Esc Anna Nery 2022;26(spe):e20210496

RESEARCH | PESQUISA

www.scielo.br/EAN

The experience of nursing professionals in high-risk obstetric emergency services in the face of the COVID-19 pandemic

Vivência dos profissionais de enfermagem em emergência obstétrica de alto risco frente à pandemia da COVID-19

Experiencia de profesionales de enfermería en emergencias obstétricas de alto riesgo ante la pandemia de COVID-19

Marta Maria Soares Herculano[1,2]
Maria Alice Lopes Torres[1]
Maria Clara Vieira de Moura[1]
Ana Paula Almeida Dias da Silva[1]
Mardênia Gomes Vasconcelos Pitombeira[1]
Raimunda Magalhães da Silva[2]

1. Centro Universitário Christus. Fortaleza, CE, Brasil.
2. Universidade de Fortaleza, Programa de Pós-Graduação em Enfermagem e de Saúde Coletiva. Fortaleza, CE, Brasil.

Abstract

Objective: To analyze the strategies, challenges, and coping mechanisms of nursing professionals who worked in obstetric emergencies in the context of the COVID-19 pandemic. **Method:** This was a qualitative descriptive exploratory study with nine nursing professionals who worked at a high-risk obstetric emergency service in Fortaleza, Ceará, Brazil. Data were collected using a focus group carried out in November 2021. The data were organized into themes and analyzed according to the current literature. **Results:** Based on the experiences of the participants, three themes emerged: 1) coping mechanisms adopted in the COVID-19 pandemic; 2) challenges experienced by nursing professionals in their care activities in the pandemic; and 3) challenges and repercussions experienced by nursing professionals in care activities. The professionals reported unsafe and conflicting conditions in which care flows suffered unexpected changes and which created challenges to provide users with safe and empathetic care. **Final considerations and implications for practice:** The professionals presented emotional and psychological fragility because of long work periods, constant changes in care flows and protocols, work overload, understaffing due to professionals infected with COVID-19 or medical leaves of absence due to depression or other psychological disorders.

Keywords: Nursing; Pregnancy, High-Risk; Women's Health; Coronavirus infections.

Resumo

Objetivo: Analisar as estratégias, os desafios e os enfrentamentos dos profissionais de enfermagem que trabalhavam nas emergências obstétricas no contexto da pandemia de COVID-19. **Método:** Estudo exploratório descritivo, qualitativo, realizado com nove profissionais de enfermagem de uma emergência obstétrica de alto risco, em Fortaleza-CE. Os dados foram coletados através da técnica grupo focal, em novembro de 2021, posteriormente foram organizados em temáticas e analisados de acordo com a literatura. **Resultados**: A partir das experiências dos participantes emergiram três temas, a saber: 1) Estratégias de enfrentamento adotadas na pandemia por COVID-19; 2) Vivências experienciadas pelos profissionais de enfermagem durante suas atividades assistenciais na pandemia; 3) Desafios e reflexos experienciados pelos profissionais de enfermagem durante as atividades assistenciais. Os profissionais relataram condições inseguras e conflituosas em que os fluxos assistenciais sofreram mudanças inesperadas e dificuldades para agilizar um cuidado com segurança e empatia às usuárias do serviço. **Considerações finais e implicações para a prática:** Percebeu-se ainda a fragilidade emocional e psicológica dos profissionais decorrente das extensas jornadas de trabalho, das constantes modificações dos fluxos e protocolos assistenciais, sobrecarga de trabalho, equipes insuficientes ocasionadas pelo afastamento de profissionais contaminados pelo vírus e por licença médica por desenvolver depressão ou outro distúrbio psicológico.

Palavras-chave: Enfermagem; Gravidez de alto risco; Saúde da mulher; Infecções por Coronavírus.

Resumen

Objetivo: Analizar estrategias, desafíos y enfrentamientos de profesionales de enfermería que actuaron en emergencias obstétricas en el contexto de la pandemia de COVID-19. **Método:** Estudio exploratorio, descriptivo, cualitativo, realizado con nueve profesionales de enfermería de una emergencia obstétrica de alto riesgo en Fortaleza-CE. Datos recolectados a través de la técnica de grupos focales, en noviembre/2021, posteriormente organizados en temas y analizados según la literatura. **Resultados:** De las experiencias, emergieron tres temas: 1) Estrategias de enfrentamiento adoptadas en la pandemia de COVID-19; 2) Experiencias vividas por profesionales de enfermería durante sus actividades de cuidado en la pandemia; 3) Desafíos y reflejos experimentados por profesionales de enfermería durante las actividades de cuidado. Los profesionales relataron condiciones inseguras y conflictivas en las que los flujos de atención sufrieron cambios inesperados y dificultades para agilizar la atención con seguridad y empatía para los usuarios del servicio. **Consideraciones finales e implicaciones para la práctica:** También se percibió la fragilidad emocional y psicológica de los profesionales, resultante de la extensa jornada laboral, constantes cambios en los flujos y protocolos de atención, sobrecarga de trabajo, equipos insuficientes por la baja de contaminados por el virus y de licencia médica por enfermedad, como depresión u otro trastorno psicológico.

Palabras clave: Enfermería; Embarazo de alto riesgo; Salud de la mujer; Infecciones por Coronavirus.

Corresponding author:
Marta Maria Soares Herculano.
E-mail: martaherculano@hotmail.com

Submitted on 01/11/2022.
Accepted on 04/08/2022.

DOI:https://doi.org/10.1590/2177-9465-EAN-2021-0496en

INTRODUCTION

In early 2020, everyone was taken by surprise by the highly concerning situation that plagued the entire world. A new disease caused by a coronavirus mutation had emerged, leading the World Health Organization (WHO) to declare a public health emergency of international concern.[1]

The worldwide mobilization of authorities, surveillance agencies, and scientific societies to cope with this pandemic obviously involved healthcare providers (HCP) working on the front lines of existing hospitals and campaign facilities, built and/or improvised specifically for patients with coronavirus infections.

On March 20, 2020, the Brazilian Ministry of Health (MS), through Ordinance 454, declared that the coronavirus had achieved community transmission rates across the country. In early April, pregnant and postpartum women were included in the group of people at higher risk from COVID-19.[2]

Obstetric data revealed that in Brazil, between January and August 2020, 5,274 pregnant women had been hospitalized and 0.9% of these hospitalizations were related to severe acute respiratory syndrome (SARS). Of these, 2,256 were confirmed COVID-19 cases, of which 135 resulted in death. These deaths included women in their third trimester (56.3%); second trimester (33.8%); and first trimester (4.4%).[3] Professionals also warned that pregnant women infected with SARS-CoV-2 had a higher chance of hospitalization, of being admitted to the ICU, and of requiring mechanical ventilation.[4,5]

With the inclusion of pregnant and postpartum women in the group of people at risk from COVID-19, maternity hospitals across the country had to immediately change their care flows and routines, always having to keep up with the changes and guidelines passed on by local, national, and international health agencies. Because of the disease's highly contagious nature, it became necessary to increase caution when caring for pregnant women and the fetus to avoid complications, seeing as pregnancy increased their susceptibility.[6,7]

Based on this perspective of care, it can be inferred that there was a change in the routine of HCPs on the front lines in the fight against COVID-19, as it was a critical moment marked by uncertainty and changes in care protocols. It is also worth noting that, in general, obstetric emergency services are the first entry point of pregnant women, in which nursing professionals follow best care practices, from the reception of women and classification of obstetric risk to the referral to given medical conduct, whether in terms of observation or resolution.

Furthermore, among the HCPs responsible for providing care in emergency services, nursing professionals base their actions on practical-scientific knowledge, with the role of providing comprehensive and humanized care to women who have pregnancy complications and who seek out emergency services.[8]

In the adverse context imposed by the pandemic, HCPs are at constant risk, experiencing a real threat to their health. These risks can directly trigger bouts of anxiety and depression.[9] In the pandemic context, nursing professionals are in direct contact with high-risk pregnant, whether they had a suspected or confirmed case of COVID-19. Based on the above, the following guiding question for the present study emerged: What were the strategies, challenges, and coping mechanisms of nursing professionals working in obstetric emergency services in the COVID-19 pandemic? Studies of this nature can help create a comprehensive understanding of the effects of the COVID-19 pandemic on the work of nursing professionals in obstetric emergencies, allowing for the planning and implementation of actions aimed at coping with this issue.

The goal of the present study was to analyze the strategies, challenges, and coping mechanisms of nursing professionals who worked in obstetric emergency services in the context of the COVID-19 pandemic.

METHODOLOGY

This was a qualitative descriptive exploratory study carried out in a high-risk obstetric emergency service in a public maternity hospital in Fortaleza, Ceará, Brazil. The unit had 171 beds, receiving an average of 70 visits to the obstetric emergency service where it operates as an entry point for pregnant women. Considered a reference center of the Brazilian Unified Health System (SUS) in the provision of high-risk pregnancy care, it includes urgent, emergency, outpatient care with specialized services in gynecology and obstetrics. A convenience sample was used based on the proximity and possibility of professionals participating in the study. The study took place in November 2021 and included nine participants. The inclusion criteria were nursing professionals of any age, with at least three years' experience working at the chosen service and having worked during the first year (2020) of the COVID-19 pandemic, and who were familiar with and had access to the technology used for the online meeting.

Nursing managers, nurses, and nursing technicians who self-reported emotional fragility, those who were on vacation or on leaves of absence during the study period were excluded.

Information in the focus groups was collected dialectically, an important strategy used to insert the participants in the context of the analysis and synthesis discussions that contribute to rethinking attitudes, conceptions, practices, and social policies.[10] Initially, two meetings were held online, with the goal of organizing the focus group (FG) sessions and the participation of each member of the support team. The team members were divided into the functions of receiving the participants, identifying them by number, gathering their written consent, recording the discussions, controlling the time, and observing and writing down reactions. This organization was necessary so that the researcher could focus on conducting the discussions more freely and without interruptions, taking advantage of every participant's contributions. The coordination team consisted of the moderator responsible for the study and two observers.

The two online sessions were operationalized according to the different phases of the FG: session opening; clarifications about the dynamics of participatory discussion; synthesis; and closing. The researcher-moderator coordinated the session following a script with the following questions: 1) What were the coping mechanisms adopted in the COVID-19 pandemic? 2) What

were the challenges experienced in adapting work processes in the pandemic? 3) How do you perceive the repercussions of this professional experience during the COVID-19 pandemic?

The two FG sessions lasted one hour. In the first group, two nurses and two nursing technicians participated. Three researchers were also present, one with the role of dynamizing the session and two to record contextual facts. In the second group, three nurses and two nursing technicians participated, as well as the same three researchers, who performed the same roles as in the first session. The researchers prepared a questionnaire to gather sociodemographic data, which was made available via Google Forms and whose link was sent to the participants to fill out before the start of the FG. The sessions were held online because of the pandemic and the imposed physical distancing measures at the time. Google Meet was used as the platform and the session was recorded using a computer audio system. The content was transcribed by two researchers who assigned each participant the letter P followed by a number identifying the participants to maintain their anonymity. The compiled material resulted in 20 pages of a Microsoft Word® file. Based on these data, the researchers began constructing the themes using inductive reasoning and constant comparisons of the reports, according to the conventional content analysis technique.[11] The following questions were asked in the FG: 1) What were the coping mechanisms adopted in the COVID-19 pandemic? 2) What were the challenges experienced in adapting work processes in the pandemic? 3) How do you perceive the repercussions of this professional experience during the COVID-19 pandemic?

The FG discussions that followed these questions were transcribed and analyzed according to the thematic content analysis.[11] First, the interviews were thoroughly read through, and the initial assumptions and theoretical concepts developed, such as COVID-19 and work and its relationship with psychosocial aspects. In the second stage, the material was explored, resulting in the identification of codes of meaning, which were organized a priori into three themes (coping strategies, lived experiences, and repercussions of the experience) and eight sub-themes grouped for further discussion. The third stage consisted of an interpretative synthesis, which connected the data with the theoretical framework, answering the research questions based on their objectives.

Three themes emerged from the participants' reported experiences: 1) coping mechanisms adopted in the COVID-19 pandemic; 2) lived experiences of nursing professionals during their care activities in the pandemic; 3) challenges and repercussions experienced by nursing professionals during care activities. The following subcategories emerged from theme 1: individual mechanisms - searching for knowledge to care for pregnant women with COVID-19; team mechanisms - protecting the team and religiosity; institutional mechanisms – on-the-job training. Theme 2 yielded one subcategory: experiences regarding personal protection equipment. Finally, theme 3 yielded three subcategories: physical infrastructure and care flows; positive repercussions - expecting the unexpected; and negative reflections - fear and anxiety as a source of mental illness.

The study was approved by the institution's Ethics Committee, via Resolution no. 5.099.141/2021, in accordance with the recommendations set forth by Resolution 466/2012 of the Brazilian National Health Council (CSN) and abiding by the principles of research with human subjects. Participants were informed about the study and invited to participate via telephone messages and those who chose to participate were scheduled a time to sign an informed consent form.

RESULTS

Nine professionals participated in this study: five nurses and four nursing technicians. Five participants worked night shifts and four worked day shifts. The age of the participants ranged from 30 to 58 years old, with seven women and two men. Regarding marital status, six were married and three were single. Time of professional experience at the emergency services varied between 3 and 26 years. All the nurses had a specialization degree, a workload upwards of 36 hours a week, and reported having participated in in-person or online training about topics related to the COVID-19 pandemic.

Coping mechanisms adopted in the COVID-19 pandemic

Because COVID-19 was a scientifically unknown disease, nurses and all other HCPs had to improve their practices to care for people suffering from the complications of the disease and be familiar with the suitable conducts. Another factor that was reinforced was the staff's concern with personal protection equipment (PPE) and the use of correct undressing techniques.

Individual strategies - Searching for knowledge to care for pregnant women with COVID-19

> *[...] I began to read, to study! I watched videos, intubation classes, things like that, about arrests...I paid for courses about the topic* (P2).

> *[...] a matter of knowledge, new skills, because it is a totally different thing...regarding intubation and everything, we had to review these subjects, take courses, because a situation like that could happen at any time* (P4).

Team strategies - Team protection and religiosity

Despite the critical situation of the pandemic, the professionals expressed the importance of care. They voiced concern and interest in the limitations of co-workers, adopting attitudes and practices of solidarity based on religiosity to protect and encourage the team.

> *[...] when I came back from my 2-week leave of absence, I was the person who had already been contaminated, so whenever a patient arrived, as a way of protecting my*

colleagues, I'd think, "I've already been contaminated, so let me go, let me face it so you're not exposed" (P3).

[...] thinking of the team as a whole, everyone has to have protection equipment (P4).

[...] we had to deal with ourselves, we had to soothe each other... praying, saying words of comfort... (P6).

[...] at the same time you have to have faith and keep yourself strong... Lord, show me a way, a light so that I can be useful and not get infected... (P8).

Institutional strategies - On-the-job training

With the accelerated increase in new cases of COVID-19, hospitals were faced with a new public health reality. As a component of the institution, the nursing team implemented strategies daily in their care routines that ranged from individual and team measures to the organization of the infrastructure of inpatient units, in an attempt to adapt the location to this new reality and still provide humanized care.

[...] I received two on-the-job training courses, one about PPEs and the other one online about how to care for these patients [...] (P1).

[...] gloves, masks, aprons...these things were provided by the institution to the professionals... we received many reports, many conduct protocols... (P6).

[...] we received a lot of information about how to receive pregnant women... they hosted some online meetings with psychologists, I participated in some [...] (P3).

The lived experiences of nursing professionals in their care activities in the pandemic

Before the pandemic, nursing already experienced routine challenges in relation to the devaluation of the profession coupled with low wages and excessive workload. Faced with the emergence of the pandemic, these challenges were potentiated, in association with others that arose from the new health situation facing the population.

Experiences in relation to personal protection equipment

Because COVID-19 is highly transmissible and affects a high number of people, expenditure on personal protection equipment increased considerably, to the point where there was a shortage of PPEE at the height of the pandemic. With this, frontline HCPs were the most affected, representing a great challenge for their care activities.

[...] in my case I felt the lack of equipment, there wasn't any, everything was so new, we didn't know how to handle the disease, we only knew that we had to protect ourselves [...], but in the end, there was no way to do this, because there was a shortage of N-95 masks, they could not be offered to all professionals. Later on, they were available to everyone [...] (P1).

[...] I think the institution has evolved much faster regarding protection, although PPE was lacking for the reception staff... if we consider the staff as a whole, we have to think about the whole team... (P6).

[...] we had difficulties with the N-95 mask. At first, their availability was somewhat scarce, regulated... there wasn't much knowledge about the disease, whether or not to wear the masks during routine care [...] until this problem was solved it was very complicated, we experienced difficult situations[...] (P7).

Challenges and repercussions experienced by nursing professionals during care activities

There was certain restlessness associated with all the new information, fears, anxieties, doubts, concerns, insecurity, sadness, loneliness, uncertainty, tension, and stress. These feelings had repercussions on the work of the nursing team. Coupled with this scenario was the removal of some HCPs when contaminated with SAR-Cov-2, reflecting on the professional's family context, triggering fear, anguish, and concern.

Physical infrastructure and care flows

The sudden changes introduced to the work process were perceived as ineffective rearrangements, i.e., they did not produce expected satisfactory results. However, other factors were identified as challenging, among them the exacerbated demand of patients in hospital units, the lack of physical infrastructure in institutions to receive patients with suspected or confirmed COVID-19, and the daily updates of protocols given the unknown nature of the disease, all of which was reported by the participants of the study.

[...] I felt we needed a care flow that could promote quick care [...] (P1).

The structuring that was done within the emergency service - setting aside a specific room, trying to leave a crash cart with a defibrillator and mechanical ventilator - this was a new vision for everyone, for all those who did not have experience with critical patients... (P3).

[...] in that sense I found that the flow was a little more distressing for us who were watching and witnessing things... I think a more immediate flow of care was necessary... (P6).

[...] I think the flow had to be faster... (P9).

Positive repercussions - Expecting the unexpected

The COVID-19 pandemic had positive and negative repercussions on the lives of HCPs; therefore, it is essential to point out these

repercussions to identify advances and weaknesses amid the unfavorable scenario that presented itself.

Even while facing constant physical and emotional stress, the participants experienced situations of growth, learning, and resilience, which helped awaken positive points and mitigate conflicting situations among HCPs and family members, and positively impact the relationship and conviviality among co-workers. This can be confirmed by the following excerpts:

> *[...] I think it opened my eyes, it made us start studying... also preparing ourselves for this aspect of emergency care... now we know that we can be subjected to these situations ...* (P2).
>
> *[...] it was and continues to be a learning process for everyone...* (P3).
>
> *[...] I felt urged to help, I felt that this was our time to not back down, this was our time to serve even more, and people needed our work...* (P7).

Negative repercussions - Fear and anxiety as a source of psychological illness

Regarding the negative reflexes, the FG sessions showed that the professionals developed psychological disorders or suffered an exacerbation of pre-existing conditions. As a result of tension and fear, aspects of the dynamics of daily life in the obstetric emergency service generated psychological suffering and mental disorders such as depression and anxiety. In addition to this reality, social isolation, distancing from family members, the daily death rate, and the contamination of co-workers also impacted the professionals, as shown in the following excerpts.

> *[...] I had depression because of COVID-19, I had to take a leave of absence for a while...I was so afraid... Afraid of contaminating my family... that was my fear... the feeling I had was that I was living in a horror movie* (P1).
>
> *[...] although I am calm, I developed some anxiety, I also think that the COVID-19 pandemic influenced this because we end up absorbing fear, you will always work with that fear... that feeling of ...what is going to happen... I thought about my family, I was very absent from home, but sometimes it was also for their protection...* (P2).
>
> *[...] fear... we still felt it! I would pray on my way to work.* (P3).
>
> *[...] what most caught my attention was anxiety itself, it was out of the ordinary... it was all so confusing, there was so much information all at the same time, there was so much worry and anxiety in the air, that sometimes you could not process everything...* (P5).
>
> *[...] I was afraid of this unknown disease. In the beginning, there was a high number of professionals in the emergency service who were contaminated, who had to leave work [...]* (P7).
>
> *[...] when it started, I panicked, I feared for my life because I am obese, diabetic, and hypertensive...as a mother I felt very responsible in this sense, afraid of bringing the disease home...of dying and never seeing my children again... to this day I am terrified... I can leave the house; I can do what I have to do... but it's not easy...* (P8).
>
> *[...] in terms of mental health, I had already experienced some issues... these things just worsened the somatization...* (P9).

These reports pointed to the frailty and anguish of the professionals, times when conflict was always present in the attitudes and patient care, while thinking about their own health and that of their families.

DISCUSSION

The results showed that nursing professionals systematize care while also creating empathic relationships that are sensitive to the limitations of co-workers, fostering the practice of humanization with one another, even in the face of the unfavorable arrangement imposed by the pandemic.[12] Among these strategies, emphasis goes to team collaboration through the union of professionals and the sharing of experiences promoting solidarity among them.[12]

In this context, individual strategies were adopted by the professionals including obtaining knowledge about COVID-19 and searching for updated information about how to manage contaminated patients to develop safe practices for patients and for themselves.[13]

Working with women with high-risk pregnancies and suspected COVID-19 infection also involved the fear of contamination. Thus, this whole scenario that presented itself with the admission of each pregnant woman generated tension. The flows of care for pregnant, birthing, and post-partum women with COVID-19 were as follows: provide care to pregnant, birthing, and postpartum women with a suspected or confirmed COVID-19 infection with indication for hospitalization in locations where there is no joint infrastructure (obstetric service and clinic with ICU).[14] Patients should be adequately monitored for early criteria for transfer to a hospital with ICU (no improvement in oxygen saturation even with 02 supply via nasal oxygen catheter).

Faced with sudden changes in the approach to persons affected by COVID-19, especially in the line of care for high-risk pregnant women, frontline HCPs had to undergo on-the-job training because of this population's comorbidities and being part of the at-risk group. It is necessary that frontline nurses in the fight against the pandemic have psychological support and training in proper use of exposure barriers and in adjustments in care flows.[15] In this context, professionals experience several difficulties and challenges. It is worth emphasizing that their fears and anxieties are the same as those of any person in a pandemic, but are aggravated by being faced with situations of imminent health risk, the precariousness of health services to face the pandemic, and the death of patients.[9]

In this context, various research studies conducted with frontline HCPs have pointed out that one of the main challenges was the lack of PPE, and professionals also reported lack of assistance from institutions in testing employees for COVID-19 whenever they manifested symptoms.[16]

In the face of the COVID-19 pandemic, many people were distressed because of the immediate health impacts of the virus and the consequences of isolation. This included fear of death and loss of family members, uncertainty about the future, and financial problems due to isolation measures.[17]

Studies have emphasized that COVID-19 caused an abrupt change in the routines of health services, generating intensification of hospital admissions and, consequently, overcrowding of units.[12] The participants in the present study also expressed feeling the constant threat of uncertainty and fear of being contaminated while providing care.

Another challenge that strongly impacted HCPs was the fear of contaminating themselves and then contaminating family members.[18] In a study conducted about the experiences of professionals in the context of the pandemic, the word fear appeared 180 times in the narratives of participants referring to anguish and anxiety crises during the pandemic scenario, in relation to experiencing the imminence of death in the current context. This fear was also related to seeing or knowing of the illness and death of co-workers, which caused intense suffering, pain and feeling of powerlessness.[19]

With all these challenges and repercussions cited by HCPs, there is still one that was personal to each professional: maintaining mental health and emotional control.[9] Every day, the pressures at work, the overload, and the technical responsibility that the profession requires, among other demands, can contribute to the psychological suffering of healthcare providers.[20] Thus, maintaining mental health becomes a challenge in the face of the magnitude of the number of seriously ill people in a pandemic.

It is important to highlight that several changes are taking place in the Brazilian health system, which are increasing the challenges faced by nursing teams to manage care and assistance. Therefore, it is necessary to plan new strategies to meet the demands of pregnant women. Some of these strategies involve reorganizing the flow of care within the system; providing virtual follow-ups and orientation; and, above all, risk classification screening.[21] The hospital units were strongly impacted by the high demand for severe cases associated with SARS-CoV-2 infection. There was a need to expand the supply of beds, as the infected population quickly developed serious conditions related to the disease; however, the hospital demand included other issues, mainly logistical ones. During this reorganization, hospitals limited themselves to expanding the number of beds and reducing inequalities, when in fact they needed to coordinate care flow, which was reflected in difficulties in the provision of healthcare services.[22]

The COVID-19 pandemic created many situations of stress and anguish, and to manage this stressful load, HCPs adopted strategies to promote their well-being.[23] These measures are understood as psychological resilience, and this concept is essential to be able to work in the context of the pandemic, because it is related to the understanding of risk and protection, thus acting as a defense and a point of balance.[23]

Even in the face of an impactful, painful, and exhausting scenario, great contributions were made to the personal and professional growth of workers who experienced this pandemic phase.[12] In addition, it served as stimulus and strength for these professionals to strive to provide quality care to their patients, expressed in their answers to the FG questions. Among the positive repercussions of the pandemic was personal and professional growth, especially the increased recognition of the profession, mentioned by several professionals in their studies, and in terms of advances in the use of health promotion technologies.[12]

The visibility of the importance of the service offered by the nursing team became more evident to the population during the pandemic.[24] The community witnessed successful experiences, strategies and recognized the knowledge of these professionals, realizing the importance and value of nursing in healthcare services.[24]

Negative points include the experience of these professionals that caused damage to their mental health during the pandemic. The reports are marked by feelings of insecurity, invasion of fear, psychological pressure, and loneliness. Situations of discrimination related to the nursing profession were also mentioned.[19]

In this context, the mental health of professionals can be compromised because of the daily pressures at work, such as conflict of interests and overload, the technical responsibility that the profession requires, and the tireless search for quality of care, among other factors that can contribute to the emotional imbalance of nursing professionals.[9] Strategies are needed to deal with these emotions, and a failure in these strategies can mean long-term damage to mental health.[20]

FINAL CONSIDERATIONS AND IMPLICATIONS FOR PRACTICE

Faced with the conflicting situation created by the pandemic in association with pregnant patients who also require special care and attention, the participants of this study clearly expressed the difficulty of work conditions. There was a growing demand from users with complaints and doubts generated by COVID-19. Therefore, a considerable ethical dilemma emerged, because nursing professionals are prepared to care for a patient's well-being, and in the context of motherhood, it is essential to provide humanized and empathic care. In this context of the pandemic, this relationship was weakened and greatly hindered, because it was difficult to promote this professional-patient bond due to several factors, such as fear of infection, the need for distance when faced with a pregnant woman who manifested flu-like symptoms and other health problems.

The professionals presented emotional and psychological fragility because of working long hours, constant changes in care flows and protocols, work overload, understaffing because

of professionals being restricted from the workplace due to coronavirus infection or because of medical leaves of absence due to depression or other types of psychological disorders.

The results of this study show that nursing professionals who are on the front line of COVID-19 need safe working conditions and well-defined care flows, thus ensuring effectiveness of care. There was also the need for psychological support. Many professionals developed changes in mental health in the face of adverse feelings faced during the provision of care in the maternity hospital. The FG was the first opportunity the participants had had to discuss this topic, and it also helped create a relationship of trust between the co-workers.

Limitations of this study include its methodological design, with the use of online focus groups. Although it provided the advantage of providing quick access to data in a virtual environment, it was difficult to identify nonverbal language. Some participants preferred to leave the camera off, others did not want to or could not express themselves verbally, thus limiting the possibility of a more in-depth perception of behaviors and emotions.

AUTHOR'S CONTRIBUTIONS

Study design. Mardênia Gomes Vasconcelos Pitombeira.

Data collection: Mardênia Gomes Vasconcelos Pitombeira. Maria Clara Vieira de Moura. Maria Alice Lopes Torres. Ana Paula Almeida Dias da Silva. Raimunda Magalhães da Silva.

Data analysis: Mardênia Gomes Vasconcelos Pitombeira. Maria Alice Lopes Torres. Ana Paula Almeida Dias da Silva. Maria Clara Vieira de Moura. Raimunda Magalhães da Silva.

Interpretation of results. Mardênia Gomes Vasconcelos Pitombeira. Maria Alice Lopes Torres. Ana Paula Almeida Dias da Silva. Raimunda Magalhães da Silva.

Drafting and critically reviewing the manuscrpt: Marta Maria Soares Herculano. Maria Alice Lopes Torres. Maria Clara Vieira de Moura. Ana Paula Almeida Dias da Silva. Mardênia Gomes Vasconcelos Pitombeira. Raimunda Magalhães da Silva.

Approval of the final version of the manuscript: Marta Maria Soares Herculano. Maria Alice Lopes Torres. Maria Clara Vieira de Moura. Ana Paula Almeida Dias da Silva. Mardênia Gomes Vasconcelos Pitombeira. Raimunda Magalhães da Silva.

Responsibility for all aspects of the content and integrity of the published article. Marta Maria Soares Herculano. Maria Alice Lopes Torres. Maria Clara Vieira de Moura. Ana Paula Almeida Dias da Silva. Mardênia Gomes Vasconcelos Pitombeira. Raimunda Magalhães da Silva.

ASSOCIATED EDITOR

Antonio José de Almeida Filho

SCIENTIFIC EDITOR

Ivone Evangelista Cabral

REFERENCES

1. Narang K, Ibirogba ER, Elrefaei A, Trad ATA, Theiler R, Nomura R et al. SARS-CoV-2 in pregnancy: a comprehensive summary of current guidelines. J Clin Med. 2020;9(5):1521. http://dx.doi.org/10.3390/jcm9051521. PMid:32443538.
2. Ministério da Saúde (BR). Secretaria de Atenção Especializada à Saúde. Departamento de Atenção Hospitalar, Domiciliar e de Urgência. Protocolo de manejo clínico da Covid-19 na atenção especializada. Brasília, DF: Ministério da Saúde; 2020.
3. Ministério da Saúde (BR). Secretaria de Atenção Primária à Saúde. Departamento de Ações Programáticas e Estratégicas. Manual de recomendações para a assistência à gestante e puérpera frente à pandemia de Covid-19. Brasília, DF: Ministério da Saúde; 2020.
4. Ellington S, Strid P, Tong VT, Woodworth K, Galang RR, Zambrano LD et al. Characteristics of women of reproductive age with laboratory-confirmed sars-cov-2 infection by pregnancy status - United States, January 22-June 7, 2020. MMWR Morb Mortal Wkly Rep. 2020;69(25):769-75. http://dx.doi.org/10.15585/mmwr.mm6925a1. PMid:32584795.
5. Karimi-Zarchi M, Neamatzadeh H, Dastgheib SA, Abbasi H, Mirjalili SR, Behforouz A et al. Vertical transmission of coronavirus disease 19 (COVID-19) from infected pregnant mothers to neonates: a review journal fetal and pediatric pathology. Fetal Pediatr Pathol. 2020;39(3):246-50. http://dx.doi.org/10.1080/15513815.2020.1747120. PMid:32238084.
6. Ramiro NCMP, Pereira MS, Souza RS, Aver LA. Repercussões fetais e possíveis complicações da COVID-19 durante a gestação. Saúde Colet (Barueri). 2020;10(54):2679-90. http://dx.doi.org/10.36489/saudecoletiva.2020v10i54p2679-2690.
7. Rasmussen SA, Smulian JC, Lednicky JA, Wen TS, Jamieson DJ. Coronavirus disease 2019 (COVID – 19) and pregnancy: what obstetricians need to know. Am J Obstet Gynecol. 2020;222(5):415-26. http://dx.doi.org/10.1016/j.ajog.2020.02.017. PMid:32105680.
8. Matoso LML, Lima VA. Assistência de enfermagem em urgência e emergência obstetríca: um estudo bibliométrico. Rev Aten Saúde. 2019:17(61):65-73. https://doi.org/10.13037/ras.vol17n61.5913
9. Santos KMR, Galvão MHR, Gomes SM, Souza TA, Medeiros AA, Barbosa IR. Depressão e ansiedade em profissionais de enfermagem durante a pandemia da covid-19. Esc Anna Nery. 2021;25(spe):e20200370. http://dx.doi.org/10.1590/2177-9465-ean-2020-0370.
10. Backes MTS, Higashi GDC, Damiani PR, Mendes JS, Sampaio LS, Soares GL. Condições de trabalho dos profissionais de enfermagem no enfrentamento da pandemia da covid-19. Rev Gaúcha Enferm. 2021;42:e20200339. http://dx.doi.org/10.1590/1983-1447.2021.20200339. PMid:34161545.
11. Minayo MCS, Deslandes SF, Gomes R. Pesquisa social: teoria, método e criatividade. Petrópolis: Vozes; 2016.
12. Borges EMN, Queirós CML, Vieira MRFSP, Teixeira AAR. Percepções e vivências de enfermeiros sobre o seu desempenho na pandemia da COVID-19. Rev Rene. 2021;22:e60790. http://dx.doi.org/10.15253/2175-6783.20212260790.
13. Ferreira PHC, Gomes GF, Ribeiro LCC, Gonçalves RPF. Estratégias adotadas no enfrentamento da covid-19: relato de experiência profissional. Enferm Foco. 2020;11(2 ESP):199-204. http://dx.doi.org/10.21675/2357-707X.2020.v11.n2.ESP.3783.
14. Agência Nacional de Vigilância Sanitária (BR). Orientações para serviços de saúde: medidas de prevenção e controle que devem ser adotadas durante assistência aos casos suspeitos ou confirmados de infecção pelo novo coronavírus (SARS-COV-2). Nota técnica GVIMS/GGTES/ANVISA nº 04/2020:. Brasília, DF: ANVISA; 2020. 118 p.
15. Reis LM, Lago PN, Carvalho AHS, Nobre VN, Guimarães AP. Atuação da enfermagem no cenário da pandemia COVID-19. Nursing (São Paulo). 2020;23(269):4765-72. http://dx.doi.org/10.36489/nursing.2020v23i269p4765-4772.
16. Antunes CMTB, Luciano CC, Bahia JC, Bastos RMAFP. Relato de experiência dos atendimentos de enfermagem em triagem para o diagnóstico da COVID-19 em profissionais da saúde. Nursing (São Paulo). 2020;24(277):5785-92. http://dx.doi.org/10.36489/nursing.2021v24i277p5785-5792.

17. United Nations. Policy brief: COVID-19 and the need for action on mental health [Internet]. New York: US; 2020 [cited 2021 dec 20]. Available from: https://unsdg.un.org/sites/default/files/2020-05/UN-Policy-Brief-COVID-19-and-mental-health.pdf
18. Barreto MS, Hipólito ABL, Hipólito MAL, Lise F, Radovanovic CAT, Marcon SS. Pandemia da COVID-19: repercussões no quotidiano da família de profissionais de saúde atuantes em unidades emergenciais. Esc Anna Nery. 2021;25(spe):e20210064. http://dx.doi.org/10.1590/2177-9465-ean-2021-0064.
19. Nasi C, Marcheti PM, Oliveira E, Rezio LA, Zerbetto SR, Queiroz AM et al. Significados das vivências de profissionais de enfermagem no contexto da pandemia da COVID-19. Rev Rene. 2021;22:e67933. http://dx.doi.org/10.15253/2175-6783.20212267933.
20. Dal'Bosco EB, Floriano LSM, Skupien SV, Arcaro G, Martins AR, Anselmo ACC. Mental health of nursing in coping with COVID-19 at a regional university hospital. Rev Bras Enferm. 2020;73(Suppl 2):e20200434. http://dx.doi.org/10.1590/0034-7167-2020-0434. PMid:32667576.
21. Estrela FM, Silva KKA, Cruz MA, Gomes NP. Gestantes no contexto da pandemia da Covid-19: reflexões e desafios. Physis. 2020;30(2):e300215. http://dx.doi.org/10.1590/s0103-73312020300215.
22. Sestelo JAF, Vasco MD, Santos TBS, Lisboa ES, Souza LEPF. Hospitais no contexto de pandemia de COVID-19: problemas e estratégias de enfrentamento. In: Barreto ML, Pinto Jr EP, Aragão E, Barral-Netto M, organizadores. Construção de conhecimento no curso da pandemia de COVID-19: aspectos biomédicos, clínico-assistenciais, epidemiológicos e sociais. Salvador: EDUFBA; 2020. http://dx.doi.org/10.9771/9786556300757.016.
23. Dantas ESO. Saúde mental dos profissionais de saúde no Brasil no contexto da pandemia por Covid-19. Interface (Botucatu). 2021;25(Suppl 1):e200203. http://dx.doi.org/10.1590/interface.200203.
24. Castro A, Rocineide M, Bezerra R, Paula M. Diarios de batalla: enfermeras a la vanguardia para hacer frente a covid-19. Revi Urug Enferm. 2021;16(1): e2021v16n2a1.