











# Meanings of nursing professionals' experiences in the context of the pandemic of COVID-19\*

Significados das vivências de profissionais de enfermagem no contexto da pandemia da COVID-19

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## ABSTRACT

**Objective:** to understand the meanings that nursing professionals attribute to their experiences in the context of the COVID-19 pandemic. **Methods:** Qualitative study with 719 professionals. Data were collected virtually and processed by *Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires*. The analysis was conducted in the light of the theoretical-philosophical referential of Phenomenological Sociology. **Results:** four categories emerged from the discourse analysis: meanings of the experiences related to oneself; meanings of the experiences related to others; meanings of the experiences related to working conditions; and meanings of the experiences faced with the uncertainties of the future. **Conclusion:** the experiences are marked by suffering in relation to personal aspects, to their social networks and to the world of work itself. Strategies that support these professionals currently and in continued care in the medium and long term need to be established in order to preserve their mental health.

**Descriptors:** Pandemics; Coronavirus Infections; Nursing; Mental Health; Qualitative Research.

## RESUMO

**Objetivo:** compreender os significados que os profissionais de enfermagem atribuem às suas vivências no contexto da pandemia da COVID-19. **Métodos:** estudo qualitativo com 719 profissionais. Os dados foram coletados virtualmente e processados pelo *Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires*. A análise foi conduzida à luz do referencial teórico-filosófico da Sociologia Fenomenológica. **Resultados:** da análise dos discursos emergiram quatro categorias: significados das vivências relacionadas a si; significados das vivências relacionadas com o outro; significados das vivências relacionadas com as condições de trabalho; significado das vivências diante das incertezas do futuro. **Conclusão:** as vivências são marcadas pelo sofrimento em relação aos aspectos pessoais, às suas redes de convivência e ao próprio mundo do trabalho. Estratégias que apoiem esses profissionais atualmente e em cuidados continuados em médio e longo prazo precisam ser estabelecidas com vistas a preservar sua saúde mental.

**Descritores:** Pandemias; Infecções por Coronavírus; Enfermagem; Saúde Mental; Pesquisa Qualitativa.

## Introduction

The health and social crisis of the Coronavirus Disease 2019 pandemic (COVID-19) has affected all societies and produced demands for different areas of knowledge, with the proposition of measures that can diminish its consequences for the population<sup>(1)</sup>. Catastrophic events like this pandemic can produce ruptures in the connections between people that are legitimate but can interrupt the process of succession of existence itself. The experiences in this context produce a universe of subjectivations that deserves to be recognized and elaborated, with an outcome that does not deny the suffering experienced but enables the continuity of the person to overcome the unavoidable<sup>(2)</sup>.

In countries with profound social inequalities, such as Brazil, facing the pandemic has represented an immense challenge<sup>(3)</sup>, considering the conditions of vulnerability of the population, the need for physical/social distance, the adoption of sanitary measures, among other shortcomings, and has resulted in difficult times for health professionals<sup>(4)</sup>, which are configured as one of the central elements in facing the COVID-19. Although they have become the focus in terms of contagion and death<sup>(5)</sup> and although they act together in facing the pandemic, health professionals are unequally affected<sup>(4)</sup>.

Overall, nurses have presented negative emotions in the context of the pandemic, revealed through feelings of helplessness, fear, anxiety, concern for their families and other professionals who help, as well as positive emotions, of confidence, calm and optimism<sup>(6)</sup>. Despite experiencing great physical and mental stress, nurses tend not to consider their own needs and become actively involved in the assistance because they have moral and professional responsibility<sup>(5)</sup>.

In Brazil, according to the Observatory of the Federal Council of Nursing, until April 8th, 2021, 747 nursing professionals<sup>(7)</sup> died and 148,007 nursing technicians and/or assistants and 67,072 nurses were diagnosed with COVID-19 in the year 2020<sup>(8)</sup>. The se-

verity of these data makes it possible to infer extreme mental health consequences due to pandemic experiences<sup>(1)</sup>, which may endure due to the tendency of emotional aspects to be neglected in comparison to biological risk and treatment measures of COVID-19, although they can be minimized and/or avoided through mental health care<sup>(9-10)</sup>.

This study is relevant because it approaches the reality experienced by nursing professionals in the context of the pandemic and gives visibility to the members of this professional category, as well as establishing support paths. The question that guided this research was: How do nursing professionals mean the experiences of this pandemic moment? This study aims to provide the nursing professional category with data that can still be applied in this pandemic context. Thus, this study aims to understand the meanings that nursing professionals attribute to their experiences in the context of the COVID-19 pandemic.

## Methods

This is a qualitative, multicenter, national macro-research study conducted by researchers from ten Public Higher Education Institutions. The 719 participants were nursing professionals from the five geographic regions of the country. Inclusion criteria were professionals who worked as nurses, midwives, technicians and nursing assistants, of any nationality, residing in any region of the country, working in different scenarios of health care (direct care and/or administrative/managerial), teaching and research, or without professional activity now (unemployed/retired and/or retired). The exclusion criterion was being a Brazilian nursing professional who was out of the country during the data collection period.

Data collection was performed in the period from April 22 to June 8, 2020 through a form in google forms available on social networks (Facebook, Instagram, Twitter, WhatsApp), consisting of 41 multiple-choice questions on sociodemographic, labor, and health data, and the following question to be answered:

Report your experiences as a nursing professional in the context of the COVID-19 pandemic. The sample was by convenience; after concluding the previous analysis of the reports that showed the absence of new elements, the data collection was closed. For the design and development of the study the criteria of the Consolidated Criteria for Reporting Qualitative Research (COREQ) were adopted.

The data collected were extracted, coded and grouped into a single text file corpus, processed by the software *Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires* (IRaMuTeQ) 0.6 alpha 3, freely accessible and open source, which performs five different analyses: classic textual statistics; search for specificities of groups; hierarchical descending classification; similarity analyses and word cloud. For this study, we used the word cloud, which is responsible for grouping and graphically organizing words according to their frequency. After obtaining the word cloud step, the lexical analysis<sup>(11)</sup> was performed, in which the words were analyzed according to the frequency and also regarding their position in relation to the text corpus.

The theoretical framework used to discuss the results was the referential of Phenomenological Sociology<sup>(12)</sup>, to access the inner world of human experience and uncover the meanings attributed by nursing professionals to the experiences in the pandemic context of COVID-19, since their experiences are related to the social reality experienced<sup>(13)</sup>. We adopted this reference since it allows us to enter the intersubjectivity of nursing professionals in face of their experiences and motivations in their daily work during the pandemic. The reports of nursing professionals make it possible to insert them in the context of their experiences and allow an understanding of intersubjectivity, the reasons for social actions, and to identify the meanings attributed by professionals, aiming at the understanding of the investigated phenomenon.

The study was approved by the National Research Ethics Committee (Opinion No. 3.954.557/2020). The participants' anonymity was

ensured, with identification of the reports by the initial "int" (interviewee) followed by an Arabic number corresponding to the sequential order of appearance in the corpus.

## Results

The participants are mostly women, 626 (87.1%), with a mean age of 37.9 years, minimum of 19 years 2 (0.3%) and even more than 60 years 19 (2.6%), marital status, married 292 (40.6%) and single 265 (36.9%). They are from the Southeast 232 (32.3%), Northeast 193 (26.8%), North 129 (17.9%), Center-West 99 (13.8%) and South 66 (9.2%). Regarding race/color, 343 (47.7%) are white, 277 (38.5%) are brown, and 78 (10.8%) are black. The average time of graduation as a nursing professional is 14.1 years (n=706). They are Nursing Technicians (20.1%) and Nurses (79.3%), working in public (72.0%) and private (22.1%) institutions. Regarding the work situation at the time of collection: 472 (65.6%) worked in direct assistance and 163 (22.7%) did not work in direct care.

Of the 719 surveyed people, 565 (78.6%) did not receive psychological support from the institution where they work or study and only 154 (21.4%) received support. Of the participants, 354 (49.2%) took measures to take care of their mental health in the context of the pandemic. The measures taken were doing physical exercises (12.7%); having a healthy diet (12.7%); adjusting family routine (11.1%); sharing feelings with friends, family and others (9.5%); leisure and cultural activities (7.9); complementary integrative practices (6.4%); avoiding exaggerated use of alcohol and other substances (4.9%); seeking psychological support via telephone/online (3.9%).

Regarding the findings of the study, through the word cloud it is possible to observe the random positioning of the words, showing that those with visual emphasis are the most frequent ones, due to the greater evocation by the professionals (Figure 1).



family members living in distant cities and/or places with many cases of COVID-19: *My parents live in another city, I go to visit them usually every month, but in this context, I have not gone, I am very afraid of contaminating them* (int409). *There is also the concern with our brothers who live in states where there are many cases of death as well* (int454).

They also showed empathy due to the death and illness of their coworkers, which was so intense that it produced pain, suffering and powerlessness in them: *The feeling of losing a colleague, a known person abruptly is horrible, the fear that it might happen to us or a family member leaves us with a huge feeling of powerlessness, of dread* (int588).

The reports showed their suffering when faced with the situation of infected people dying, without being able to say goodbye to their families and the lack of broad access of patients to health care: *Anguish for those who are in need and for those who cannot have full access to health care* (int423). *Very painful to see people being isolated without the presence of their family, not being able to see the professionals' faces, feeling afraid of dying, and often dying without ever seeing their family again* (int431).

### Category 3. Meanings of experiences related to working conditions

They expressed concerns about the possibility of losing their jobs and not being able to honor their commitments, and thus, they reported the fear of losing their economic possibilities: *I am afraid of losing my job, because I was reassigned to a different area; I see colleagues being laid off, because private hospitals are not being able to sustain themselves in the crisis* (int715). *I live the anxiety for the risk of dismissal* (int586).

The work overload, lack of personal protective equipment, lack of training so that they could provide quality care and safety brought them concern and frustration about their profession: *They have already tried to wash and reuse the disposable coveralls, but many refuse to work with the reused personal protective equipment, all this makes the work exhausting and a feeling of frustration* (int58). *Feeling of impotence, sometimes without someone to support me, many charges, lack of training, pressure, lack of local structure* (int541).

### Category 4: Meaning of experiences in the face of future uncertainties

They emphasized that they do not know and are worried about what will happen to themselves, their families and the planet itself in the post-pandemic future: *I think the biggest suffering is uncertainty, not knowing what will happen in the future* (int447). *Insecurity due to the moment of total impossibility to imagine the future* (int433). *I am afraid for my family, for the future of what it will be like from now on* (int193).

They experienced the fear of getting sick and dying and of not being able to project the organization of the world and of individuals in a future society: *Will I lose a friend? Will my husband get contaminated today? What will it be like tomorrow or will I survive?* (int348). *Sometimes it is discouraging to imagine the future; I think we will never live the way we used to, it makes me sad* (int680).

They stressed that despite these uncertainties related to the future, they had hope for a return to normality: *Anxieties and uncertainties for the future, but with hope that everything will return to normality* (int694).

## Discussion

As limitations of the study, we highlight that the results constitute specific evidence of the social group researched, since they belong to different realities and contexts, which prevents the generalization of the findings. It was also not possible to have an in-depth discussion with the participants, since the data collection was via online, which made it impossible to establish the "we" relationship (researcher and interviewed).

The findings are valuable for opening, expanding, and fostering discussions in the fields of teaching, research, and assistance about the paths that nursing professionals have been experiencing in these pandemic times, which certainly cause damage to their mental health. Based on the results, it is possible to think about the applicability of strategies to mitigate the damage of professionals in the context of the pandemic.

Through the basic lexicography, the study allo-



wed us to understand the experiences and sufferings of the participants in the context of the COVID-19 disease, which refer both to suffering related to self and others, as well as to work issues and the uncertainties of the future. In the words of the professionals, as shown in the word cloud, fear was the one that stood out for its greater recurrence in the reports. This fear of getting sick of the unknown, of contamination, and of death is something that has permeated the daily lives of nursing professionals. Fear has been intensified with anxiety and anguish crises, as well as feeling insecure, corroborating the literature<sup>(14)</sup>.

Because it is a new and unexpected situation, it imprints on the biographical situation of professionals a dynamic process of uncertainties and transformations that can lead, in turn, to mental illness. The biographical situation is the history of the individual sedimented in his previous experiences, organized according to the usual possessions of his stock of knowledge at hand, and represents the whole moment of life in which he finds himself, it is related to his physical and socio-cultural environment, in which he has a position of status, social role, moral and ideological position<sup>(12)</sup>.

Thus, the meanings of the experiences related to the pandemic were not part of the stock of knowledge that nursing professionals had until then, since it is an unexpected event that shakes them. The reports are marked by feelings of insecurity, invasion of fear, psychological pressure, loneliness and abandonment, and of revolt and hostility.

Stocks of knowledge are socially transmitted among subjects, inherited from predecessors, but they are also permanently elaborated, re-elaborated, constructed, undone, in a continuous process of sedimentation that is intersubjectively shaped. It is a set of both past and current experiences that helps to anticipate the occurrence of daily events<sup>(15)</sup>.

It is noteworthy as a finding of the study that the negative emotions experienced by nursing professionals are related to situations of discrimination and prejudice for being in the health area, results also

found in a study developed with Chinese nurses who provided direct care to people with COVID-19<sup>(6)</sup>. Thus, the emotional suffering comes from the attitudes and fears of society, by their belief that health workers, especially those who are more exposed, can be a source of spreading the virus. In contrast, the senses of compassion and empathy that these nursing professionals show toward society, peers, and their families reflect the capacity for altruism of those who are part of this professional category.

The concern that professionals have with their peers may be related to the intersubjectivity present in everyday life, in which the experiences and actions lived do not result from a meaning-producing mind, but from the connection between several minds, interacting in the social process. The national and international literature points out that even before the pandemic, the nursing professional category already experienced situations of hostility and threats in the work context, being victims of physical, verbal and psychological aggression<sup>(9)</sup>. However, with the pandemic, there was an increase in violence, discrimination, stigmatization and prejudice, both in the workplace and outside<sup>(16)</sup>.

The physical distance from their family and friends imposed by the pandemic, reported by the participants, denies them the contact with loved ones and marks this period of their lives by loneliness and abandonment, as pointed out in another study<sup>(14)</sup>. This fact produces a gap in people's lives, especially because they are inserted in a social world experienced by their peers and by the world of social relationships. This social world is characterized by being intersubjective, shared among individuals, so that each one can act on their peers, establishing multiple social relationships<sup>(12)</sup>.

In the context of the pandemic, nursing professionals feel a rupture in this intersubjective relationship, in the process of building their stock of knowledge, since social relationships occur in a non-private world, in which the existence of others is assumed, and not only in a bodily way, but possessors of

a similar consciousness. The stock of knowledge is related to the lives and experiences that a person accumulates throughout his life, which enable his interpretation of the world. The social, empirical, theoretical or affective knowledge, as well as the way individuals organize and regulate their life situations, are socially transmitted<sup>(17)</sup>.

The experience of suffering is also related to the situations experienced in relation to working conditions. The difficulties of the professionals who work on the front line of COVID-19 are represented in the scarcity of individual protection equipment, excessive working hours, distance from family members, besides the overload and intensity of work<sup>(18)</sup>.

In the Brazilian reality, the difficulties are deeper in the precarious working conditions, in the problems related to labor management, as in the forms of hiring, qualification and valuation of the health workforce<sup>(19)</sup>. Such factors added to the lack of reception by work institutions cooperate so that professionals are faced with a new reality for which they were not trained, besides not having the stock of knowledge<sup>(12)</sup> to deal with the new presented.

Such situations, added to the lack of medical supplies, uncertain information, the risk of contamination and death from the disease, become factors of mental suffering for health professionals, whose reports are recurrent symptoms of anxiety, depression, loss of sleep quality, increased use of alcohol and drugs, and psychosomatic symptoms<sup>(19)</sup>.

It is worth highlighting that the experiences due to the lack of resources for care, the death of patients due to COVID-19, compassion for these patients and their families, as well as insecure and unrecognized professional performance are heterogeneous, since they are not free of contradictions; add to this the fact that there is a diversity in relation to the interests of each one and a lack of integration, which contributes to the lack of coherence in the system<sup>(12)</sup>

It is inferred that the professionals' feelings are ambivalent, considering that the perception is of an uncertain future with the need to project hope for the normality of life. Such experiences impact the concep-

tions of the meaning of this living and of the control of life itself, which can generate mental suffering. In this sense, maintaining hope works as a protective factor and increases subjective happiness<sup>(20)</sup>. Thus, nursing professionals who feel and sustain hope are more motivated to make future plans and, consequently, preserve their mental health.

Therefore, the purposeful actions of individuals expressed in the hope for the end of the pandemic, constitute the "reasons for" of their actions and refer to their intentions about the future<sup>(12)</sup>. However, when they refer to situations of uncertainty, insecurity and fear, they may feel paralyzed and powerless, representing a fragmentation in the intentions and expectations of their actions. Thus, strategies that aim at providing support to mitigate the extensive damage to these professionals and subsequent long-term care are fundamental in order to preserve their mental health. New studies are suggested to deepen the experiences in the post-pandemic.

## Conclusion

The study met the proposed objective of understanding the meanings that nursing professionals attribute to their experiences in the context of the pandemic COVID-19 by demonstrating that these experiences are marked by suffering and fears in relation to themselves, their families, their networks of coexistence, and working conditions.

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## Collaborations

Nasi C, Marcheti PM, Nóbrega MPSS, and Oliveira E contributed to the conception, analysis and interpretation of the data, writing, relevant critical review of the intellectual content and final approval of the version to be published. Rézio LA, Zerbetto SR, Queiroz AM, Sousa AR, Tisott ZL, and Moreira WC contributed to the conception, analysis and interpretation of the data, writing of the article, and relevant critical review of the intellectual content.

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