addition, the double shift generated physical and emotional strain, compromising both the health of these professionals and the quality of nursing care, affecting patient safety⁽¹⁶⁾.

With the advance of the COVID-19 pandemic, there was a need to increase the number of available beds, train health teams and concentrate efforts on managing resources and supplies in order to ensure comprehensive and adequate care for patients. However, with insufficient financial resources, inadequate management of public investments and shortage of professionals, resulting in significant failures and overloads in the health system, which still require improvements⁽¹⁷⁾.

Thus, it has become essential to reorganize and expand the capacity of health services, especially in the hospital sector, in order to ensure an efficient and adequate management of human, material, technological and financial resources⁽¹⁾. This situation showed, in the study in question, the need for restructuring of services, the relocation of teams and emergency hiring. These changes resulted in new challenges and affected the mental and physical health of this category⁽¹⁸⁻¹⁹⁾.

The discovery of a research⁽¹⁶⁾ revealed that overwork during the COVID-19 pandemic was

considered as one of the main factors contributing to Burnout Syndrome among nurses working in Primary Health Care. These professionals faced pressures from both managers and the population, in addition to experiencing difficulties in reconciling their actions with their ethical-moral values.

Corroborating this study, the present research evidenced that the nurse, as leader of the nursing team in the hospital context, often suppressed their feelings and insecurities to transmit confidence to his which contributed to mental burnout and depersonalization.

Depersonalization, one of the dimensions of Burnout Syndrome, manifested by the emotional detachment of professionals and negligent treatment of patients in an attempt to relieve emotional wear. This dimension compromises empathy and weakens humanized care, impairing the relationship with the patient and the quality of care⁽³⁾.

In accordance with this information, this research found, according to the participants' reports, the occurrence of depersonalization and distancing among nursing professionals, resulting in emotional exhaustion throughout the pandemic. This change contributed to the development of insensitivity, used as a coping strategy during working hours.

Other authors⁽²⁰⁾ found in their studies the fear of health professionals of contamination by the virus, both themselves and their family members and friends, due to insufficient or no PPE. This fear led many professionals to isolate themselves from family and friends, intensifying mental suffering.

In another survey⁽⁵⁾, the results revealed the emotional suffering of workers faced with the loss of patients, co-workers, friends and family members due to COVID-19. Participants reported difficulties in emotional control, feeling of impotence and the spiritual quest to deal with the process of mourning during this period.

From this perspective, this study also highlighted the fear of professionals to infect their family members, friends or loved ones with a virus of rapid progression in the body. This fear was intensified by the experiences experienced during the working days, precisely when these people represented their main emotional support.

The professionals revealed positive and negative coping strategies, which still persist to this day. Among the positive strategies, family and staff support, religiosity and valuing hospital admissions were highlighted. Negative strategies included the consumption of alcoholic beverages, use of medicines and the development of depersonalization. Other strategies that can be used include dialogue, individual or group psychotherapy, support from family members, friends and colleagues, as well as the use of digital support networks⁽²¹⁾.

In the post-pandemic period, professionals expressed feelings of relief, gratitude and admiration for having fulfilled a challenging and extraordinary mission. Despite the negative impacts on physical and mental health, the experience brought valuable learnings and lessons for professional and personal life. However, they still face significant challenges arising from the brands left by this period.

However, this study presented limitations related to the low adherence of nursing workers, possibly influenced by intense workload and emotional exhaustion. The reduced number of participants, the absence of recordings of the meetings and the analysis restricted to the first meeting limited the depth of the findings. Such limitations should be considered in the interpretation of results and indicate the need for more robust future investigations.

FINAL THOUGHTS

The results of this study revealed that the pandemic had a significant impact on the mental health of nursing workers who acted in the front line to combat COVID-19. This impact was intensified by the initial ignorance of the virus, the fear of contagion and transmission to family members, the need for rapid restructuring of health services, the scarcity of material and human resources, low wage as well as work overload.

These conditions generated feelings of fear, insecurity, guilt, judgment, anxiety, stress and depersonalization. With the end of the COVID-19 pandemic, there were feelings of relief, gratitude and admiration for having fulfilled a challenging mission. However, the emotional marks left by this period remain.

In this context, it highlights the importance

of implementing programs to cope and prevent suffering in health services so that professionals can share experiences and experiences that occur during the work process, including listening spaces, actions and initiatives to promote mental

health, because, as evidenced in this study, the lack of emotional regulation together with the unpreparedness of the family and the team at the reception can intensify the mental suffering.

REPERCUSSÕES E SENTIMENTOS DE TRABALHADORES DE ENFERMAGEM QUE ATUARAM EM HOSPITAIS DE REFERÊNCIA PARA COVID-19

RESUMO

Objetivo: analisar as repercussões e os sentimentos dos trabalhadores de enfermagem que atuaram em serviço de saúde referência para atendimento de COVID-19 no Estado do Paraná. **Método:** estudo qualitativo, exploratório-descritivo, desenvolvido com trabalhadores de enfermagem que atuaram em hospitais universitários referência à COVID-19 no Estado do Paraná. Foram realizados cinco encontros remotos semanais com seis trabalhadores de enfermagem, por meio de oficinas com uso da técnica de Dinâmica de Grupo, com carga horária total de 15 horas, entre outubro e novembro de 2023. Os dados foram analisados com base nos registros do primeiro encontro e organizados para a análise de conteúdo por meio do Software IRAMUTEQ, no período de setembro a novembro de 2024. **Resultados:** foram identificadas três categorias principais: repercussões da pandemia no processo de trabalho; repercussão da pandemia no contexto familiar; e repercussão da pandemia na saúde do trabalhador, evocando tanto sentimentos negativos quanto positivos. **Considerações Finais:** o impacto gerado pela pandemia da COVID-19 na saúde mental dos trabalhadores de enfermagem trouxe repercussões nas esferas do processo de trabalho, familiar e da saúde no ambiente do trabalho, evocando sentimentos profundos diante do desconhecido e readaptações necessárias nesse contexto.

Palavras-chave: Saúde Mental. Sentimentos. COVID-19; Enfermagem.

REPERCUSIONES Y SENTIMIENTOS DE TRABAJADORES DE ENFERMERÍA QUE ACTUARON EN HOSPITALES DE REFERENCIA PARA COVID-19

RESUMEN

Objetivo: analizar las repercusiones y los sentimientos de los trabajadores de enfermería que actuaron en servicio de salud referencia para atención de COVID-19 en el Estado de Paraná. **Método:** estudio cualitativo, exploratorio-descriptivo, desarrollado con trabajadores de enfermería que actuaron en hospitales universitarios referencia a COVID-19 en el Estado de Paraná/Brasil. Se realizaron cinco citas remotas semanales con seis trabajadores de enfermería, por medio de talleres con uso de la técnica de Dinámica de Grupo, con duración total de 15 horas, entre octubre y noviembre de 2023. Los datos fueron analizados basándose en los registros de la primera cita y organizados para el análisis de contenido por medio del software IRAMUTEQ, en el período de septiembre a noviembre de 2024. **Resultados:** se identificaron tres categorías principales: repercusiones de la pandemia en el proceso de trabajo; repercusión de la pandemia en el contexto familiar; y repercusión de la pandemia en la salud del trabajador, suscitando sentimientos tanto negativos como positivos. **Consideraciones finales:** el impacto generado por la pandemia de COVID-19 en la salud mental de los trabajadores de enfermería trajo repercusiones en las esferas del proceso de trabajo, familiar y de la salud en el ambiente laboral, evocando sentimientos profundos ante lo desconocido y readaptaciones necesarias en este contexto.

Palabras clave: Salud Mental. Sentimientos. COVID-19. Enfermería.

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Corresponding author: Yasmim da Silva. Rodovia BR-369, Vila Maria, Bandeirantes – PR, CEP: 86360-000. Telephone: (43) 3542-8042. Email: ydasilva7@gmail.com.

Submitted: 12/10/2024

Accepted: 16/10/2025

Financial support:

This research was funded by the Araucária Foundation (FA) and the Secretariat of Science, Technology and Higher Education (SETI).