

The impact and psychological consequences of post covid on healthcare professionals

O impacto e as consequências psicológicas pós covid em profissionais de saúde

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Abstract— The COVID-19 pandemic has thrown the entire world into economic and mental turmoil, changed our lifestyles and changed the way we interact in care in what is a very challenging and rapidly

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Palavras chave— *Pandemia, Ansiedade, Depressão, Transtornos.*

evolving circumstance. The methodology: this is a bibliographical research of a documentary, descriptive and qualitative nature, the information was obtained from the analysis of scientific data published on online platforms. Results and Discussion: Healthcare professionals face additional pandemic stressors. They are known to include an increased risk of infection, of becoming ill or dying, of inadvertently transmitting the disease to others, and overwhelming and serious cases of illness. These professionals will also likely face a large number of deaths at the same time, will be frustrated with themselves for not being able to save many lives, and will be subjected to threats and attacks by people seeking dependent care when resources are limited. Conclusion: Anxiety and depression are the most common mental disorders among healthcare professionals, especially among those working on the front lines against COVID-19. Improvement strategies must be implemented that focus not only on the physical health of employees, but especially on mental health, as it is often overlooked and dismissed in its importance.

Resumo—*A pandemia da COVID-19 lançou o mundo inteiro em turbulência econômica e mental, mudou nosso estilo de vida e mudou a forma como interagimos na assistência, no que é uma circunstância muito desafiadora e de rápida evolução. A metodologia: trata-se de uma pesquisa bibliográfica de caráter do tipo, documental, descritivo e qualitativo, as informações foram obtidas a partir da análise de dados científicos publicados nas plataformas online. Resultados e Discussões: Os profissionais de saúde enfrentam estressores pandêmicos adicionais. Sabe-se que eles incluem um risco maior de infecção, de adoecer ou morrer, de transmitir inadvertidamente a doença a outras pessoas e casos avassaladores e graves de doença. Esses profissionais provavelmente também enfrentarão um grande número de mortes ao mesmo tempo, ficarão frustrados consigo mesmos por não conseguirem salvar muitas vidas e serão submetidos a ameaças e ataques por pessoas que buscam cuidados dependentes quando os recursos são limitados. Conclusão: Ansiedade e depressão são os transtornos mentais mais comuns entre os profissionais de saúde, principalmente entre aqueles que trabalham na linha de frente contra a COVID-19. Estratégias de melhoria devem ser implementadas que se concentrem não apenas na saúde física dos funcionários, mas especialmente na saúde mental, pois muitas vezes é negligenciada e recebida com desprezo em sua importância.*

I. INTRODUCTION

The COVID-19 pandemic has thrown the entire world into economic and mental turmoil, with Brazil alone having documented around 664,000 Coronavirus-related deaths. COVID-19 has changed our lifestyle and changed the way we interact in healthcare in what is a very challenging and rapidly evolving circumstance. The increase in the disease due to infection in several countries and the indication of community transmission led to social containment measures being recommended throughout the world; as was done in Brazil (WERNECK et al., 2020).

In the absence of effective treatments, the WHO recommends isolating suspected cases and maintaining social distancing, fundamental strategies to contain the exponential increase in cases and the overload of the health service. As isolation measures were put in place to reduce contamination, schools and colleges were closed, non-essential government and private services were shut down, companies began doing their employees' work online from home, and millions of families were asked to stay at home (SÁ et al., 2021).

Thus, children and the entire world population were kept at home with what appeared to be the beginning of a long period of restricted mobility and social contact, without any organized physical activity (PA) or opportunity to play outdoors, which could make them more vulnerable to harmful behaviors, for example, excessive sedentary lifestyle and possible psychological harm, due to social distancing (SÁ et al., 2021).

The psychological impact of the COVID-19 pandemic has attracted a lot of attention, particularly on frontline healthcare workers such as nurses. This research project will focus on identifying the specific psychological outcomes that were experienced by these professionals following the global health emergency. Understanding the psychological implications, such as post-traumatic stress, anxiety and burnout, is crucial not only to provide the support these professionals need, but to inform policies and practices that can mitigate such impacts in the future and ensure the mental health and well-being of these essential professionals (SCHMIDT et al., 2020).

This emotional and physical burden that the pandemic brings to nursing professionals can be very healing, as it contributes not only to their own mental health problems, but also to the quality of patient care. According to the research results, the state of well-being of healthcare professionals plays an important role in the quality of care received, which further increases the need for attention and consideration to be given to the problems described (RAMOS et al., 2020).

Another relevant point is that many nursing and healthcare professionals did not receive adequate support and resources during the pandemic. For example, the lack of sufficient personal protective equipment, work overload and constant exposure to the risk of infection have increased stress and anxiety. The present research serves to highlight these adverse working conditions and their effects as a prodrome for better conditions and resources in the future (MIRANDA et al., 2021).

Furthermore, the effect of the pandemic on the mental health of healthcare staff is not experienced uniformly across all demographic factors, which include age, gender and years of professional practice. Being able to understand how these specific factors influence psychosocial outcomes is fundamental because in this way personalized interventions can be created to meet the personal needs of different groups within this collective (TEIXEIRA et al., 2020).

How the virus impacted people's lives, especially healthcare professionals, what were the effects of social isolation, multiple losses and the atypical change in the overload of the work routine. The methodology of the

approach adopted in this course conclusion work was the descriptive method, as it served as a means of constructing a scientific analysis between the objective pursued and facts and ideas from other authors. In which the main objective needs to present reasoned arguments and diverse sources of information in an exposed manner.

The work will be a bibliographical review, based on the qualitative method, which demands an in-depth study of the objective of the research — appreciating the context in which it is inserted and the characteristics of the society to which it belongs. Descriptive theoretical foundations that contributed to the construction of this work will be exposed. The work demands immense reference because its construction is based on a current theme that demands immense theoretical reference to contribute to its development. The construction will be based on the ideas and assumptions of theorists who have significant importance in defining the contexts discussed in this work: health professionals, care, psychological disorders.

Finally, the research also aims to explore the coping strategies used by healthcare professionals to deal with stress and anxiety during the pandemic.

II. LITERATURE REVIEW

If we consider from a systemic perspective both acting and not acting as possible selection communications and constitute a specific environment of certain systems, since the beginning of the pandemic we have been witnesses of certain health systems collapsing. Precisely because they were not prepared for the violent irritation/disturbance they suffered. Generated by the need for intensive treatment of a huge contingent of organic and psychic systems – human beings – affected by the coronavirus. We must also keep in mind the fact that since the health system is codependent on economic subsystems, especially those focused on the production of PPE, viral tests, technologies for intensive care beds, among others, these subsystems also ended up overloaded by the violent irritation/disturbance caused by the spread of the coronavirus. In turn, there is also a systemic irritation on the health system, which, faced with the high number of patients infected by the virus and the lack of not only material but also human resources, was unable to operate properly (leading to the collapse that also generated numerous disruptions in the functioning of other social systems) (MARTINI, 2015).

The sudden increase in the number of deaths, for example — in Luhmann's words, annihilation of organic systems and corresponding psychic systems — caused by the new coronavirus has drastically disrupted the funerary subsystem, as well as the religious system, considering the

different religions and communicative beliefs that sustain it. Italy, New York and, later, Brazil, with hundreds of bodies piled inside them. In Brazil, cities like Manaus and São Paulo were at the forefront of burying victims in mass graves, collective ceremonies that last 10 or 15 minutes. In Ecuador, Covid-19 resulted in a lack of coffins and the collapse of cemeteries and funeral homes, forcing many families to leave the bodies of their dead relatives on the streets of Guayaquil until they were collected by health authorities (RODRIGUES et al., 2021).

More than the general population, healthcare workers face additional pandemic stressors. They are known to include a greater risk of infection, of becoming ill or dying, of inadvertently transmitting the disease to others, and overwhelming and serious cases of illness (BAO et al., 2020). These professionals will also likely face a large number of deaths at the same time, will be frustrated with themselves for not being able to save many lives, and will be subjected to threats and attacks by people seeking dependent care when resources are limited (TAYLOR, 2019). In particular for COVID-19, the very challenges that healthcare professionals face can act as a precipitating factor for the onset or exacerbation of symptoms of anxiety, depressive and stress disorders, primarily in employees working on the "front line" — in short-term contact with infected people LI et al., 2020a).

Generally, these professionals were discouraged from getting close to other people, which tends to increase isolation; they have had to deal with frequent changes in care protocols because so much is being learned every day about COVID-19; and a lot of time is often spent putting on and taking off personal protective equipment, which leaves them fatigued from work (ZHANG et al., 2020a). In this sense, in China, mental health teams began to notice signs of psychological distress, increased irritability and refusal to rest on the part of frontline health professionals (CHEN et al., 2020).

As one of the strategies to face the new coronavirus pandemic event, the population's general recommendation is to stay at home, aiming to reduce transmission while the trend increases working hours and/or the existing workforce among health professionals (BARROS-DELBEN et al., 2020). Frontline health professionals, exposed daily to the virus for several months, were infected in several countries. In Italy, this number reached 20% at the end of March 2020. Therefore, access points to personal protective equipment are an issue of great concern for such countries (THE LANCET, 2020).

In addition to the lack of personal protective equipment, the Brazilian press reported the increase in rates of absence from work among health professionals,

which appears to be the situation of municipal employees in São Paulo during the second half of March compared to the first half (RODRIGUES, 2020).

Probably, even if they are not working on the front line or do not need to leave this work for a short period, health professionals can develop psychological distress in the context of health emergencies (BROOKS et al., 2020; LI et al., 2020). Therefore, the phenomenon of "vicarious traumatization" is of interest, also known as "secondary traumatization", where people who have not personally experienced trauma begin to show psychological symptoms resulting from empathy for those who have experienced it (LI et al., 2020).

Thus, even when they need to take time off from work and when quarantine is necessary, healthcare professionals tend to report guilt, anger, frustration and sadness (BROOKS et al., 2020), which suggests the importance of psychological care for this population in the context of pandemics.

The coronavirus pandemic has woven its threads throughout the social fabric, affecting practically every collective area and individual life, with repercussions on mental health. The usual effect of an epidemic is that the number of people affected psychologically is greater than those actually infected by the infection. It is estimated that up to a third to half of the population will suffer or may at least suffer psychological/psychiatric sequelae if they do not have adequate preventive care (MARQUES et al., 2020; ORNELL et al., 2020). This article reported that studies of people who survived quarantines showed high levels of terrible psychological effects, including low mood, irritability with outbursts of anger and fear, and fear and insomnia, often extending over long periods (LIMA, 2020). However, the very fact that this pandemic is simultaneously shaped by social distancing measures and isolation of millions is unprecedented and therefore its effects are likely much more extensive. It is a hypothesis of a "pandemic of fear and stress" (ORNELL et al., 2020). Some of the first articles and reports are starting to come out (available for consultation on pages such as The Lancet's COVID-19 Resource Center), but there are still some of them in a methodologically appropriate way evaluating their psychosocial effects in different countries and social groups.

This recommendation aims to humanize, both on the street and within institutions, the homeless population in case of need or purpose of quarantine and isolation. Target: avoid compulsory hospitalization, treat mental health aspects and, as a priority, deal with alcohol and other drugs in high demand national strategies. For the distribution of material for crack smoking or wound

reduction are included, respectively, in the Federal Government Guidelines on users of alcohol and other drugs under the policy that supported both compulsory and involuntary hospitalization and financed closed devices, such as therapeutic communities.

Publications warn the community that, in conditions of distance and isolation, some feelings of discomfort are to be expected, such as helplessness, boredom, loneliness, irritability and sadness and a series of fears (of falling ill with the disease, dying, losing one's economic life, infecting other people), which can result in loss of appetite and sleep, disturbances in family relationships and increased consumption of alcohol or illicit drugs. Verbal or non-verbal children, with or without associated pathologies, such as autism, may re-present outdated behaviors, such as enuresis (MARQUES et al., 2020; WHO, 2015).

They also state that specialized health/mental health care should be sought when distress is very intense or persistent, when it is associated with suicidal thoughts or behavior, psychotic symptoms, or recurrent substance abuse. On the one hand, the immediate ones can range from depression to transient acute stress reactions; Later disorders may comprise post-traumatic stress disorder and adjustment disorders, in addition to depression and harmful substance use, along with psychosomatic conditions. On the other hand, this also becomes a question of the medicalization of discomfort and care, which has incapacitated people arguing that a pathologization, an over-professionalization of their pain prevents the reevaluation of social policies to promote a context that improves their quality of life (MARQUES et al., 2020). Here we are located in the gray zone between normality and pathology, between individual and social suffering.

It is especially important to highlight the difference between sociocultural trauma and individual trauma. The word trauma itself is elusive in itself, as it is used to denote both the injury itself and its consequences, incorporating within its scope manifestations — both acute and long-term. For this article, trauma will be used as a process, not an event. It is a trauma like a tumor that spreads throughout the psychic apparatus, breaking ties and tending to constellate new malignant links between deformed feelings (they are the equivalent of metastases) throughout the various layers of the mind (BARROS et al., 2020).

The effects of the pandemic, grief, illness, suffering, fear, economic destabilization, disruption of social relationships, created a specific state of stress, making mental health a strategic position of care. This is the theme

focused on by Joel Birman in the book “Trauma in the Coronavirus Pandemic: Its Political, Social, Economic, Ecological, Cultural, Ethical and Scientific Dimensions”, which was released in December 2020 and now reaches its third edition in 2021 (GOUGET, 2023).

Given the assumption that the pandemic created sociocultural trauma, this article will focus mainly on the dimensions that trigger individual traumatic processes. A situation, without a doubt, can be catastrophic, but it does not automatically transform into trauma for all individuals in the same intensity and in the same way. We have to start, then, being very attentive to the specificity with which each of our patients is reacting to this moment. All patients were shocked by the events, but not traumatized by the pandemic. Some of those who were not traumatized by it may be traumatized later by its consequences (BARROS et al., 2020).

We seek to contribute to nursing by making health professionals aware of the relevance of mental health for nursing teams in the face of a pandemic. So that more means of prevention can be sought by identifying and recognizing stressors, preventing these professionals from acquiring mental illnesses and aiming for a better quality of life in the work environment; in addition to expanding the number of scientific studies that look at nursing performance, relating the work and psychological aspects of the nursing team inserted in the pandemic environment (SOUZA et al., 2022).

Post-Covid psychological consequences in nursing professionals represent an area of significant concern today, given the challenging and stressful nature of these professionals' work during the pandemic. In the midst of directly confronting the disease and providing intensive care to patients, nursing professionals were exposed to a variety of physical, emotional and psychological stressors that can leave lasting consequences on their mental health (SILVA; NASCIMENTO; BOTELHO, 2023).

One of the main psychological consequences faced by these professionals is post-traumatic stress (PTSD), resulting from exposure to extremely stressful or traumatic situations. Paes, Cruz and Oliveira (2022) emphasize that constant exposure to the disease, work overload, lack of adequate resources and fear of infection can trigger symptoms of PTSD, such as flashbacks, nightmares, hypervigilance and avoidance of trauma-related situations. PTSD can have a significant impact on nurses' quality of life and job performance, compromising their ability to effectively deal with stress and provide quality care to patients.

In addition to PTSD, nursing professionals are also at risk for developing other mental health conditions, such as anxiety and depression. Uncertainty regarding one's own

safety, mourning the loss of colleagues or patients, and the physical and emotional fatigue associated with exhausting work can contribute to the development of these disorders. Anxiety and depression can interfere with nurses' ability to perform their duties effectively, impairing their concentration, decision-making and communication skills, and increasing the risk of medical errors and professional burnout (BARBOSA et al., 2020).

In addition to individual consequences, the post-COVID psychological repercussions on nursing professionals also have implications for the healthcare system as a whole. Increased staff turnover, work absenteeism and reduced job satisfaction can compromise the health system's ability to provide quality care and respond effectively to future public health emergencies (SILVA; NASCIMENTO; BOTELHO, 2023). Furthermore, stigma and lack of social support can make it difficult for nursing professionals to seek help, perpetuating the cycle of suffering and isolation.

Given these considerations, it is crucial that effective measures are implemented to prevent and mitigate post-covid psychological consequences in nursing professionals (BARBOSA et al., 2020). This includes providing psychological support and accessible mental health resources, implementing self-care and stress management strategies, and promoting an organizational culture that values the well-being of healthcare professionals. Furthermore, it is important that additional research is conducted to better understand the risk factors and mechanisms underlying post-Covid psychological consequences in nursing professionals in order to inform policies and practices that promote the mental health and well-being of these essential professionals.

It was observed in the present study that the prevalence of symptoms of Anxiety and Depression is higher in professionals who work in private services, who have Burnout Syndrome and who work in services with no structure to face the COVID-19 pandemic. As long as talking to friends and family proves to be a habit that reduces the prevalence of Anxiety and Depression symptoms in nursing professionals during the COVID-19 pandemic. Nursing professionals are more vulnerable to psychological distress, with depression being one of the three diseases that most affect them. This vulnerability is explained not only by the nature of the activity they perform, which is directly linked to the physical and emotional suffering of those to whom care is provided, but also by the working conditions and lack of professional recognition (SILVA et al., 2015).

Another impact of the current pandemic was the formulation of social distancing, which brought changes in human interrelationships (HUMEREZ et al., 2020).

Because people are, by nature, social creatures, with needs that are fed by interrelationships — needs that, in fact, underlie interrelationships and that interrelationships sustain in a similar way, intuitive distancing puts at risk the commitment to psychological restoration (RIBEIRO et al., 2020).

The impact of these factors does not only occur among professionals who are actively working, as professionals who reported being on vacation or having their job changed due to the COVID-19 pandemic had a 35% higher prevalence of severe symptoms of depression than individuals who are working normally. We must highlight that these same professionals may have been away due to being suspected or confirmed cases of COVID-19, which adds an impact to be considered on the mental health condition (FARO et al., 2020).

It is no surprise to consider that multidisciplinary health professionals who are already on the front line of the fight against the new coronavirus disease 2019 (COVID-19) caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) encounter a little more difficulty because in addition to these difficulties related to the fear of becoming infected and concerns about their family and friends, they have to provide direct care for a disease with a high degree of uncertainty regarding its symptoms and consequences, in addition to increasing working hours — and in a hostile environment (TEIXEIRA et al., 2020). The distance from the family, the pressure of the disease from being a beginner to still unknown in the scientific world, the fear of becoming infected while providing care, long working hours, professional devaluation, among other challenges faced by frontline professionals, are facts that lead to a high risk of developing mental illnesses in the medium and long term; Among them, the ones with the highest incidence are anxiety and depression (DAL'BOSCO et al., 2020).

According to Santos et al. (2021, p. 9), “[...] professionals who work in private services, who present symptoms of Burnout Syndrome, and who work in services with no structure to deal with the COVID-19 pandemic [...] have a higher prevalence of symptoms of anxiety and depression”. This fact demonstrates that, although all nurses, technicians and nursing assistants suffer significantly when facing the pandemic, those who work in institutions with a lack of resources and precarious conditions face a greater challenge and suffer a greater mental impact, which generates more fragility and effects on their mental health.

According to Cai et al. (2020) present the condition of nursing professionals working on the front line in China, where, in addition to depression and anxiety, there was a

considerable incidence of post-traumatic stress disorder and insomnia, not very different from the cases presented in studies in Brazil. Here stress peaks also lead to results similar to the Chinese study (SAMPAIO et al., 2020; BARROS et al., 2020).

This scenario served to ensure that the research findings corresponded to the results presented in the literature, as other studies carried out with nurses in other work contexts found a significant prevalence of depression in the professionals studied (Vargas & Dias, 2011). For professionals working in the Family Health Strategy (ESF), for example, depressive symptoms were present in more than half of the participants, even though they did not consider themselves ill. In these studies, the main factors of work-related psychological distress were related to poor working conditions (FERNANDES & MARCOLAN, 2017).

III. CONCLUSION

Anxiety and depression are the most common mental disorders among nursing professionals, especially among those working on the front lines against COVID-19. Although mental disorders have a high prevalence in Brazil, as well as in other countries, in Brazilian professionals they reach an alarmingly high frequency due to recent years and the historical devaluation of work in the country. In Brazil, studies on the prevalence of mental disorders in professionals are recent. The results for the two pathologies in this research showed higher prevalence rates of symptoms indicative of depression than those indicative of anxiety; changes such as panic syndrome and insomnia occur. When both pathologies are considered, symptoms indicative of depression were prevalent compared to those of anxiety.

This study is so relevant to the future environment in academia for those who will become nursing professionals because it shows the reality within hospital units and portrays the situation that nurses, technicians and nursing assistants face, which is complex and challenging. It intensifies the need for improvements in the health of hospital workers, given the new global health situation. Improvement strategies must be implemented that focus not only on the physical health of employees, but especially on mental health, as it is often overlooked and dismissed in its importance. Mental health has as much effect on the quality of care and service as any other issue. When psychological complaints are valued within the work environment, this shows appreciation not only for the employee, but also guarantees quality in the work process.

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