

Impacts of the COVID-19 pandemic on Brazilian nurses' lives, health and work

Impactos da pandemia COVID-19 na vida, saúde e trabalho de enfermeiras
Impactos de la pandemia de COVID-19 en la vida, salud y trabajo de enfermeras

Anesilda Alves de Almeida Ribeiro¹  <https://orcid.org/0000-0002-3947-6001>

Marcus Vinicius de Lima Oliveira¹  <https://orcid.org/0000-0003-3675-566X>

Betise Mery Alencar Sousa Macau Furtado¹  <https://orcid.org/0000-0001-6344-8257>

Genival Fernandes de Freitas¹  <https://orcid.org/0000-0003-4922-7858>

How to cite:

Ribeiro AA, Oliveira MV, Furtado BM, Freitas GF. Impacts of the COVID-19 pandemic on Brazilian nurses' lives, health and work. Acta Paul Enferm. 2022;35:eAPE01046.

DOI

<http://dx.doi.org/10.37689/acta-ape/2022A00104666>



Keywords

COVID-19; Pandemics; Nurses; Occupational health; Adaptation, psychological; Nurse's role

Descritores

COVID-19; Pandemias; Enfermeiras e enfermeiros; Saúde do trabalhador; Adaptação psicológica; Papel do profissional de enfermagem

Descriptores

COVID-19; Pandemias; Enfermeras y Enfermeros; Salud laboral; Adaptación psicológica; Rol de la enfermera

Submitted

April 30, 2021

Accepted

December 7, 2021

Corresponding author

Anesilda Alves de Almeida Ribeiro
E-mail: anesilda.almeida@gmail.com

Associate Editor (Peer review process):

Thiago da Silva Domingos
(<https://orcid.org/0000-0002-1421-7468>)
Escola Paulista de Enfermagem, Universidade Federal de São Paulo, SP, Brazil

Abstract

Objective: To analyze the impacts of the COVID-19 pandemic on Brazilian nurses' life, health and work.

Methods: This is research with a qualitative and social-historical approach, guided by the New History framework. The study had 22 participants, with a prevalence of females. Data collection took place in December 2020, through semi-structured interviews, in a virtual environment, using an electronic instrument created in Google Forms and processed via email. The analysis was conducted using the oral history methodology, with data transcription, transcreation and categorization.

Results: The pandemic had an impact on the personal, professional and educational dimensions of nurses. In the personal dimension, there were changes in the routine of life, fear of contamination, physical and mental exhaustion. In professional assistance, there was a work overload, shortage of personnel and material, a high number of contaminations and deaths of team members due to COVID-19. In professional training, adaptations to remote learning were necessary. Given the uniqueness and lethality of coronavirus, specialized nursing knowledge was essential in promoting confidence in the reception and care of patients in the community.

Conclusion: The study valued Brazilian nurses' narratives about coping with the COVID-19 pandemic and expanded the discussion on labor deficiencies experienced by nurses and their aggravation in the pandemic context. The situation presented is worrisome and demands a critical look from those involved in the health and human care management process, aiming at adequate and safe working conditions for nursing professionals, with protection of workers' health and life.

Resumo

Objetivo: Analisar os impactos da pandemia COVID-19 na vida, saúde e trabalho de enfermeiras/os brasileiras/os.

Métodos: Pesquisa de abordagem qualitativa e histórico-social, guiada pelo referencial da Nova História. O estudo contou com 22 participantes, com prevalência do gênero feminino. A coleta de dados ocorreu em dezembro de 2020, por meio de entrevista semiestruturada, em ambiente virtual, com uso de instrumento eletrônico criado no *Google Forms* e tramitação via *e-mail*. A análise foi conduzida pela metodologia da história oral, com transcrição, transcrição e categorização dos dados.

Resultados: A pandemia causou impacto na dimensão pessoal, profissional e educacional das enfermeiras. Na dimensão pessoal ocorreram mudanças na rotina de vida, medo da contaminação, exaustão física e mental. Na assistência profissional, houve sobrecarga de trabalho, escassez de pessoal e de material, elevado número de contaminações e mortes de membros da equipe por COVID-19. Na formação profissional, foram necessárias adaptações ao ensino remoto. Diante do ineditismo e letalidade da doença, o saber especializado de enfermagem foi essencial na promoção da confiança para o acolhimento e cuidado dos pacientes nos covidários.

¹School of Nursing, Universidade de São Paulo, São Paulo, SP, Brazil.

Conflicts of interest: nothing to declare.

Conclusão: O estudo valorizou as narrativas de enfermeiras brasileiras sobre o enfrentamento da pandemia COVID-19 e ampliou a discussão sobre as deficiências laborais vividas pela enfermagem e seu agravamento no contexto pandêmico. A situação apresentada é preocupante e demanda olhar crítico dos envolvidos no processo de gestão da saúde e do cuidado humano, visando condições adequadas e seguras de trabalho para os profissionais de enfermagem, com proteção da saúde e vida desses trabalhadores.

Resumen

Objetivo: Analizar los impactos de la pandemia de COVID-19 en la vida, salud y trabajo de enfermeras/os brasileñas/os.

Métodos: Estudio de enfoque cualitativo e histórico-social, guiado por el marco referencial de la Nueva Historia. El estudio contó con 22 participantes, con prevalencia del género femenino. La recopilación de datos se llevó a cabo en diciembre de 2020, mediante encuesta semiestructurada, en ambiente virtual, con uso de un instrumento electrónico creado en *Google Forms* y enviado por *e-mail*. El análisis fue conducido mediante la metodología de la historia oral, con transcripción, transcreación y categorización de los datos.

Resultados: La pandemia causó impacto en la dimensión personal, profesional y educativa de las enfermeras. En la dimensión personal, hubo cambios en la rutina de vida, miedo a la contaminación, agotamiento físico y mental. En la atención profesional, hubo sobrecarga de trabajo, escasez de personal y de material, elevado número de contaminaciones y muertes de miembros del equipo por COVID-19. En la formación profesional, fue necesario adaptarse a la educación a distancia. Ante el carácter inédito y la letalidad de la enfermedad, el conocimiento especializado de enfermería fue esencial en la promoción de la confianza para la contención y cuidado de los pacientes en zonas destinadas a la atención de COVID-19.

Conclusión: El estudio valorizó las narrativas de enfermeras brasileñas sobre el enfrentamiento de la pandemia de COVID-19 y amplió la discusión sobre las deficiencias laborales vividas por la enfermería y su agravamiento en el contexto pandémico. La situación presentada es preocupante y requiere una mirada crítica de los involucrados en el proceso de gestión de la salud y del cuidado humano, para lograr condiciones adecuadas y seguras de trabajo para los profesionales de enfermería, mediante la protección de la salud y vida de estos trabajadores.

Introduction

Coronavirus 2019 disease (COVID-19), an infectious disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), emerged in December 2019 in China. In March 2020, the World Health Organization (WHO) characterized the new disease as a pandemic and recommended prevention measures. In Brazil, the first case was confirmed in February 2020.⁽¹⁾

The pandemic surprised the scientific community due to its rapid spread and significant morbidity and mortality rate. Researchers were urged to study the virus's dynamics to control the disease. This is because, historically, pandemics cause great impacts on society.⁽²⁾

Nursing, as a social practice of care, closely follows the unfolding of the pandemic. Professionals' health was affected, resulting in many being infected, by direct and prolonged contact with patients.⁽³⁾ Considering the injuries, the category was taken as an object of study. International research addressed impacts on mental health and ethical conflicts in the workplace.⁽⁴⁻⁹⁾

In Brazil, the need for research during the pandemic is highlighted, for a better understanding of the reality experienced by nursing during this atypical episode of public health.⁽¹⁰⁾ However, so far, the

production of knowledge has resulted in theoretical-reflective and review studies, built from secondary sources.⁽¹¹⁻¹⁴⁾

The scarcity of information about the fight against the COVID-19 pandemic by Brazilian nursing, from primary sources, motivated the search for information with the protagonists of the recent history of nursing. Considering the professional dimensions of nursing performance, this study prioritized listening to the perceptions of nurses linked to the management and provision of human care and to the teaching and research process.

This research aimed to analyze the impacts of the COVID-19 pandemic on Brazilian nurses' life, health and work.

Methods

This is a qualitative and social-historical research, guided by Jacques Le Goff's New History theoretical framework.⁽¹⁵⁾

Participant selection took place on purpose, by non-probabilistic sampling and the snowball technique. The "seed" was formed from the researchers' personal network. The choice of the snowball method for sample selection was based on the difficulty of accessing the investigated group, given that

the professionals were in a context of intensifying personal and professional demands. Furthermore, there was, a priori, numerical sampling precision. The selection criteria were to be a nurse, resident and working in Brazil. 220 professionals with a profile were selected to participate in the survey, representatives of the 26 Brazilian states. They were contacted by phone and e-mail, at which time the objective of the research, the form of data collection and formal invitation to join the group of participants was presented. Only 10% of those selected agreed to participate in the research, making a total of 22 participants, of both genders and working in the five regions of the country. The reasons for not participating are related to lack of time, difficulty in accessing the internet and health problems.

Data were collected in December 2020, through semi-structured interviews, in an off-site manner, in a virtual environment, with an electronic instrument created in Google Forms, encompassing the objective of this study, Informed Consent Form, request for demographic data and research questions. The guiding questionnaire for the interview followed a previously designed and tested script, and consisted of five open-ended questions: Did professional nursing knowledge help you in coping with the COVID-19 pandemic? In what way? Did you get support from the institution where you work to practice nursing safely during the pandemic? Comment your answer; What is the impact of the pandemic on your personal and professional life? What difficulties, facilities, losses and gains has the pandemic caused for you?

The link to access the survey instrument was sent to the participants' e-mail and returned automatically. The collected data were stored in the e-mail drive created exclusively for the research. Participants received a copy of the document.

The analysis started with demographic data. These were manually grouped and combined, culminating in the knowledge of participants' profile. The interview data analysis followed the methodology of oral history, consisting of transcription, transcreation and categorization.⁽¹⁶⁾

In the first stage, the entire content of the interviews was removed from the virtual environment

and stored separately, in a digital environment, in a folder on the computer created to store all research materials. The electronic form's content was copied to a text editing file, docx format, of Microsoft Word, version 2010. Each report was individually identified with the nominal designation of the respective participant. Later, these data were copied to a single text editing file and renamed with a distinct alphanumeric code assignment (p1-p22). In the second stage, the narratives' language was corrected and the contents were separated by thematic affinity. As this is a study on the recent past of Brazilian nursing, the data collected were considered significant, reliable and valid. In the categorization stage, a repeated and exhaustive reading of the statements was performed, grouping and comparing the central themes with each other.

The analysis process culminated in the construction of three thematic categories: *Impacts of the pandemic on the personal dimension*; *Impacts of the pandemic on the professional dimension*; *Impacts of the pandemic on the educational dimension of nursing professionals*.

This study was preceded by the approval of the Institutional Review Board and the signing of the Informed Consent Form (ICF), in accordance with Resolution 466/2012 of the Brazilian National Health Council (*Conselho Nacional de Saúde*) (CAAE (*Certificado de Apresentação para Apreciação Ética* - Certificate of Presentation for Ethical Consideration) 37233820.7.0000.5392) (Opinion 4.263.695).

Results

Regarding participants' sociodemographic profile, the prevalence was female (77.28%; n=17), aged between 31 and 50 years (63.69%; n=14), single marital status (45.45 %; n=10), with children and adolescents (45.45%; n=10), time since graduation between 11 and 20 years (45.45%; n=10), working in the care area (72.73 %; n=16) and the Southeast region (45.45%; n=10). The results of the analysis of narratives are presented below, in a descriptive way, separated according to the thematic categories that emerged from the grouping of interviews.

Impacts of the pandemic on the personal dimension

Nurses' personal lives were impacted by the fear of infecting the family (p13), the need to maintain a distance (p20) and changes in routines (p18). The couple's life was affected. The 24-hour stay at home weakened and amplified some aspects of the relationship (p9). There were difficulties in processing the feelings. Difficulty in maintaining emotional balance and showing the family that everything is fine (p15). Remote work brought family members together, professional nurses and mothers, became more involved in their children's lives (p22). But it was a challenge to help children adapt to teaching away from school (p22). The pandemic caused the deprivation of important moments, such as the birth of their own child (p16). There were financial losses (p15), due to the exorbitant readjustment of products (p4). There was also a loss of sense of time. He spent two months waking up with the feeling of not knowing the day of the week (p11). Some had problems sleeping (p9), decreased physical activity (p11) and weight gain (p21). In the social sphere, participants had to learn to keep a distance from their friends (p20). There were difficulties in accessing banking (p8), medical and dental care (p11) and socialization of the newborn child (p16). The society's behavior caused concern. People are abandoning protective care (p13). Friends have been gathering, disrespecting the quarantine. It seems that Brazilians did not take the pandemic seriously (p9). And negative thoughts about the vaccine are spreading, leaving people skeptical of its effectiveness (p13). The pandemic simultaneously impacted nurses' personal and professional lives. Life has completely changed. I have two children in day care. With the closure, I requested leave from work, but the head denied it. I managed to legally work at home-office. When I returned, my managers removed me from the position of head of assistance and of sector (p6).

Impacts of the pandemic on the professional dimension

The narratives highlighted two controversial scenarios about professional nursing practice in the pandemic with regard to professional safety, disposing

of PPE, managers' behavior, training for new protocols, and receiving nursing professionals as to their psychosocial demands. This duality was established considering the diversity of scenarios experienced by professionals from different regions of the country.

The lack of information about COVID-19 was shocking. At first it was chaos. A lot of mismatched information. Everything getting worse and worse. I tried to find out more about the disease in the literature (p13). The teams of managers, nursing professionals and physicians contacted each other daily in an attempt to align their work (p12). Regarding emotional health, the reports were as follows: we live in excruciating and distressing moments (p16). There was a panic of contamination (p5). Fear and insecurity (p10), stress, anxiety and exhaustion (p12), compromised productivity (p2), difficulties in carrying out activities (p9). Working with an unknown pathology generated demotivation and sadness, as the effort was almost non-existent (p16). Seeing the co-worker who stayed directly in the respiratory unit leave the shift with his face marked by the masks and with his heart broken by the suffering of the pandemic, was very sad (p22).

Over time, professionals were adapting, understanding the process, dominating the service, aligning daily difficulties (p5). The experience of falling ill from COVID-19 added new knowledge, helped to understand the symptoms, manage patients with skill and provide support for the team (p3). The pandemic generated very rapid needs (p14), causing changes in habits (p7), hygiene and coexistence (p5).

There was a change in the institution's routine, with restrictions on permanence in the environments, virtual meetings and the use of new personal protective equipment (PPE) (p8). The pandemic made team meetings, shift changes and in-service training difficult (p22). Forces were mobilized in the readaptation of hospitals. The institution offered PPE in quality and quantity (p18). There was an adaptation of the physical structures and the adoption of new care protocols (p12). Team training and engagement made the reorganization of work (p18) and adherence to new routines easier (p12). Institutional measures helped, such as the adoption of teleservice (p18), managers' understanding (p1), the offer of

training courses for prevention and care for patients with COVID-19 (p2), guidance on the correct use of PPE (p20) and patient and employee safety training (p18). There was concern about the team health and safety. It was necessary to take care of the team, ensure professional safety, listen to workers who were experiencing personal mourning, anguish and panic in the face of the possibility of illness (p12). We got supplies, a donning and doffing room and a bathroom with shower. This practice helped to reduce the risks of contamination for professionals (p14).

Distinct realities were mentioned. Priorities were different. In one institution, we had training and provision of PPE. In the other, there was little involvement with the protocols, PPE was restricted (p13) and professionals felt insecure to enter the rooms and contact patients (p19). Still on security failures, there was resistance in disposing of PPE (p5). Resources were curtailed. It was necessary for us to denounce managers and have a high number of infected co-workers, in order to receive one N95 mask per month and four surgical masks per day (p6). There was inefficient testing of professionals (p5), work overload (p18), few nurses working, as many had COVID-19 (p17).

The pandemic prompted nurses to reflect on professional practice and institutional problems. It was difficult to face professional devaluation. I wanted to leave the health area (p19). Institutions need to value the profession more (p16), offer better working conditions (p18), pay (p10) and take care of professionals' mental health (p12).

Professional nursing knowledge acquired during graduation was cited as a facilitator and very important (p4) in dealing with the pandemic. The curriculum contents listed as essential were: biosafety (p2), hospital infection control, biostatistics (p19), hand hygiene technique, epidemiology (p9), nursing fundamentals (p14), contact precautions (p5) and technical management of donning and doffing (p8).

Impacts of the pandemic on the educational dimension of nursing professionals

Nursing schools suspended one-to-one classes, adopted remote teaching, offered virtual psychological support and testing of professors, raised the need for readjustment of classrooms and laboratories (p9)

and canceled internships (p9). For participants, remote learning brought speed and opportunities to be in environments that were previously impossible (p11). It made it possible to use information technologies more (p21). However, there were internet connection problems (p9), tiredness and limitations (p4), increased financial expenses in the purchase of accessories, pressure to always be connected to e-mails and cell phones, day and night contact with co-workers and students (p11) and increased workload and experience of symbolic violence (p14).

For nurses, there were major flaws in remote nursing education (p2), as online classes and meetings do not replace one-to-one activities (p21). It is not possible to train good nursing professionals only with remote teaching (p2). Nurses mentioned adaptations. I changed the routine at home and turned the room into a work area. Creativity was essential. I had to use my versatility to deal with the adversities that arose (p12). I created, with students, audiovisual materials and social communication channels, to clarify the population and their families (p21). I produced articles, texts, participated in courses in Brazil (p9) and international events (p11). Earnings have been reported.

At the personal level, there was the achievement of new friendships (p11), use of new technologies (p14), individual and collective overcoming (p16). In the professional sphere, there was team union (p10), strengthening of relationships (p22), increase in job offers (p20), acquisition of knowledge and experience (p10). There were irreparable losses. I lost a former student to COVID-19, without being able to be present at the funeral and burial rite (p11). The loss of friends (p11) and loved ones (p8). The loss of co-workers is worse, even today it causes tears and sadness (p3). Loss of control over everything and the ability to resolve (p5). I feel powerless when I lose a patient and cannot say goodbye to the family member (p19). It was very difficult to deal with deaths (p20). This situation will leave permanent marks (p8).

Discussion

The pandemic had negative and positive impacts on the lives of Brazilian nurses. As negativities, these

professionals faced the unprecedented nature of the disease, lack of information, overcrowding in the units and ethical dilemmas. This situation was also noticed in Europe and North America.⁽⁵⁻⁸⁾ A Spanish study highlights the importance of reflecting on ethical consequences in the context of the pandemic.⁽⁹⁾

The impact on the work process was felt due to the loss of the workforce due to the high number of absences and deaths of professionals due to COVID-19. Data from the Nursing Observatory on April 11, 2021 registered 52,277 reported cases and 744 deaths in Brazilian nursing. These numbers are certainly lower than reality, due to failures in the performance of exams and in the notification system.^(1,17)

The protection of nursing professionals was neglected by employing institutions and supervisory entities. There was inadequate provision of PPE and staff shortages. Therefore, the profession was the most exposed to biological risks.⁽¹⁸⁻²⁰⁾ Canadian, Spanish and Italian nurses also experienced similar shortages.^(7,9) The International Council of Nurses (ICN) claims that COVID-19 has exposed gaps in nursing.⁽²¹⁾

Illness and death in nursing are serious problems in the management of human resources, they affect the staff distribution scale and compromise the service dynamics. A Portuguese study states that protecting the lives of nursing professionals is essential during and after the pandemic.⁽⁸⁾ The ICN recommends monitoring health problems and strengthening physical, political and economic nursing care.⁽²¹⁾

Losses at work and professional devaluation led nurses to reflect on their professional choice and to think about abandoning the profession. Given the possibility of professional evasion and the shortage of nurses, the ICN recommends more investments to make the nursing profession attractive and keep the labor market supplied.⁽²¹⁾

The psycho-emotional impact occurred due to the fear of contamination and facing challenging physical and moral conditions. Chinese and Brazilian surveys recommend the implementation of mental health services to support health professionals.^(4,22) The British government urged health managers to

adopt measures to mitigate the moral and psychological impact of the pandemic on nursing.⁽⁵⁾ Since March 2020, the Brazilian National Committee on Mental Health Nursing of the Federal Council of Nursing in Brazil has provided emotional care to front-line nursing professionals in caring for patients with COVID-19. The reception and care service is carried out by nurses/specialists, masters and doctors in Mental Health and works 24 hours a day, seven days a week, electronically via a link created specifically for this purpose and anchored on the website of the aforementioned autarchy.⁽²³⁾

Nurses demonstrate indignation at the behavior of part of Brazilian society. Contrary to the country's pandemic reality, many Brazilians adopted the discourse of scientific denial, acting with reckless disregard for preventive measures.^(18,24) Scientists emphasize that individual and collective protection are essential in controlling the pandemic.⁽¹⁾

Brazilian nursing has lived with the scarcity of material, lack of human resources and a high rate of patient deaths. American nursing also suffered from the same problems.⁽⁶⁾ However, the Brazilian epidemiological situation was and continues to be more serious. Currently, we live with a low population vaccination rate against COVID-19 and two new strains of SARS-CoV-2, with greater transmissibility than the original.^(24,25)

The environmental impact was felt in the reorganization of work and the restructuring of institutions. The context of the pandemic highlighted the role of nurses in adapting to the new reality and highlighted the problems of the health sector.⁽¹⁰⁾ Despite the difficulties, a study shows the intensive and exemplary performance of nursing during the pandemic.⁽²⁶⁾ Spanish nursing has also lived through difficult situations, but with companionship and trust.⁽²⁷⁾

As positive, Brazilian nurses acquired knowledge and skills and adopted new technologies in care and teaching. The pandemic context surfaced qualities and peculiarities of professional identity, such as creativity and resilience. To face the problems, teams stayed together and became stronger. Some managed to break with institutionalized paradigms, which put the lives of professionals at risk.⁽²⁷⁾

Another positive issue was the social recognition of the profession. The category was applauded and honored in several countries, including Brazil.⁽²⁷⁾ Moreover, at the launch of vaccination against COVID-19, which took place in January 2021, a Brazilian nurse was chosen to receive the first dose of the vaccine applied in the country. However, this recognition was established concomitantly with disrespect perpetrated in contracts with salaries incompatible with the dignity of work and training. While society applauds, some groups of citizens flout surveillance rules, amplifying the spread of the virus.

The marks and difficulties caused by the pandemic in the personal and professional lives of Brazilian nurses were evident. The pandemic challenged and, in many cases, exceeded the nurses' work capacity, making it difficult for them to fulfill their professional responsibilities and meet their personal needs.⁽²⁸⁾

Comparing the reality of Brazilian nursing with that of the international one reveals similarities, but draws attention to the flaws in safety and the high number of contaminations and deaths caused by COVID-19. Between April 11, 2020 and April 11, 2021, Brazil lost 714 nursing professionals, including nurses, technicians and nursing assistants.^(11,17) The situation is worrisome and demands a critical look, due to the essential nature of the nursing work in caring for patients in shared life and in dealing with the pandemic.^(10,20,22,24) The direction of public health policies in developed countries and the prevention culture minimized harm and preserved lives.^(5-9,18)

Collecting nurses' narratives was important and ensured the recording and preservation of the collective memory of Brazilian nursing in the first year of the pandemic.⁽¹⁰⁾ Without the record, this information could disappear, as it is known that, over time, memory becomes selective and some facts are lost or change in meaning.⁽¹⁶⁾

The restricted sample is a study limitation. However, by granting the construction in the qualitative method, it is possible to reaffirm its consistency and representativeness. The strength of this study is the narratives' national representation, consisting of data collected in all regions of the country.

The research brings, as contributions, the need for awareness and decision-making, by health sector managers, about nursing workers' safety problems and lack of protection, due to constant exposure to biological risks,^(10,23,29) and the realization of the importance of professional nursing knowledge for reception and care, with confidence, of patients with COVID-19, despite its high transmissibility and lethality.⁽¹⁰⁾

The results presented can contribute to the preparation of new generations of professionals to face pandemics and help nurses and nursing managers to rethink the problems of practice and seek ways to overcome.

Conclusion

The aim of this research was achieved, expanding the debate on the visibility of nursing professionals' work and revealing the impacts of the pandemic on the personal and professional lives of nurses, caregivers and those dedicated to nursing education. The narratives show the daily dilemmas faced by nurses, in the context of management and care, materialized in work overload, physical and emotional exhaustion, insecurity and excessive exposure to biological risks. By valuing the expressions, feelings and experiences lived by Brazilian nurses while coping with the pandemic, the research reframes the social importance of the nursing work process. Considering the labor deficiencies in the health sector, it is necessary to join forces with the collective of nursing professionals, managers and professional associations, aiming at safe working conditions and protecting professionals' lives. The social, political and economic recognition of the process of caring and managing human care is essential.

Collaborations

Ribeiro AAA, Oliveira MVL, Furtado BMASM and Freitas GF declare that they contributed to study design, data analysis and interpretation, article writing, relevant critical review of intellectual content and approval of the final version to be published.

References

1. Almeida IL, Garces TS, Sousa GJ, Cestari VR, Florêncio RS, Moreira TM, et al. Isolamento social rígido durante a pandemia de COVID-19 em um estado do nordeste brasileiro. *Acta Paul Enferm.* 2021;34:eAPE02531.
2. Weston S, Frieman MB. COVID-19: knowns, unknowns, and questions. *Mosphere.* 2020;5(2):e00203-20.
3. Voicu A, Catalán PT, Cuenca VR, López PS, Villarroya BG. Afectación psicológica en el profesional de enfermería durante el Estado de Alarma por la COVID-19. *Rev Presencia.* 2021;17:e13222.
4. Kang L, Ma S, Chen M, Yang J, Wang Y, Li R, et al. Impact on mental health and perceptions of psychological care among medical and nursing staff in Wuhan during the 2019 novel coronavirus disease outbreak: a cross-sectional study. *Brain Behav Immun.* 2020;87:11-7.
5. Greenberg N, Docherty M, Gnanapragasam S, Wessely S. Managing mental health challenges faced by healthcare workers during covid-19 pandemic. *BMJ.* 2020;368:m1211.
6. Schutz V, Shattell M. Impact of COVID-19: what does it mean for nurses and health systems? *J Psychosoc Nurs Ment Health Serv.* 2020;58(8):2-3.
7. Stelnicki AM, Carleton RN, Reichert C. Nurses' mental health and well-being: COVID-19 impacts. *Can J Nurs Res.* 2020;52(3):237-9.
8. Sampaio FM, Sequeira CA, Teixeira LC. Nurses' mental health during the Covid-19 outbreak: a cross-sectional study. *J Occup Environ Med.* 2020;62(10):783-7.
9. Falcó-Pegueroles A, Zuriguel-Pérez E, Via-Clavero G, Bosch-Alcaraz A, Bonetti L. Ethical conflict during COVID-19 pandemic: the case of Spanish and Italian intensive care units. *Int Nurs Rev.* 2021;68(2):181-8.
10. Machado MH, Pereira EJ, Neto FR, Wermelinger MC. Enfermagem em tempos de COVID-19 no Brasil: um olhar da gestão do trabalho. *Enferm Foco.* 2020;11(Esp 1):32-9.
11. Sant'Ana G, Imoto AM, Amorim FF, Taminato M, Peccin MS, Santana LA, et al. Infecção e óbitos de profissionais da saúde por COVID-19: revisão sistemática. *Acta Paul Enferm.* 2020;33:eAPE20200107.
12. Fernandes AG, Silva TC. War against the COVID-19 pandemic: reflection in light of Florence Nightingale's nursing theory. *Rev Bras Enferm.* 2020;73(Supl 5):e20200371.
13. Miranda FM, Santana LL, Pizzolato AC, Saquis LM. Working conditions and the impact on the health of the nursing professionals in the context of COVID-19. *Cogitare Enferm.* 2020;25:e72702.
14. Araújo MS, Santos MM, Silva CJ, Menezes RM, Feijão AR, Medeiros SM. Prone positioning as an emerging tool in the care provided to patients infected with COVID-19: a scoping review. *Rev Lat Am Enfermagem.* 2021;29:e3397. Review.
15. Barros JC. Jacques Le Goff – considerações sobre contribuição para a teoria da história. *Cad História.* 2013;14(21):135-56.
16. Silveira ES. História oral e memória: pensando um perfil de historiador etnográfico. *Métis: história Cultura.* 2007;6(12):35-44.
17. Conselho Federal de Enfermagem (COFEN). Observatório da Enfermagem. Profissionais infectados com Covid-19 informado pelo serviço de saúde. Brasília (DF): COFEN; 2021 [citado 2021 Abr 11]. Disponível em: <http://observatoriodaenfermagem.cofen.gov.br/>
18. Silva FV. Nursing to combat the COVID-19 pandemic [Editorial]. *Rev Bras Enferm.* 2020;73(Supl 2):e2020sup2.
19. Souza e Souza LP, Souza AG. Enfermagem brasileira na linha de frente contra o novo Coronavírus: quem cuidará de quem cuida? *J Nurs Health.* 2020;10(Spe):e20104005.
20. Melo AS, Moura JC, Rodrigues MT, Mascarenhas MD. Covid-19 mortality among nursing professionals in Brazil. *Rev Enferm UFPI.* 2020;9:e10606.
21. International Council of Nurses (ICN). COVID-19 and the international supply of nurses. Report for the International Council of Nurses. Geneva: ICN; 2020 [cited 2021 Apr 26]. Available from: https://www.icn.ch/system/files/documents/2020-07/COVID19_internationalupplyofnurses_Report_FINAL.pdf
22. Góes FG, Silva AC, Santos AS, Pereira-Ávila FM, Silva LJ, Silva LF, et al. Challenges faced by pediatric nursing workers in the face of the COVID-19 pandemic. *Rev Lat Am Enfermagem.* 2020;28:e3367.
23. Humerez DC, Ohl RI, Silva MC. Mental health of Brazilian nursing professionals in the context of the COVID-19 pandemic: action of the Nursing Federal Council. *Cogitare Enferm.* 2020;25:e74115.
24. Duprat IP, Melo GC. Analysis of cases and deaths by COVID-19 in Brazilian nursing professionals. *Rev Bras Saúde Ocup.* 2020;45:e30.
25. Sabino EC, Buss LF, Carvalho MP, Prete CA Jr, Crispim MA, Fraiji NA, et al. Resurgence of COVID-19 in Manaus, Brazil, despite high seroprevalence. *Lancet.* 2021;397(10273):452-5.
26. Backes MT, Carvalho KM, Santos EK, Backes DS. New coronavirus: what does nursing have to learn and teach in times of a pandemic? *Rev Bras Enferm.* 2020;73(Supl 2):e20200259.
27. Martínez DB. La pandemia por COVID-19 desde la perspectiva de un residente de Enfermería Familiar y Comunitaria. *Coviendo Ciberindex;* 2020 [cited 2021 Apr 26]. Available from: http://www.fundacionindex.com/fi/?page_id=1881
28. Mehta S, Machado F, Kwizera A, Papazian L, Moss M, Azoulay É, Herridge M. COVID-19: a heavy toll on health-care workers. *Lancet Respir Med.* 2021;9(3):226-8.
29. Iversen K, Bundgaard H, Hasselbalch RB, Kristensen JH, Nielsen PB, Pries-Heje M, et al. Risk of COVID-19 in health-care workers in Denmark: an observational cohort study. *Lancet Infect Dis.* 2020;20(12):1401-8. Erratum in: *Lancet Infect Dis.* 2020;20(10):e250.