

Health and nutrition of Health professionals in Hospital during the COVID-19 Pandemic: An Integrative Review

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**Keyword—COVID-19, mental health,
nutrition, healthprofessionals, pandemic.**

Abstract—The SARS-CoV-2 virus gave rise to the COVID-19 pandemic, from the outbreak in the city of Wuhan, China, in 2019, giving rise to several research questions, and one of them is concern about the health of the health professionals during the pandemic period. Therefore, this integrative review sought to present the nutritional and health aspects related to these professionals during the pandemic. The review was carried out in six stages: 1. elaboration of the research question, 2. definition of the sources for the selection of primary studies and the inclusion and exclusion criteria, 3. definition and extraction of data, 4. evaluation of the included studies, 5. critical analysis of the results, 6. presentation of the synthesis of the evidence found. With regard to health, which encompassed the quality of sleep, the practice of physical activities, the mental health and nutrition of health professionals, the studies analyzed suggest actions to promote and protect the mental health of professionals and point out the need for to better address this area, as well as to increase the incentive for a balanced and healthy diet, both in the hospital environment and at home, highlighting the importance of these areas for the maintenance of the well-being and health of the professional, and consequently for the delivering good results in the work environment.

I. INTRODUCTION

The SARS-CoV-2 virus gave rise to the COVID-19 pandemic, from the outbreak in the city of Wuhan, China, in 2019. The international concern was evidenced by the WHO (World Health Organization) in January of 2020 the first contagion and outbreak of the infectious disease outside China was reported in Thailand, at the end of the month WHO described COVID-19 as a public health emergency of international concern [1, 2]. Strategic plans for fighting the COVID-19 pandemic had not been made before the outbreak of the SARS-CoV-2 virus outbreak, but the WHO, with the help of various scientific researches, developed strategies and guidelines for fighting

COVID- 19. Social isolation constitutes the first ways to prevent exacerbated contagion of the virus, in addition to the use of masks, hand washing and the application of 70% alcohol, to health professionals include other PPE equipment such as: gloves, N95 masks, disposable clothing, glasses and protectors [3, 1, 2]. Health professionals are of great importance to face the new pandemic, which makes them more prone to contagion and illness, due to high exposure to viral load during the care of infected patients. The pandemic caused an increase in reports of problems such as sleep, anxiety and sadness in adults; however, these situations are inherent to health professionals, where the exhaustion and high social pressure aimed at this public, allows the involvement of

mental health with increased anxiety, stress and even depression [4, 5, 6].

The population's dietary changes are present throughout the history of Brazilian society, especially with the advent of globalization, with eating habits characterized by increased consumption of processed and ultra-processed foods together with increased consumption of products with high levels of simple sugars, fats saturated and reduced consumption of fresh foods. Regular and high consumption of unhealthy foods, in addition to physical inactivity are considered relevant factors for the increased risk of developing cardiovascular diseases among the population [7, 8].

Thus, the studies, in which they seek to know about the diet of health professionals, is of great importance to analyze eating habits and risk factors, and also to know whether the adopted food consumption is adequate, thus contributing to an improvement in quality of life of these individuals. In this integrative review, we aim to describe aspects related to the health and nutrition of health professionals in hospital units during the COVID-19 pandemic. Specifically identify the eating habits, as well as the health habits of these professionals. In addition to describing risk and protection practices related to them during the pandemic.

II. METHODOLOGY

2.2 Type of study

This is an integrative literature review that was developed in six stages: 1. elaboration of the research question, 2. definition of the sources for the selection of primary studies and the inclusion and exclusion criteria, 3. definition and extraction of data, 4. evaluation of the included studies, 5. critical analysis of the results, 6. Synthesis presentation of the evidence found [9].

To prepare the research question, the Population - Interest - Context (PICO) strategy was used, in which P - health professionals, I - health and nutrition, and Covid-19 Co-Pandemic were considered. Thus, the guiding question was: How was the health and diet of health professionals affected during the COVID-19 pandemic?

2.2.1 Scenario

The search for primary studies was performed in the Virtual Library en Salud (BVS)/BIREME, Pubmed and Scielo. Using the following descriptors in English: health professionals, pandemic and eating behavior.

Access to the database took place in December 2021 through the researchers' personal remote access.

2.2.2 Inclusion Criteria

As a method of selecting the articles to compose the review sample, the following inclusion criteria were adopted: primary studies that present topics related to the health and nutrition of health professionals during the pandemic period, available in Portuguese and English published during the period from March 2019 to November 2021. As exclusion criteria, the following were adopted: dissertations, thesis and case report.

2.2.3 Data collection

To carry out the search in the databases, controlled descriptors (hierarchically structured terms used in indexing the bases) from the Medical Subject Headings (MeSH), Descriptors in Health Sciences (DeCS) were used. The descriptors were cited in the search of the Bireme, PubMed and Scielo databases with the AND connector and no synonyms were used during a one-week period. The search strategy was conducted in order to contemplate the peculiarities of the database and time restriction filters were added (last 5 years).

2.2.4 Data analysis

The search for studies, screening and data extraction were performed by two researchers, who standardized the search strategy in the database and performed it independently, with subsequent comparison of the results found.

The analysis and integration of results was based on the data reduction method, which consisted of critical reading. And for theoretical support for the critical analysis of the results, the scientific literature on the subject was used, and these studies were not included in the review. The presentation of results and discussion took place in a descriptive way, aiming to promote the incorporation of evidence and identification of gaps in knowledge.

Table 1: Database search strategy

Data base	Search strategy
BIREME	health professionals AND pandemic AND eating behavior
Pubmed/Medline	health professionals AND pandemic AND eating behavior
Scielo	health professionals AND pandemic AND eating behavior

The review variables were categorized in a spreadsheet using the Microsoft Excel 2010 program, containing the following information available in primary studies: year, country, type of study, objectives, method and conclusion.

2.2.5 Ethical aspects

The protocol for this study will not be submitted to the Research Ethics Committee, as public access studies available in the scientific literature will be used.

III. RESULTS

During the manual search in the database, 63 studies were identified, after comparing the databases for the removal of repeated articles, 23 studies were selected, 1 of which was duplicated. Remaining 22 articles for reading the abstracts: 20 in Pubmed/Medline and 2 in LILACS. After applying the selection criteria, 10 studies were included for analysis. The main reason for exclusion from the studies was the avoidance of the theme.

In the end, 9 articles were included, 100% of them from Pubmed/Medline. Regarding language, all articles were published in English. With regard to the countries where the surveys were conducted, 33% of the studies were carried out in Spain, 22% in Vietnam, 11% in Brazil, 11% in the USA, 11% in Germany and 11% in Poland.

Regarding the type of study, 33% were observational, descriptive and cross-sectional studies; 11% descriptive, observational and longitudinal study; 11% cross-sectional and analytical study; 33% cross-sectional and observational study and 11% cross-sectional study.

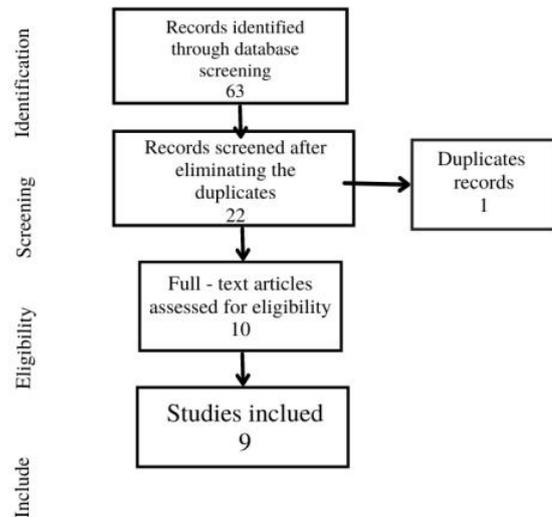


Fig.1: Flowchart of the integrative review article selection process.

Regarding data collection through electronic questionnaires or applications, it was possible to notice that 44% of the studies used them in their methodology.

The Table. 2 presents the methodology, objectives, results and conclusion of the primary studies.

Table.2: Summary of articles selected for integrative review.

TITLE	AIM	METHODOLOGY	RESULTS	CONCLUSION
Health Literacy, eHealth Literacy, Adherence to Infection Prevention and Control Procedures, Lifestyle Changes, and Suspected COVID-19 Symptoms Among Health Care Workers During Lockdown: Online Survey [10].	The aim of this study is to assess the psychometric properties of eHEALS and examine the associations of HL and eHEALS scores with adherence to infection prevention and control (IPC) procedures, lifestyle changes, and suspected symptoms of COVID-19 among healthcare professionals during blocking.	Cross-sectional study, carried out in Vietnam with 5,209 health professionals from hospitals and health centers, using an online questionnaire from April 6 to 19, 2020, in the period that encompasses the national blockade measure. The survey verified suspicion of COVID-19, sociodemographic data of the participants, literacy and health literacy (HL, eHEALS), changes in eating behavior and physical activity.	The proportion of female health professionals corresponded to 67.15% and 32.9% of males, men achieved higher HL and eHEALS scores and obtained greater adherence to infection prevention and control measures (IPC) and fewer symptoms associated with COVID- 19. The highest HL and eHEALS scores are related to a higher probability of unaltered and healthy eating and unaltered and higher physical activity, only 5.2% of health professionals had comorbidities and 3.2% started to eat less healthy.	eHEALS is a reliable and important tool to assess eHealth literacy. The highest HL and eHEALS scores were achieved by men, where the highest scores are associated with greater adherence to the IPC, greater likelihood of healthy eating, with a lower percentage of physical inactivity and lower suspicion of COVID-19. The negative pandemic outcomes and the containment of the Covid-19

				pandemic can be positively affected with the improvement in HL and eHEALS scores.
Impacts and interactions of COVID-19 response involvement, health-related behaviours, health literacy on anxiety, depression and health-related quality of life among healthcare workers: a cross-sectional study [11].	To examine the impacts and interactions of COVID-19 response involvement, health-related behaviors, and health literacy (HL) on anxiety, depression, and health-related quality of life (HRQoL) among health care professionals (HCWs).	The study is a cross-sectional study, encompassing 7,124 health professionals from hospitals and health centers in Vietnam, aged between 21 and 60 years, from April 6 to April 19, 2020 with an online questionnaire. Data analyzed were social demography and indicators, health-related behaviors, health literacy, mental health and health-related quality of life.	Of the health professionals involved in the survey, 66.2% were women, 11.1% of the health personnel were Overweight (BMI ≥ 25.0), only 4.3% indicated eating less healthy food in the pandemic. With a less healthy diet (4.3%) and 38.4% reported never practicing physical activity/stopping or exercising less. Health professionals who were working directly on the COVID-19 response had higher probability of anxiety and depression, however individuals with unaltered eating habits, healthier and more physically active had lower probability of anxiety and depression. Distance in involvement with COVID-19 improved HRQOL resulting in less likelihood of anxiety and depression.	Health professionals who were working in sites destined for the COVID-19 pandemic were more likely to have compromised mental health and lower HRQOL, with worsening anxiety and depression related to drinking alcoholic beverages and smoking. Healthy food consumption, as well as the practice of physical exercise is linked to the probability of increased HRQOL and lower anxiety and depression, health literacy is a protective factor as well as the practice of physical exercise, so it is important to study to analyze the lifestyle of health professionals.
Clinical Factors, Preventive Behaviours and Temporal Outcomes Associated with COVID-19 Infection in Health Professionals at a Spanish Hospital [12].	The objectives of this study were to determine the prevalence of symptoms, main concerns as patients, preventive behaviors of health professionals and the different temporal outcomes associated with the negativity of CRP results.	It was analyzed 76 health professionals with symptoms and positive test for COVID-19 in the period between March 11 and April 13, 2020 in Spain. Follow-up was conducted using questionnaires, clinical records and telephone interviews to obtain data on possible hospitalizations, first PCR positive and PCR negative.	The result showed that there was greater concern about contagion in the work and family environment (44.7%), the average age of participants being 45.8. 59.2% had gastrointestinal symptoms, 61.8% cough, fever and 84.2% of them had fatigue. Only 14.5% of health professionals needed hospitalization, in relation to comorbidities 10.5% were hypertensive, 10.5% had asthma, 6.6% Chronic lung disease and 6.6% were diabetic. There was a high prevalence (82.9%) of hand	The work environment represented a worrying factor for health professionals as a contagion of COVID-19 as well as the family environment, the use of masks before the pandemic was considerably low in men. Furthermore, there was a predominance of gastrointestinal symptoms, especially diarrhea, followed by

			hygiene as preventive behavior before the pandemic and low use of masks by male professionals (4.55%).	episodes of fever, cough and fatigue. The time of CRP negativization may be longer in female health professionals aged 55 years or over.
Analysis of eating habits among the main health care agents in health promotion (physicians and nurses) of emergency services in times of COVID-19 [13].	To determine the nutritional habits of health professionals in hospital emergency services during the COVID-19 pandemic.	The study was carried out with health professionals from a hospital located in Spain, of a descriptive and longitudinal type, a mobile app (e-12HR) was used for 28 days to assess eating habits and adherence to the Mediterranean diet.	The number of study professionals was 44, with a mean age of 47.7 years, with a higher prevalence of females (52.3%), 45.5% were overweight and 43.2% were obese, with a greater predominance of moderate physical activities. Adherence to the Mediterranean diet was 5.98 points, there was a higher consumption of sweets and snacks in individuals with $BMI \geq 25.0 \text{ kg / m}^2$, there was compliance with the recommendations in a percentage of less than 30% in relation to the consumption of fruits and vegetables, milk and dairy products. The nursing staff had greater adherence to the Mediterranean diet pattern compared to physicians.	The study demonstrated a lower consumption of fruits, vegetables, milk and dairy products, and other groups such as pasta, rice, bread, cereals, white meat, nuts, eggs and red and processed meat, and, therefore, showed low adherence to food based in the Mediterranean food pattern, especially doctors. Thus, it is important to promote health with the appreciation and encouragement of healthy eating habits by public health authorities.
Nutrition Strategies for Reducing Risk of Burnout Among Physicians and Health Care Professionals [14].	Describe the evidence found in the literature on dietary and mental health interventions used to improve the well-being of health professionals during and after the COVID-19 pandemic.	The methodology of this article was not described by the author	The cardiovascular and health benefits of the Mediterranean diet have been well described and have recently been shown to protect against depression. The traditional Mediterranean diet includes a high intake of vegetables, fruits, vegetables, nuts, seeds, whole grains and olive oil, with a moderate intake of fish and a low intake of highly processed foods and red meat. Evidence was provided on the Mediterranean dietary pattern and the supportive role that specific nutrients	In the article, the potential of nutrition to mitigate the risk of burnout among physicians and health professionals was presented. Burnout is associated with chronic stress and unhealthy eating habits, which include high consumption of processed and fast foods, emotional eating and excessive food consumption. Meanwhile, it is observed that physicians have

			<p>play in optimal brain function and mental health. These findings can be applied to physicians and healthcare professionals to reduce the risk of burnout, providing physical and mental health benefits. Efforts to support adherence to this dietary pattern can benefit this population and, at the very least, efforts to reduce intake of highly processed foods and red meats by increasing intake of fruits, vegetables, whole grains and other dietary components Mediterranean should be considered. Effective strategies to promote long-term and sustainable behavior change among this population are needed to fully realize the benefits of these dietary recommendations. Mindfulness-Based Food Awareness Training is an intervention designed to promote mindful eating practices, helping individuals to cultivate an awareness of internal and external triggers for eating, preventing automatic eating, and eating in response to natural hunger signals. Individuals with burnout, especially women, may be at high risk for emotional eating, where mindful eating interventions can be particularly beneficial.</p>	<p>limited adherence to dietary recommendations and inadequate nutritional education in their medical training. The mechanisms by which nutrients are involved at a cellular level, in brain health, inflammation and the functioning of the central nervous system, support the growing body of knowledge about the mental health benefits of a Mediterranean diet pattern. Effective strategies to improve nutrition behaviors include nutrition education and counseling, and conscious eating interventions, whereas policy and institutional level supports include workplace wellness, healthy eating policy, and incorporation of nutrition skills into the training curriculum doctor. It is concluded that COVID-19 exacerbated the risk of burnout in an already high-risk population of physicians, and multilevel strategies to improve nutritional status may help to reduce the risk of burnout..</p>
<p>Impact of COVID-19 on eating habits, physical activity and sleep in</p>	<p>Investigate changes in the daily life and sleep habits of health professionals in Brazil.</p>	<p>A Google Forms questionnaire was made available to Brazilian healthcare professionals on the WhatsApp mobile</p>	<p>The sample (n = 710) was composed mostly of women (80.8%), aged between 30 and 40 years (46.6%), predominantly doctors</p>	<p>In this study, Brazilian health professionals showed aspects of quality of life that were more</p>

<p>Brazilian healthcare professionals [15].</p>		<p>application and through the website of Empresa Brasileira de Serviços Hospitalares. The period was from May to July 2020.</p>	<p>(41.8%) and mostly residents of the state from Paraíba (66.9%), Brazil. Approximately two thirds of the total sample had some sleep-related complaint, 25.8% due to difficulty falling asleep, 29.6% due to difficulty staying asleep and 32.5% due to morning awakening. Of the population studied, 28.7% (n = 204) reported using medication for insomnia, and 60.3% (n = 123) of them self-medicated. Some participants reported a change in diet (n = 557; 78.5%), mainly related to increased carbohydrate intake (n = 174; 24.5%), and 27% (n = 192) of subjects reported an increase in carbohydrate intake. consumption of alcoholic beverages. Of the total, 561 (81.8%) reported a change in the practice of physical activity.</p>	<p>affected during the COVID-19 pandemic than the prevalence observed in surveys of international studies for the general population.</p>
<p>Neglected workforce: pharmacists and their health-related quality of life [16].</p>	<p>The main objective of the study was to evaluate HQoL of Polish pharmacists using the SF-36 health questionnaire with regard to anthropometric and lifestyle-related variables.</p>	<p>The total screened sample consisted of 1412 respondents, but 765 pharmacists (mean age 40 years, 86.3% women) ultimately participated in the study. HQoL was assessed with the Medical Outcomes Study 36-Item Short Form Health Survey (SF-36).</p>	<p>The lowest median scores were observed for the domains of general health (GH, 50.0) and vitality (V, 60.0). No gender differences were found regarding physical and mental summary scores. A significant difference in the HQoL was found between the age groups assessed in several domains, mainly in the physical function (PF) and GH scores, and mainly in the group of respondents aged 51 to 60 years. Correlations were found between PF (r = -0.29), GH (r = -0.25) and age, as well as PF (r = -0.27), GH (r = -0.21) and BMI. Self-rated dietary habits were</p>	<p>The analysis indicates that pharmacists tend to have a similar physical and mental load according to the SF-36, with age, BMI and eating habits being the predominant factors influencing their HQoL. The study presents unique values for future comparative analyzes related, for example, to the influence of the ongoing pandemic on the HQoL of healthcare providers.</p>

			correlated with PF ($r = 0.22$), mental health ($r = 0.25$), GH ($r = 0.27$), and V ($r = 0.30$) scores.	
The Health Behaviour of German Outpatient Caregivers in Relation to the COVID-19 Pandemic: A Mixed-Methods Study [17].	The objectives of the study were to examine health behavior and explore the perceived change in pandemic-related health behavior among outpatient caregivers during the COVID-19 pandemic.	In a mixed-methods study, 15 problem-centred interviews and a web-based cross-sectional survey (N=171) were carried out with outpatient caregivers working in northern Germany. Respondents reported partially worse eating behavior, higher coffee consumption, less physical activity, skipping breaks more often, and less duration and quality of sleep during the pandemic.	Some quantitative results indicate the same trends. Most participants were smokers and reported a higher perception of stress due to the pandemic. Preventive behavior, such as using PPE or hand hygiene, increased among respondents compared to the pre-pandemic period.	Results indicated that the COVID-19 pandemic may negatively affect the health behavior of outpatient caregivers, eg eating/drinking and physical activity.
Effect of COVID-19 Lockdown on Dietary Habits and Lifestyle of Food Science Students and Professionals from Spain [18].	This study aimed to evaluate changes in eating habits and lifestyle during COVID-19 blockade in a specific population with academic and professional knowledge in food science in Spain.	Foi aplicado um questionário online, baseado em 41 itens, incluindo dados sociodemográficos, hábitos alimentares, comportamentos relacionados à alimentação e estilo de vida, foi distribuído por meio de mala direta acadêmica, institucional e mídia social.	The results showed increased intake of fruits and vegetables, vegetables, eggs, fish and yogurt, along with a decrease in alcohol consumption between before and during the blocking period. Even so, there was also an increase in the consumption of some fruitful foods and an increase in self-reported weight, although in smaller percentages than in other populations. Worse sleep quality and increased working hours and sitting time were also reported.	Overall, trends towards healthier eating habits were observed in the study sample during the COVID-19 confinement period.

From the selected studies, 88.8% of them discussed about food consumption in conjunction with other factors associated with health, 55.5% addressed physical activity at some level, 44.4% mental health, 33.3% about sleep .

Regarding alcohol consumption, 44.4% of the studies analyzed alterations and/or associations with the consumption of alcoholic beverages in conjunction with other factors, and 22.2% of the studies analyzed alterations in the smoking habit and the consumption of alcoholic beverages.

IV. DISCUSSION

4.1 Mental health of health professionals

As shown in this work, with few published studies, the theme is conducted, according to BARROS et al., [4] there is a deficit of information and scientific knowledge on the prevalence of food consumption and changes in lifestyle, as well as on stress, anxiety, sleep disorders and depression that hover over health professionals. Since these professionals have the role of promoting and restoring the health of the population, that is, neglecting their well-being, it can harm the adoption of public policies conducted efficiently and appropriately, in the search for

the best way to coordinate the fight against future pandemics and the search to reduce the negative impacts they may trigger.

As expected, one of the main health problems affecting professionals fighting the 2019 pandemic was described in most studies: contamination by the COVID-19 viruses. It considered the base of health and well-being problems of professionals, as it triggers the fear of contamination from family and friends, leading, beyond physical illnesses, to the development of illnesses and psychological disorders. In their integrative review on the topic, TEIXEIRA et al., [6] reported on aspects related to contamination by the virus, such as fear of being infected, proximity to the suffering of patients or their death, as well as the anguish of family members associated with the lack of medical supplies, uncertain information about various resources, loneliness and concerns about loved ones can lead the professional, in some cases, to withdraw from the medical service. In view of these findings, the creation of psychological support networks for this population in hospitals is suggested, with the creation of specific protocols for each risk situation, with constant training of the support team in order to keep them always prepared for the psychological care of health professionals.

In relation to the analyzed studies, a slight heterogeneity in relation to the term health professionals is perceived. It covered the term for non-medical professionals such as nurses and pharmacists. As a finding discussed by TEIXEIRA et al., [6] in their review study, considering it as a generic term and without specification of the heterogeneity that covers it.

4.2 Digital screening and counseling methodologies

The use of online questionnaires and applications (Google Forms, e-12HR and Whatsapp) to obtain data, according to the findings of this review, demonstrate some of the various possibilities for conducting non-invasive and more comprehensive research. In addition to the use of electronic assessment tools, such as eHEALS and HQoL to verify the health status of professionals. According to studies by SHEN et al., [19] research in digital disease surveillance, also known as *infovigilance*, has shown significant potential in the useful use of internet data to track the real-time development of public health and behavior. Thus demonstrating the need for research investments in this method, in order to improve it and improve the accuracy of the data obtained. In addition to it could be potential mediating tools, both for psychological support and for medical consultations.

4.3 Eating habits and physical activity

Most studies showed that eating habits were changed during the pandemic, collaborating with the findings of Costa et al., [20] with the consumption of fruits and vegetables being inadequate in part of the studies, and despite an increase in consumption of this food group, it remained lower than recommended. Silva, Domingues and Bierhals [21] evaluated the nutrition of nursing professionals during the pandemic, and the consumption of sugary foods, soft drinks and sweets was high, in addition to the consumption of more caloric and mostly ultra-processed and processed foods throughout the week of nurses. And according to Depolli et al., [22] in addition to healthy eating habits, physical activity is directly related to improved mental health, with a decrease in the probability of developing GAD and depression, and should always be encouraged, especially for health professionals. health, essential parts in the fight against the pandemic and health promoters.

In this context, physical activity was also a variable analyzed in the studies, and it became clear that the decrease in physical exercise and sedentary lifestyle were factors triggered by the pandemic. As shown by Mayer et al., [23] in their studies during compliance with US proposed physical activity guidelines in the initial period of SARS-Cov-2 blockade, fewer physical exercise practices were reported in the pandemic period compared to to the period prior to COVID-19. And according to Petterson et al., [24] physical inactivity represents a risk factor for the development of Cardiovascular Diseases, Cancer and Diabetes Mellitus, in addition to chronic diseases, with lifestyle being linked to an increased risk for clinical complications such as hospitalizations [24].

Regarding the subject, the importance of a healthy and balanced diet to prevent the development of diseases, as well as to restore health if the individual is affected by them, is unquestionable. And allied to healthy eating is the practice of exercise, which together work to maintain health, not only for professionals working in hospitals, but for the population in general. However, as shown by the studies, there is a lack of information about health and nutrition specifically from health professionals, therefore, it is suggested that research be developed that address both themes. Beyond incentives about healthy eating for these professionals in the workplace through lectures, conversation circles and training courses.

4.4 alcohol consumption

Alcohol consumption increased in studies involving health professionals, Skrzynski and Creswell [25] argue that this situation is observed as a means to deal with losses, frustrations, stress and anxiety, WARDELL et al., [26]

emphasize that the consumption of alcohol can be related to several external and internal aspects of the individual linked to the pandemic and its negative repercussions, especially deaths and loss of friends and family.

In this context, psychological support is even more necessary to help health professionals in times such as the COVID-19 pandemic. The use of conversation circles and psychological care, with the aim of welcoming them and preventing fears and anxieties about alcohol consumption, can be measures adopted by hospitals continuously, and not only during pandemic periods. as they are professionals experiencing daily pressure and stress in the work environment.

V. CONCLUSION

This review showed a low but growing amount of studies in relation to the health and food consumption of professionals working on the front lines during the pandemic. This theme is current and of international interest.

With regard to health, which encompassed the practice of physical activities, mental health and nutrition of health professionals, the studies analyzed suggest actions to promote and protect the physical and mental health of professionals and point to the need to better address this area, as well as increasing the incentive for a balanced and healthy diet, both in the hospital environment and at home, highlighting the importance of these areas for the maintenance of the well-being and health of the professional, and consequently for the delivery of good results in the work environment.

Regarding the consumption of fresh food, and the adoption of healthy eating, despite being present in the articles, as an object of research, and presenting positive results in some studies in this review, in general, they showed low adherence among health professionals and individuals. holders of knowledge in the science of nutrition, thus demonstrating the vulnerability of this audience.

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