

Nursing work in the COVID-19 pandemic and repercussions for workers' mental health



Trabalho de enfermagem na pandemia da COVID-19 e repercussões para a saúde mental dos trabalhadores

Trabajo de enfermería en la pandemia de COVID-19 y repercusiones para la salud mental de los trabajadores

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ABSTRACT

Objective: To reflect about the work context of nursing professionals in the COVID-19 pandemic and the repercussions for these professionals' mental health.

Method: This is a theoretical reflective study with two thematic axes: i) Pandemic by COVID-19: epidemiological condition, manifestations, and preventive measures; ii) Precariousness of work in times of pandemic and impacts on the worker's mental health.

Results: The COVID-19 pandemic made explicit the reflects of precariousness in the health sector. For example, the psychological suffering of nursing workers was evidenced due to the scarcity of personal protective equipment, the weakness in the description of the protocols and the flows for the effective control of infections, the long working hours, the inadequate professional training for crisis scenario and uncertainty in relation to therapeutic measures.

Conclusion: The present article brings to light the aggravation of a scenario that raises the potential for negative impact on the mental health of nursing workers.

Keywords: Nursing. Coronavirus. Coronavirus infections. Pandemics. Occupational health. Work. Mental health.

RESUMO

Objetivo: Refletir sobre o contexto de trabalho dos profissionais de enfermagem na pandemia da COVID-19 e as repercussões para saúde mental desses profissionais.

Método: Trata-se de um estudo teórico reflexivo com dois eixos temáticos: i) Pandemia pela COVID-19: quadro epidemiológico, manifestações e medidas preventivas; ii) Precarização laboral em tempos de pandemia e impactos na saúde mental do trabalhador.

Resultados: A pandemia da COVID-19 explicitou os reflexos da precarização no setor saúde. Por exemplo, evidenciou-se o sofrimento psíquico dos trabalhadores de enfermagem decorrente da escassez de equipamento de proteção individual, da fragilidade na descrição dos protocolos e dos fluxos para o controle efetivo de infecções, das prolongadas horas de trabalho, da formação profissional inadequada para o cenário de crise e das incertezas em relações as medidas terapêuticas.

Conclusão: O presente artigo traz à tona a agudização de um cenário que eleva o potencial de impacto negativo na saúde mental dos trabalhadores de enfermagem.

Palavras-chave: Enfermagem. Coronavirus. Infecção por coronavirus. Pandemias. Saúde do trabalhador. Trabalho. Saúde mental.

RESUMEN

Objetivo: Reflexionar sobre el contexto de trabajo de los profesionales de enfermería en la pandemia de COVID-19 y las repercusiones para la salud mental de estos profesionales.

Método: Se trata de un estudio teórico reflexivo con dos ejes temáticos: i) Pandemia de COVID-19: cuadro epidemiológico, manifestaciones y medidas preventivas; ii) Trabajo precario en tiempos de pandemia e impactos en la salud mental del trabajador.

Resultados: La pandemia de COVID-19 explicitó los reflejos de precariedad en el sector de la salud, por ejemplo, el sufrimiento psicológico de los trabajadores de enfermería debido a la escasez de equipos de protección individual, la fragilidad en la descripción de los protocolos y los flujos al hospital. control efectivo de infecciones, horas de trabajo prolongadas, capacitación profesional inadecuada para el escenario de crisis e incertidumbres en relación con las medidas terapéuticas.

Conclusión: El presente artículo saca a la luz el agravamiento de un escenario que aumenta el potencial de impacto negativo en la salud mental de los trabajadores de enfermería.

Palabras clave: Enfermería. Coronavirus. Infecciones por coronavirus. Pandemias. Salud del trabajador. Trabajo. Salud mental.

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■ INTRODUCTION

Since the World Health Organization (WHO) classified the new coronavirus (SARS-CoV-2) as the cause of the COVID-19 pandemic, and Brazil started to register an increase in the number of cases of this disease, the concern about an unusual and complex scenario for health workers, especially for nursing professionals, has intensified. After all, even before a crisis was established in the health services due to the disease, the nursing worker already suffered from the effects of the precariousness imposed by the neoliberal ideas in his labor process⁽¹⁾.

In this perspective, due to the State's lack of responsibility, the reduction of social policies and the downsizing of the public machinery as part of the policy of minimum State, these workers experienced, in their daily lives, serious structural, organizational and labor conditions problems⁽¹⁾. This context is reflected in the scarcity of equipment and supplies, the lack of personnel, the pace of intense work, the lack of job stability, among other consequences, which culminated in a worrying picture of workers' psychophysical suffering, being one of the main reasons to absence from work, illness, and even suicide and death⁽¹⁾.

However, coping with the COVID-19 pandemic is making the historical demands of nursing more evident in terms of working conditions, the extension of working hours, the dimensioning of staff, remuneration and, until then, the social visibility of the category⁽²⁾. In addition to the old demands, the high risk of contamination by the new coronavirus, the possibility of transmitting the disease to third parties and family members, the scarcity of Personal Protective Equipment (PPE) and the ethical dilemmas experienced by professionals working on the front line care for people with COVID-19. Such situations potentiate psychological suffering, negatively impacting not only on physical health, but also on the mental health of these workers.

Furthermore, it is evident the increased risk of psychic illness of nursing workers due to the social isolation that keeps them from family members and loved ones; to observe a high number of deaths of patients under their care; experiencing the death and dying process of co-workers as a result of contamination by SARS-CoV-2⁽³⁾. Added to this scenario, the configuration of an international economic crisis and the worsening of Brazil's financial instability, which can result in widespread unemployment for both health professionals and their families.

Thus, there is a context of anxiety and panic disorder, depression, stress, insomnia, irritability, anger, signs of suicidal behavior, among other manifestations that deteriorate the workers' mental health and, especially, of nursing⁽³⁻⁴⁾.

Corroborating the above, WHO recognized the impact of the pandemic on people's mental health, especially health professionals, and launched a document that highlights the need to increase investments in mental health services⁽³⁾.

In this perspective, it was considered appropriate to develop this study, whose objective was: to reflect on the work context of nursing professionals working in the COVID-19 pandemic and the repercussions for these professionals' mental health.

■ METHOD

Theoretical reflective study based on critical reading about topics related to the COVID-19 pandemic, worker health, nursing work and psychological distress at work. This type of study is close to qualitative research, since it is based on the description and analysis of theoretical constructs apprehended by means of a bibliographic survey, enabling a deeper understanding about the study objective⁽⁵⁾.

The results were organized and discussed by two theoretical sections: i) Pandemic by COVID-19: epidemiological condition, manifestations, and preventive measures; and ii) Precariousness of work in times of pandemic and impacts on workers' mental health. These theoretical sections were constructed based on the survey and analysis of the investigated bibliography, as well as on the observance of contents that could be elucidative for the punctuated problem and to accomplish the objective⁽⁴⁾.

■ RESULTS

Pandemic by COVID-19: epidemiological condition, manifestations, and preventive measures

COVID-19 is an emerging disease, caused by the SARS-CoV-2 virus, first identified in Wuhan, Hubei province, China, in late November 2019. In addition to causing thousands of deaths in this country, this disease spread rapidly to other countries, leading WHO, on January 30, 2020, to declare Covid-19 a Public Health Emergency of international importance, and on March 11, 2020, to define it as a pandemic⁽⁶⁾.

The most common manifestations of COVID-19 are fever, tiredness, and dry cough. Some patients may experience muscle pain and headache, nasal congestion, runny nose, sore throat or diarrhea. These symptoms are usually mild and begin gradually. According to the WHO, the majority of individuals (about 80%) recover without needing special treatment, they may be asymptomatic or oligosymptomatic, which allows them to continue their daily activities without

major physical restrictions. This occurrence further justifies the growing number of infected people, as asymptomatic individuals, as they do not remain restricted to the home or assistance units, disseminate the virus, without even noticing changes in health⁽⁶⁾.

It is also admitted that one in six people infected by COVID-19 becomes seriously ill and has difficulty to breath. Elderly people and those with other pathologies such as high blood pressure, heart disease, diabetes and obesity are more likely to develop the severe form of the disease⁽⁶⁾.

In Brazil, despite the lack of official data from the Ministry of Health regarding the illness of nursing professionals, the Federal Nursing Council, through the Nursing Observatory, confirmed 143 deaths of category professionals and 17,044 cases of infected people⁽⁷⁾.

Because it is highly contagious, infection prevention and control measures must be rigorously implemented. Such measures include increasing the frequency and reliability of hand hygiene; screening all patients who arrive at the health service with symptoms of COVID-19, and should immediately put on a mask and be directed to care, in an isolated room; implement, in advance, contact precautions, droplets and aerosols⁽⁸⁾.

It is known that SARS-COV-2 spreads mainly through droplets, contact and some situations that can generate aerosols, such as orotracheal intubation, airway aspiration and cardiopulmonary resuscitation. Thus, professionals who work with patients with the disease, must make appropriate use of PPE, such as: masks, long-sleeved cloaks, gloves, and eye protection, which are essential to preserve the worker from possible contagion. It is emphasized that it is essential not only to be attentive to the correct dressing technique, but also to the de-dressing procedure, as it is indicated that the removal of PPE is a potential risk for the health team to become contaminated⁽⁸⁾.

Moreover, it is necessary for labor organizations to adopt strategies and actions for training workers about the means of virus transmission and preventive measures to eliminate and/or reduce viral transmission, signs and symptoms of the disease, diagnostic methods and treatments. Finally, provide them with the necessary knowledge to provide quality care and, at the same time, protect themselves from contamination through safe care practices. The importance of developing protocols is highlighted, so that workers can base their actions on scientific evidence, having quick access to such instruments in order to clarify doubts and consolidate knowledge⁽⁸⁾.

Likewise it points out the importance of collective protective equipment, as well as spacious, airy, lighted

environments, with an adequate routine for cleaning and collecting hospital waste and from other health units. Cleaning, disinfection and sterilization procedures for hospital materials and equipment must be applied, both to protect the health of service users and to ensure the maintenance of workers' health⁽⁸⁾.

It is asserted that the adoption of all these measures and strategies for infection control and transmission of COVID-19 can generate positive repercussions in the health system, whereas, its non-implementation impacts on the worsening of the health crisis, contributing to the collapse of the health system, the overcrowding of hospital beds and the scarcity of material resources⁽⁸⁻¹⁰⁾.

It is essential that nursing workers are engaged in prevention, mitigation and combat actions related to COVID-19. However, it is essential that these professionals act in appropriate work contexts for the development of care, because otherwise, there will be high psychological distress and contamination of this professional group⁽⁹⁻¹⁰⁾.

Corroborating, the inadequate work conditions characterized by insufficient material resources, undersizing staff, inappropriate physical structure for care, inadequate staff training, generates work overload, physical and mental fatigue and, above all, uncertainties and fears about maintenance of workers' health⁽⁹⁾.

Such situation refers to the insidious precariousness of the conditions that the nursing work has been developing since the early 2000s, and that the COVID-19 pandemic has aggravated and made public many situations unworthy of this labor activity⁽¹⁾.

Precariousness of work in times of pandemic and impacts on the worker's mental health

Precariousness of work is a multidimensional concept, which results from the transformations of work, marked by neoliberal economic policies, as well as globalization and the productive restructuring of capitalism in recent decades. Such transformations can be seen in the processes of labor flexibility and deregulation of labor legislation⁽¹⁰⁾.

In Brazil, in the public sector scope, especially in the health context, the precariousness of work has intensified since Constitutional Amendment No.95, of December 15, 2016, which froze public spending for 20 years. Furthermore, mention is made by the restrictions imposed by the Fiscal Responsibility Law which, consequently, have limited investment in the health sector, generating insidious precariousness in this sector, where consequences are observed, such as: insufficient material, quantitative and qualitative

shortages of staff, degradation of labor relations, low wages, unstable employment relationships, loss of labor rights and inadequate working conditions^(1,9-10).

Such precariousness has been deepening as the neoliberal ideas are consolidated as the foundation of health work organizations. Neoliberalism emerged after the Second World War, in North America and Europe, as a reaction against the Social Welfare State, sustained by social democracy. And in Brazil, it started at the end of the Sarney administration, passed through the Collor and Itamar governments, deepening and consolidating with President Fernando Henrique Cardoso⁽¹⁰⁾.

In this perspective, it can be considered that the Brazilian health system has been suffering from such precariousness for decades and, in turn, the intense psychological suffering of nursing workers who experience this context on a daily basis has been observed. In this context, there are workers at high risk for developing behavioral changes and mental illnesses⁽¹¹⁻¹²⁾.

Ratifying, it is registered a high number of professionals with burnout, depression, pathological anxiety, panic syndrome, among other diseases that affect the mental health of this professional group, as the context is not favorable to the development of safe and quality care. Consequently, there is a fall in wages and little or no social and professional appreciation, which also negatively impacts the mental health of these workers^(2,9).

To worsen this context, the emergence of COVID-19 is evident, where everything we know is uncertain and/or changes every day, whose virus that causes this pandemic has a terrifying potential for transmissibility and takes some infected people quickly to a critical state. In this perspective, the use of dense technologies and equipment in increasing numbers is demanded, but the health system is unable to provide quick solutions, as it was already in a situation of progressive scrapping⁽¹⁰⁻¹¹⁾.

Furthermore, precariousness is also present in the formation of the nursing workforce, which is, in the vast majority, inadequately prepared and qualified to work in an atypical and at the same time complex context⁽¹¹⁾. These situations cause apprehension, affliction, fear, anxiety, panic syndrome, suicide ideas, occupational stress in many professionals, as the scenario has proved to be adverse^(3-4,12).

Likewise, at this moment of the crisis resulting from the pandemic, there is an evident weakness in the description of protocols and flows for effective infection control, in addition to an insufficient number of trained and qualified nursing staff to care for patients in serious health conditions. Situation that also increases the distress of nursing professionals, negatively impacting their health^(3,12).

However, the situation is even more complex based on attitudes and measures taken by government agencies. For example, it is cited Provisional Measure (MP) 927/2020, which provides for labor regulations to deal with the state of public calamity. This MP is repudiated by the Federal Nursing Council (*Conselho Federal de Enfermagem - Cofen*), as it reduces the protection of workers during the pandemic, considering that it allows the extension of the health professionals' journey for up to 24 hours and reduces the rest time to 12 hours⁽¹³⁾.

It is noteworthy that, prior to the pandemic, nursing was already fighting against the under-dimensioning of nursing teams and work overload, which will clearly be aggravated by the content provided for in the Provisional Measure, increasing the risk of illness of professionals and adverse occurrences on assistance. Cofen filed a lawsuit against the MP, where it highlights that the document scorns those who are on the frontline of the pandemic, facing their own fears to guarantee assistance to the population⁽¹³⁾.

Another determinant for the psychological suffering of nursing workers is the situation of scarcity of PPE, which is experiencing a shortage at the national level, putting professionals at serious risk of contamination. Ensuring that this equipment reaches the workers fighting the pandemic is mandatory and urgent. There needs to be an articulation of the federal government, states, municipalities, in addition to the Federal and Regional Councils of Nursing (Cofen/ Coren), to provide these priority items for the good running of services and the safety of workers.

Inadequate working conditions are added to ethical dilemmas, as the lack of personal and collective protection for the worker, generates even more fear of acquiring the disease, which may result, for example, in distancing the client and refusing to provide care, compromising the quality of care. Furthermore, feelings of intense psychological suffering emerge, such as the experience of near death, alienation, stigmatization by society, with persistent and recurrent psychophysical reflexes⁽¹⁴⁻¹⁵⁾.

The dilemma regarding the process of living and dying, which has always played a relevant role in the context of nursing work, needs to be further discussed in the context of the COVID-19 pandemic. It highlights the importance of training professionals to provide a dignified death, using coping strategies in the face of death and understanding the feelings of professionals regarding the process of dying, as this event is impacting for workers, since these professionals show the finitude of life and the inability to heal. Regarding the scenario of this pandemic, the fear of death is even more prominent because of the virus potential annihilator, and this situation is harmful to the mental health of nursing professionals⁽¹⁴⁻¹⁵⁾.

Amid this crisis, it is necessary to take care of the health of those who care. In this sense, it is necessary to strengthen multiprofessional teamwork, promote efficient and effective communication between the various instances of health work, as well as intra and inter teams. Also highlighted is the need for collective spaces for discussing cases and exchanging experiences, as this is a strategy that aims not only to increase the learning process about the phenomenon on screen, but to promote welcoming and cohesion among professionals^(3,15).

The worker's commitment to promoting mental health and self-care is also asserted. In this sense, it is important to rest between work shifts, adopt a good diet, perform physical exercises in your home space or in a safe environment. It is essential not to adopt harmful habits to relieve tension, such as: the abusive use of alcoholic beverages and other drugs as a way to escape the anguish and tension⁽³⁾.

Likewise, it is important not to isolate yourself, that is, to talk with friends and colleagues to share experiences and feelings, even if it is in a virtual way, in addition to reflecting on the faced difficulties and what can be learned from them, resignifying their experiences. Equally, it is essential to carry out activities that produce tranquility such as breathing exercises and meditation⁽³⁾.

From the perspective of class entities, it is noteworthy, for example, that Cofen provided a channel for emotional help to professionals, offered on a daily basis. In addition to this initiative, others can be implemented in the context of the work, with the support of a team of psychologists, psychiatrists, occupational therapists, offering workers a space for active listening.

The impacts of this pandemic on the mental health of nursing workers will undoubtedly be diverse and possibly prolonged, associated with the crisis panorama in the health sector. However, the magnitude of the repercussions of psychological suffering in this work group will depend on the awareness and union of efforts of professionals, class entities and the political and social will in order to minimize the harmful effects of this pandemic in such a professional group^(3,15). The desire is that these workers to remain physically and mentally healthy in order to continue their relevant role in the process of care/caring for people affected by COVID-19.

The study had as a limitation the scarcity of articles that specifically address the repercussions of the COVID-19 pandemic on the mental health of nursing workers in Brazil, certainly, as it is a new situation and is still ongoing. It is emphasized that, when reflecting on the theme on screen, knowledge is deepened, providing subsidies for new reflections and for the implementation of measures that promote the protection of the mental health of these workers.

■ CONCLUSION

The study made it possible to reflect on the nursing work context in which these professionals have been working for years in precarious conditions, with emphasis on the qualitative and quantitative scarcity of material and human resources, long working hours, wages not consistent with the level of responsibility and relevance of their labor activities, little professional and social recognition. Finally, conditions that were already harmful to the workers' mental health and that tend to worsen with the pandemic that is underway.

It is understood that the present article brings to the fore the aggravation of a scenario that raises the potential impact on workers' mental health, as it became evident that there is suffering due to the lack of PPE, the fragility in the description of the protocols and flows for effective control of infections, extension of the workday, inadequate professional training for the crisis scenario and uncertainties in relation to therapeutic measures.

Therefore, it is configured a scenario that has a high potential for psychological suffering and mental illness of nursing workers. Recognizing this fact makes possible to implement measures and strategies that minimize the negative impacts of this pandemic on the professional community, keeping the workforce healthy and adequately active in a scenario that lacks their work activities.

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