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Psychological suffering in health professionals: a reflection in times of the pandemic by COVID-19

El sufrimiento psicológico en los profesionales de la salud: un reflejo en tiempos de la pandemia por COVID-19

Sofrimento psíquico em profissionais de saúde: uma reflexão em tempos da pandemia pela COVID-19

ABSTRACT

Objective: To reflect on the precipitating events of psychological suffering in health professionals in times of pandemic. Method: Reflective essay about situations that, in the context of Covid-19, may be contributing to the triggering and/ or intensification of psychological distress in health professionals. Results: Peer contamination, difficulty in carrying out diagnostic tests, deficit of professionals, relocation of professionals, insufficient/ inadequate Personal Protective Equipment (PPE) and extensive documentation for clinical management are events related to the precipitation of psychological distress in health professionals. Conclusion: Health professionals experience, during the Covid-19 pandemic period, a work routine permeated by several events that contribute to psychological suffering, especially related to physical exhaustion and the fear of contracting and/ or relaying illness.

DESCRIPTORS: Mental Health; Health Personnel; Stress Psychological; Pandemics; Coronavirus Infections.

RESUMEN

Objetivo: Reflexionar sobre los eventos desencadenantes del sufrimiento psicológico en los profesionales de la salud en tiempos de pandemia. Método: Ensayo reflexivo sobre situaciones que, en el contexto del Covid-19, pueden estar contribuyendo al desencadenamiento y/ o intensificación del malestar psicológico en los profesionales de la salud. Resultados: Contaminación entre pares, dificultad para realizar pruebas diagnósticas, déficit de profesionales, reubicación de profesionales, Equipo de Protección Personal (EPP) insuficiente/ inadecuado y documentación extensa para el manejo clínico son eventos relacionados con la precipitación de malestar psicológico en los profesionales de la salud. Conclusión: Los profesionales de la salud viven, durante el período pandémico de Covid-19, una rutina de trabajo permeada por varios eventos que contribuyen al sufrimiento psicológico, especialmente relacionado con el agotamiento físico y el miedo a contraer y/ o transmitir una enfermedad.

DESCRIPTORES: Salud Mental; Personal de Salud; Estrés Psicológico; Pandemias; Infecciones por Coronavirus.

RESUMO

Objetivo: Refletir sobre os eventos precipitadores do sofrimento psíquico em profissionais de saúde em tempos de pandemia. Método: Ensaio reflexivo acerca de situações que, no contexto da Covid-19, possam estar contribuindo para o desencadeamento e/ou intensificação de sofrimento psíquico em profissionais do âmbito da saúde. Resultados: A contaminação dos pares, a dificuldade para realização de exames diagnósticos, o déficit de profissionais, a realocação da(o)s profissionais, a insuficiência/ inadequação de Equipamentos de Proteção Individual (EPI) e a volumosa documentação para manejo clínico constituem eventos relacionados à precipitação do sofrimento psíquico em profissionais de saúde. Conclusão: A(o)s profissionais de saúde experienciam, no período de pandemia por Covid-19, um cotidiano laboral permeado por diversos eventos que contribuem para o sofrimento psíquico, sobretudo relacionado à exaustão física e ao medo de contrair e/ou retransmitir a doença.

DESCRIPTORES: Saúde Mental; Pessoal de Saúde; Estresse Psicológico; Pandemias; Infecções por Coronavirus.

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INTRODUCTION

The current pandemic scenario for the new coronavirus has produced several effects on world society, with repercussions for the mental health of the population. In this context, health professionals, who play an important role in coping with Covid-19, experience a situation that predisposes them to psychological suffering, which requires mental health care actions in the field of public health.

It should be noted that the term mental health is used to understand the cognitive and emotional quality of life with which individuals behave in their daily lives and express their abilities.¹ In general, different names are used to mention the impacts on mental health, such as "psychic illness", "mental suffering" or "mental illness", all in the designation of emphasizing how people can react and harmonize to the demands of life in their different cycles.²

The feelings of anxiety, anguish, dissatisfaction and/or sadness are already expected by the population considering the context of epidemics, such as bubonic plague, smallpox and cholera. In these periods, as in the Covid-19 Era, health professionals are considered one of the most vulnerable groups to develop psychosomatic diseases, which is related, among other events, to exposure to contamination and infection, especially for those who work in direct assistance

to symptomatic or confirmed clients of the disease.

Spain's experience reveals that in May 22% of notifications of suspected cases of SARS-CoV-2 infection were from health workers.³ It is believed that the high level of contamination among professionals who provide assistance to patients with Covid-19, already signaled by countries facing the pandemic, is repeated in Brazil and corroborates the immense concern experienced by the team of health. Research conducted in public hospitals in the city of Rio de Janeiro identified a 25% rate of infection by the new coronavirus among health professionals, a percentage well above those seen in China (4%) and Italy (15%), in advanced stages of the pandemic.^{4,6} Despite the underreporting of SAR-CoV-2 infection and disease, in Brazil, the number of health professionals diagnosed with Covid-19 corresponds to approximately 429.906.⁷

In addition to the magnitude of the disease data, it is also necessary to consider its effects on the mental health of professionals. Despite the absence of accurate epidemiological data on the psychiatric implications related to Covid-19 or its impact on public health, a cross-sectional study conducted in China, with 1,257 health professionals working in 34 reference hospitals for patients with Covid-19, demonstrated a considerable proportion of health professionals with symptoms of depression, anxiety, insomnia, chronic stress and anguish, especially in female nurses.⁸

In view of the above, it appears that the problem is not restricted to the high rates of morbidity and mortality by Covid-19, and it is essential to look at the impairment of these professionals' mental health. Based on the assumption that, due to the pandemic, possible alterations to the mental health of the professionals can be established, intensified or manifested, this work aims to reflect on the precipitating events of psychological suffering in health professionals in times of pandemic by Covid-19.

METHOD

This is a reflective theoretical essay constructed through the analysis of knowledge about the precipitating events of psychological suffering in health professionals in times of pandemic by Covid-19. It should be noted that, in order to carry out this research, psychological distress was understood as any and all signs of tension in the individual in the face of new social organizations that require adaptation.⁹

O estudo foi sustentado por evidências de pesquisadores do tema, aderido mediante busca de publicações no mês de dezembro de 2020, abrangendo artigos nacionais e internacionais, documentos oficiais do Ministério da Saúde do Brasil, manuais de normas, protocolos, boletins epidemiológicos, notas técnicas, recomendações e orientações, referentes à temática de estudo, capturados na pla-

taforma PubCovid-19. A mesma reúne e organiza uma grande gama de publicações relacionadas à pandemia pela Covid-19, sendo ordenada no Banco de dados Excerpta Medica (EMBASE) e na Biblioteca Nacional de Medicina dos Estados Unidos (PUBMED).

The search in bibliographic bases of the Virtual Health Library (VHL), Scientific Electronic Library Online (SciELO), official primary sources of information from national and international institutions and official websites of the councils of health professionals were complemented. The addition of referential bibliographies was guided by the use of descriptors, in Portuguese and their correspondents in English, related to the approach of the theme, namely: "mental health", "psychological suffering", "health professionals", "pandemics", "Coronavirus infections" and "Covid-19. Aiming at delimiting, the descriptors were combined using the Boolean operator AND.

For the selection of empirical material, the following criteria were applied: publications available in full that presented information about the repercussions, implications and precipitating events of Covid-19 on the mental health of health professionals and the publication time frame from March to June of 2020. Estimated the normative restric-

tions for this journal and the extensive publication of the theme, publications that met the object of the research were selected as references.

After the exploratory reading of the selected material, aspects related to the precipitating events of psychological suffering in health professionals during the pandemic by Covid-19 were listed. The reflections made from this material originated from the appreciation and interpretation of literature and, still, from the critical reflections of the authors.

RESULTS AND DISCUSSION

Among the events related to the precipitation of psychological distress in health professionals, especially those who act on the front line, the articles, notes, recommendations and guidelines point to the contamination of peers, the difficulty in carrying out diagnostic tests, the deficit of professionals, the relocation of professionals, the insufficiency/inadequacy of Personal Protective Equipment (PPE) and the voluminous documentation for clinical management (Figure 1).

Immersed in the pandemic scenario, and many of them working on the front line to care for suspected or confirmed people for Covid-19, health professionals live with a feeling of fear of contrac-

ting SARS-CoV-2 and blame for the possibility of infecting family members.¹⁰⁻¹¹ Fear and anxiety are aggravated when they identify that coworkers received a positive diagnosis for Covid-19, which raises questions about whether or not they are infected and intensifies the fear of contamination from family members. The literature review investigated in health professionals the factors associated with the psychological and occupational impact of the recent and successive waves of pandemics found that the fear of contaminating family members compromises their mental health.¹²⁻¹³

Data from reports by teams of health professionals at the frontline of care show that, in addition to fear of infection, concerns about their safety, physical and mental exhaustion, the distress resulting from difficult decisions in the screening process and anguish of losing patients and coworkers are elements that, worldwide, affected health professionals in the care of suspected and/or confirmed patients of Covid-19.¹⁴ In Brazil, as in other countries, thousands of health professionals were removed from their activities as a result of infection by Covid-19.

Faced with the suspicion of infection, it is common for health professionals to seek support from the managers of their work environment for testing. However, they are faced with the limitation of tests that, in some cases, are not guaranteed by the employing services and/or the State.¹⁵ The difficulty in testing suspected professionals, the delay in accessing the results and their removal from the work environment, demonstrates how unprotected they are if they are not assisted, a favorable scenario for current Covid-19 contamination rates in the health network.¹⁶

With this, health professionals look for tests in the private network, whose cost is relatively high. In addition to the difficulty in accessing the exam, the need for disbursement, in a period of economic instability, intensifies anxiety and stress in the context of fear of being con-

Figure 1: Events that precipitate psychological suffering in health professionals in times of pandemic by Covid-19.



Source: Own elaboration. Salvador-BA, 2020.

taminated.¹⁷ This situation alerts us to the fear of collapse in the health system, which, before occurring due to the lack of beds in Intensive Care Units, may occur due to the scarcity of human resources, not only due to the morbidity and mortality rates by Covid-19, but also for its impacts on the mental health of health professionals.

Another situation that precipitates psychological suffering refers to the deficit of professionals to meet the demands of care. This forecast in the number of health workers must occur through the dimensioning of the personnel, which determines the total number of professionals required to serve the clientele in proportion to the professional categories.¹⁸ Although the reality of undersizing personnel is already present even before the Covid-19 pandemic context, with the appearance of this, the problems intensified, further increasing the workload.

Thus, in view of the undersizing of health professionals, the exercise of work in the context of a pandemic starts to occur in a scenario of high task load and exhaustive work. This whole situation puts professionals at risk for psychological suffering, making them work in a state of continuous alert to avoid malpractice, recklessness and neglect, resulting in exhaustion, which impairs the quality of care and safety of the patient.¹⁹ An integrative review with 50 articles shows that psychological distress causes absenteeism, work accidents and errors in performing procedures, since it reduces the adoption of self-care strategies and compromises the quality of care for others.²⁰

Still on the deficit of human resources in the care process, it is important to point out about the relocation of professionals in the context of care that are part of the risk group for serious complications by Covid-19. The group with the greatest vulnerability for the development of the severe form of the disease is comprised of people aged 60 or over, with chronic kidney disease, severe or decompensated heart disease or pneumopathy, immuno-

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compromised and those diagnosed with diabetes and/or high-risk pregnancy.²¹⁻²² Although it is essential that professionals belonging to the risk group who work in direct contact with people suspected or diagnosed with Covid-19 be relocated, the Federal Nursing Council recognizes that this action is a current difficulty,²³ situação que impulsiona sofrimento psíquico nos profissionais.

Considering that the pandemic is part of an already deficient framework of human resources, reflections are urgent about a scenario in which there are no resources and/or enough time for management to make new hires. Thus, when moving a professional to management, the assistance team is missing, essential for the front line of care for people with suspicion or confirmation of Covid-19, a challenge experienced by managers of health units in Brazil.²⁴ Thus, the impasse is that, while such an issue is not resolved, the professionals deal with the fear of becoming infected and with the tension in waiting for information about the sector where they should act, often without any affinity or previous experience.

In this sense, we can infer that reallocations also generate psychological distress in health professionals, especially when they, without specific qualifications, are directed to work in a highly complex unit, such as Intensive Care Units or when redirecting those who had Covid-19 for higher-risk sectors. This is a risky maneuver because the fact that the professional has already become infected with Covid-19 is not a determinant for non-reinfection, since there is no scientific evidence to ensure such protection, therefore it is essential to maintain the preventive practices even when there is a previous history of the disease.²⁴⁻²⁵

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to the fear that permeates the pandemic, it is worth considering that, in the world, the greater the spread of Covid-19, the greater the scarcity of hospital resources and, consequently, the deterioration of the health system.²⁷ In view of this difficulty, some health institutions encourage routines that guide the use of PPE for a prolonged period. However, the restrictions imposed by this pattern of use, by preventing/hindering the maintenance of basic physiological activities, such as food, hydration and elimination, are driving the change in the work routine, generating stress and exhaustion.²⁸ It is even noted that the pattern of prolonged use for some devices, such as the face mask, causes injuries, called Medical Device-Related Pressure Injuries (MDR-PI). Painful, the MDRPIs generate discomfort and stress, negatively interfering with quality of life and may impact the care offered.

In addition to restricting access to PPE for assistance to suspected or confirmed patients in Covid-19, sometimes health teams still have to deal with the fear that these materials are of a lower quality than that recommended by biosafety standards.³⁰ Thus, the fear of having to work without PPE or the uncertainty of its effectiveness is another major problem faced by health professionals, triggering discomfort and insecurity¹² and greater chances of presenting psychological distress.

Another event that also precipitates psychological suffering among health professionals is related to the intense publication of documents guiding clinical management related to Covid-19. Protocols, manuals of standards and routines, technical notes, epidemiological bulletins, among other devices, are constantly being disseminated. In order to try to understand the readjustments of the new workflows arising from so many information documents and institutional recommendations, professionals usually contact their immediate managers to obtain better clarification, which, in the circumstances caused by the pandemic, does not always occur

successfully and/or instantly.³¹ However, when these doubts are finally resolved, new official documents emerge guiding other changes in the management of clinical conducts and, with this, new doubts and questions, increasing maladjustments to mental health.³²

In this sense, it is necessary to reflect on the pressure to which these professionals are susceptible, in view of such responsibility, whether in direct service to people with suspicion or confirmation of Covid-19, or in the face of the need to meet the demands of the team that coordinates in a scenario, often full of demands in meeting goals.

Added to this problem, the fact that many health professionals, being overloaded in their demands, end up being unable to access or read the documents with the management regulations. Research corroborates the difficulty on the part of health professionals not only in understanding what is being advocated in the documents, but also in organizing/implementing the new flows in health services.³³ It is important to point out, however, that the lack of access and/or the misunderstanding of these documents increases the chances of iatrogenesis, which, consequently, will impact on the precipitation and/or intensification of psychological suffering.³⁰

The various events to which health professionals are exposed, listed in this study, alert to a daily work environment conducive to the compromise of mental health. In a study carried out in Libya, it was evidenced that this context is related to the reduced preparation for any pandemic among health workers.³³ In this sense, it is necessary to reflect on the pressure to which these professionals are susceptible, in view of such responsibility, whether in direct service to people with suspicion or confirmation of Covid-19, or in the face of the need to meet the demands of the team that coordinates in a scenario, often full of demands in meeting goals.

In view of the events that directly or indirectly affect the mental health of health professionals, it is necessary to outline support strategies for this working class at an individual and collective level in order to mitigate the appearance and complications secondary to psychological suffering. There is an urgent need for greater concern, arising from health managers, in order to promote mental health care for these professionals during and after the Covid-19 pandemic, ensuring this assistance, even for those on leave or dismissed in this process.^{10-12,34}

However, as it is an aggravation to public health, it is essential to outline an action plan in public health with the pur-

pose of preventing psychological distress in health professionals.³⁵ It is noteworthy that a study built in the context of the Ebola pandemic, which occurred in the period from 2013 to 2016, already warns of the psychological suffering resulting from the traumas resulting from the disease and the need for continued care, including for health professionals.³⁶ So, faced with the possibility of another pandemic moment, it is important to have drawn a care model capable of mitigating mental illness health workers and, consequently, maintain healthy indispensable human resources to save lives.

CONCLUSION

The reflections raised in this essay reveal that the contamination of peers, the difficulty in carrying out diagnostic tests, the deficit of professionals, the relocation of professionals, the insufficiency/inadequacy of Personal Protective Equipment (PPE) and the voluminous documentation for clinical management are events that can have an impact on the psychological distress of nursing professionals.

Although limited by not establishing a cause-effect relationship between the listed events and psychological distress in health professionals, the study indica-

tes events that precipitate psychological distress in professionals working in the context of the Covid-19 pandemic, on which can intervene in order to mitigate the illness. In this sense, there is an urgent need for strategic management of these events in order to reduce their effects on workers. It is argued that this action depends not only on technical and scientific competence, but mainly on political will to, during and after the pandemic, design and validate a care plan aimed at preventing psychological distress in professionals in the exercise of their work, essential for the reduction of morbidity and mortality rates. ■

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