

FREE COMMUNICATION

MENTAL HEALTH OF BRAZILIAN NURSING PROFESSIONALS IN THE CONTEXT OF THE COVID-19 PANDEMIC: ACTION OF THE NURSING FEDERAL COUNCIL

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ABSTRACT

Objective: To reflect on the mental health of the Brazilian nursing professionals in the context of the COVID-19 pandemic.

Development: The current outbreak of the disease caused by the Coronavirus, COVID-19, is causing enormous damage to the entire world and tends to cause widespread panic in the population. Faced with this reality, the nursing professionals are part of one of the most affected groups, exposed to the risk of contagion and emotional pain that considerably affects mental health. Thus, the Federal Nursing Council appointed the Nursing National Commission on Mental Health to provide assistance to these professionals who are at the forefront of the pandemic.

Conclusion: In order to achieve this goal, the Nursing Care on Mental Health project for nursing professionals in the pandemic was elaborated. After the first thirty days of services, the most emerging feelings were anxiety, fear, ambivalence, depression, and exhaustion.

DESCRIPTORS: Nursing; Mental Health; Pandemics; Nursing Professionals.

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SAÚDE MENTAL DOS PROFISSIONAIS DE ENFERMAGEM DO BRASIL NO CONTEXTO DA PANDEMIA COVID-19: AÇÃO DO CONSELHO FEDERAL DE ENFERMAGEM

RESUMO

Objetivo: refletir sobre a saúde mental dos profissionais de enfermagem brasileiros no contexto da pandemia COVID-19.

Desenvolvimento: o atual surto da doença causada pelo Coronavírus, a COVID-19, está ocasionando prejuízos enormes para todo o mundo e tende a provocar pânico generalizado na população. Diante dessa realidade, os profissionais da enfermagem fazem parte de um dos grupos mais afetados, expostos ao risco de contágio e da dor emocional que afeta consideravelmente a saúde mental. Assim, o Conselho Federal de Enfermagem determinou à Comissão Nacional de Enfermagem em Saúde Mental para efetivar atendimento a esses profissionais que se encontram na linha de frente na atuação da pandemia.

Conclusão: para atingir esse objetivo, elaborou-se o projeto de Atendimento de Enfermagem em Saúde Mental aos profissionais de enfermagem na pandemia. Depois dos primeiros trinta dias de atendimentos, os sentimentos mais emergentes foram: ansiedade, medo, ambivalência, depressão e exaustão.

DESCRITORES: Enfermagem; Saúde Mental; Pandemias; Profissionais de Enfermagem.

SALUD MENTAL DE LOS PROFESIONALES DE ENFERMERÍA DE BRASIL EN EL CONTEXTO DE LA PANDEMIA DE COVID-19: ACCIÓN DEL CONSEJO FEDERAL DE ENFERMERÍA

RESUMEN:

Objetivo: reflexionar sobre la salud mental de los profesionales de Enfermería de Brasil en el contexto de la pandemia de COVID-19.

Desarrollo: el brote actual de la enfermedad causada por el Coronavirus, COVID-19, está ocasionando enormes daños en todo el mundo y tiende a provocar pánico generalizado en la población. Frente a esta realidad, los profesionales de Enfermería forman parte de uno de los grupos más afectados, expuestos al riesgo de contagio y de padecer dolor emocional, que afecta considerablemente la salud mental. En consecuencia, el Consejo Federal de Enfermería designó a la Comisión Nacional de Enfermería en Salud Mental para que efectivice la atención de los profesionales que se encuentran en la primera línea de batalla contra la pandemia.

Conclusión: para lograr este objetivo, se elaboró el proyecto de Atención de Enfermería en Salud Mental para los profesionales de Enfermería en la pandemia. Después de los primeros treinta días de servicios, los sentimientos más expresados fueron los siguientes: ansiedad, miedo, ambivalencia, depresión y agotamiento.

DESCRIPTORES: Enfermería; Salud Mental; Pandemias; Profesionales de Enfermería.

INTRODUCTION

The Federal Nursing Council (*Conselho Federal de Enfermagem*, COFEN) keeps up to date the numbers of active nursing professionals, with the universe of professionals across the whole country totaling 2,283,808, distributed into 558,318 nurses, 1,307,680 nursing technicians, and 417,519 nursing auxiliaries⁽¹⁾.

Work is a process in which the human being, through his actions, controls and modifies nature, with the purpose of producing something and, in this same process, human beings modify themselves, because they imprint in the work their perspectives of result⁽²⁾. In health, work is aimed at the therapeutic action of health. The object of the nursing work is made up of individuals who need health care, with all the complexity and subjectivity of the human being^(2,3).

For nursing, care is the essence of its practices and the predominant aspect that distinguishes it from other professions in the health field, defined as art, technique, intuition, and sensitivity^(4,5). Taking care of all human complexity is a challenge for the nurse, because its demands never cease and nor can they be completely met. During the process of illness, when weaknesses, fears, anxieties, and discomforts arise, attention towards the emotional dimension of the human being gets even the more necessary⁽⁶⁾.

This manuscript sought to reflect on the mental health of the nursing professionals in Brazil in the context of the COVID-19 pandemic. We discuss five topics of the theme: emotional suffering in the daily work of Nursing; the COVID-19 pandemic; emotional suffering of the nursing professionals in the COVID-19 pandemic; the emotional work of the nurse; and the feelings most frequently stated by the professionals.

DEVELOPMENT

Emotional suffering in the daily work of Nursing

The professional nursing practice is marked by multiple demands: to deal with pain, suffering, death and loss, in addition to unfavorable working conditions and low remuneration. Together, these factors trigger the emergence of stress, and even Burnout Syndrome, a term that was created to describe the physical and psychic wear of professionals who deal with high levels of emotional involvement while performing their functions. This situation continues in public and private sectors, justifying the conduction of studies that highlight in their results the need to pay more attention to the health of the health professionals⁽⁷⁻⁹⁾.

Although Nursing aims at caring for life, sometimes the outcome of its work can result in irreversible damages that determine severe sequelae and/or deaths. Caring for life in suffering and death allows us to assert that the nursing work generates psychic suffering, and this is identified as a painful and unhealthy work for all the team involved⁽⁷⁾.

In daily life, the work developed by the nursing team generates ambiguous feelings: sometimes it collaborates for experiences of pleasure, others for experiences of suffering. This is because there is a possibility of being useful while serving, helping, and comforting but, when faced with the suffering of others, death, pain, and/or difficult-to-overcome situations, the worker suffers⁽¹⁰⁾.

These professionals are prepared to save lives and much of the time they face suffering and death. It is important, then, that the nursing professionals understand that suffering and pleasure are dialectical feelings in their work; and this understanding is of great relevance to promote workers' health and to improve the quality of the care provided^(11,12).

The COVID-19 pandemic

We are currently experiencing a moment of intense challenge from a health point of view, the current outbreak of the COVID-19 disease, caused by the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-Cov2), the so-called Coronavirus. First reported in the Province of Wuhan in China in 2019, the infectious COVID-19 disease is a new illness, and is different from others caused by Coronavirus, such as the Severe Acute Respiratory Syndrome (SARS) and the Middle East Respiratory Syndrome (MERS). It is a disease with rapid transmissibility between individuals who may or may not be symptomatic, and with outbreaks that can grow rapidly and exponentially. There are no therapies or vaccines yet that demonstrate to treat or prevent COVID-19^(13,14).

According to data from the first countries affected by the pandemic, about 40% of the cases will suffer a mild illness, 40% will experience moderate diseases like pneumonia, 15% of the cases will suffer severe illness and 5% of the cases will suffer a severe illness which may lead to death⁽¹⁴⁾.

The COVID-19 pandemic is causing enormous damages to individuals, families, communities, and societies worldwide. Daily life has changed profoundly, the economy has entered into recession and many of the traditional social, economic, and public health safety networks on which people rely in difficult times have been subjected to unprecedented pressures⁽¹⁴⁻¹⁶⁾.

Pandemics tend to cause widespread panic in the population, especially when knowledge about the disease is still under construction. There is ongoing research seeking pharmacological measures and vaccines for COVID-19 but, until its completion, the most widely adopted measure worldwide to control transmission is social isolation. In isolation, feelings of helplessness, boredom, loneliness, sadness and behavioral reactions such as appetite changes or disorders, sleep disorders, and interpersonal conflicts can be intensified⁽¹⁶⁾.

These feelings and reactions are present in the daily life of the population and impact their well-being. We also have nearly 3.5 million health care workers who face uncertainties, desires, and concerns, affecting their mental and physical health during this pandemic period. It is in this context that the Nursing professionals are inserted, acting without adequate protective equipment, in general care or in intensive care units, rescues, emergencies, primary care, Emergency Care Units (ECUs) and wards^(17,18).

Emotional suffering of the Nursing professionals in the COVID-19 pandemic

The World Health Organization (WHO) observes that the nursing workers who bear the pressures of this situation have high levels of anxiety and an increased risk of becoming ill, causing severe mental health problems and increasing cases of Burnout Syndrome, in addition to generating anxiety, depression, and associated stress⁽¹⁴⁾.

The COFEN has expressed its concern about the lack of Personal Protective Equipment (PPE) and highlights that the health of the worker will be compromised and that the deficit of professionals caused by leaves due to contamination could contribute to the collapse of the Unified Health System⁽¹⁹⁾.

According to data from the COFEN, there is no official survey on the number of health professionals driven away from work in Brazil. However, in April 2020, in loco inspections were carried out in 5,780 health institutions in the country. In the situational survey by the Regional Nursing Councils, it was identified that 4,602 professionals were set aside from work on suspicion of COVID-19. This situation is serious, as it indicates a high level of contamination in the category and insufficient PPEs in the country⁽²⁰⁾.

Still according to the COFEN, the number of nurses and technicians possibly infected

and set aside took a leap in the 2nd fortnight of April. The increase was of 660%, that is, it went from 158 to 1,203 cases. Most of the nursing professionals set aside are between 31 and 40 years old, and 83% of them are women⁽²¹⁾.

Faced with this cruel process, in an emergency situation, the COFEN appointed the National Nursing Commission on Mental Health to provide health care to be provided by specialist nurses, Masters or PhDs in Mental Health in the forefront against the pandemic. And the process came to fruition.

The legal and ethical basis for starting the services are Law No. 7,498/86⁽²²⁾, COFEN Resolution No. 599/2018⁽²³⁾, and COFEN Resolution No. 564/2017⁽²⁴⁾. Law No. 7,498/86 sets forth rules on the regulation of the Nursing practice. COFEN Resolution No. 599/2018 establishes minimum parameters for safe and humanized care in Mental Health Nursing, being the legal basis of the services. COFEN Resolution No. 564/2017 approves the Ethics Code for the Nursing Professionals and clarifies the ethical basis of the care services⁽²²⁻²⁴⁾.

We stress that the secrecy and anonymity of the professionals cared for are being preserved. Nurses who are specialists, Masters, and/or PhDs in Mental Health from all over the country were registered, given the emergency of the situation. After the experts were invited, those who were available to attend the consultations via Live Chat with the nursing professionals (nurses, nursing technicians, nursing auxiliaries registered in the COFEN/Regional Nursing Councils) filled in a specific form with their data.

For the implementation of the program it became important to describe, step by step, the objective, the planned actions, and the instruments necessary to achieve the expected results, as well as to explain the stages established for attaining them.

To develop this initiative, a chat button was inserted on the COFEN's official website, placed in a low corner on the screen, as motivation for the professional to enter the Live Chat. The professional who needs and wishes to talk to the mental health nurse has to click on the dialog box, fill in data such as name and professional registration to be forwarded to the service, which is held 24 hours a day and seven days a week. The platform allows up to five nurses to perform the services simultaneously and there is at least one available supervising nurse per shift to support the nurses.

The therapeutic potential of the interpersonal involvement between nurses and the nursing professional who is suffering is a possible space for intervention and listening, since Nursing is the profession whose priority characteristic is to stand by the patient for whom care is provided. It is necessary to renounce speech, the desire to explain, to convince, and to be the one who solves the suffering of the other.

To perform emotional support implies to go beyond the obvious, to be able to detect and recognize the subjective behind the words and to be attentive and sensitive to every gesture, look, and expression⁽²⁵⁾. Attention to the highest needs of the human being requires active listening and longer interactions that may allow for the formation of therapeutic relationships, bonds, and trust. Thus, health care is readjusted so that the individual becomes the center of the care process, participating in its planning and execution⁽²⁶⁾.

The emotional work of the nurse

Given the emergency situation, we have outlined the conceptual guidelines and guiding concepts to support the Nursing Care on Mental Health project for the nursing professionals in the COVID-19 pandemic.

The idea of intervention implies an objective action or a concrete doing in a given reality; in this case, it is to support the emotional suffering of the nursing professionals in the COVID-19 pandemic. Given the emergency situation, the methodology defined for the intervention respected the qualification of the selected team: nurses who are specialists,

Masters, or PhDs, who had an affinity with the theme, and technical condition of organizing and intervening in the execution of the actions^(24,26,27).

The basis used is the humanistic theory, which highlights the positive aspects of the human being, emphasizing that each person has an intrinsic force of self-fulfillment that leads to the development of a healthier personality. Empathic Listening permeates the intervention process⁽²⁸⁻³⁰⁾.

Maslow's humanistic theory, used in nursing as a theory of basic human needs, presents ideas later adopted by Carl Rogers in the client-centered therapy, thus assuming practical meaning:

"individuals have unimaginable possibilities to understand themselves, to modify the concepts they have of themselves, their postures, and their behavior; and this potential can be released if they are led into a situation characterized by a favorable atmosphere for psychic development"⁽³¹⁻³³⁾.

The humanistic Rogerian thought points towards the belief in the positive orientation of man, based on the concept of an updating tendency. It is necessary to prioritize the enabling conditions that make this trend emerge and drive it to become operational. By means of an acceptance, authenticity, and empathy atmosphere, the individual becomes involved in the process of becoming a person, of being what he or she is, so that life takes its natural course⁽³³⁻³⁵⁾.

For Rogers, the notion of Updating Trend is the fundamental postulate of the Person-Centered Approach, as it leads not only to the satisfaction of basic needs but also of the most complex ones^(33,34). In this perspective, whenever this harmony does not occur, the person may enter into a kind of incongruence with themselves, generating disorganization between the real experience and the symbolic one, which leads to maladjusted behavior and emotional suffering^(34,35).

Unconditional acceptance is what ensures the appreciation of each other's experiences, or emotional suffering, regardless of any conditions, so that a more realistic understanding of their experience, called empathic understanding, is made possible⁽³⁴⁾. In this way, it is characterized as a way of accepting the person as he or she is, without judgment or criticism. Thus, the unconditional positive consideration is "a warm acceptance of each aspect of the client's experience". There is no feeling that cannot be expressed and "this means to care about the client, but not possessively. It implies a way of appreciating the client as an individualized person"^(33,34).

Mental health means flexibility, opposing rigidity. By fixing themselves in a repetitive and paralyzing posture, the nursing professionals who are suffering are prevented from exercising multiple possibilities of their lives. Without denying the negative poles of existence, such as resistance, inflexibility, defense mechanisms, incongruity, and malaise, the concept adopted emphasizes the positive conditions that facilitate a relationship delineating a fuller, more satisfactory, and healthier configuration⁽³⁴⁾.

The feelings most frequently stated by the professionals

During the first thirty days of consultations, the feelings most frequently stated were revealed, which were organized as follows: anxiety, stress, fear, ambivalence, depression, and exhaustion.

- **Anxiety:** lack of PPEs; pressure from the immediate leadership; with the news released by the media.
- **Stress:** people coming to the hospital all the time; deaths like never seen before.
- **Fear** of the risk of getting infected; of infecting the family.

- **Ambivalence** on the part of the population (neighbors, friends) who applaud them, but discriminate against them, avoiding contact.
- **Depression** due to loneliness, being away from their families, death of fellow workers.
- **Exhaustion** or emotional depletion by the workload.

FINAL CONSIDERATIONS

The world of work has quickly and surprisingly become a monstrous complex that generates great suffering and a feeling of emptiness, meaning a negative aspect in their existence, revealed in the testimonies of the professionals.

One strategy to take care of mental health is planned empathic listening. Faced with a pandemic such as the one we are experiencing, the nursing professionals are part of one of the most affected groups and are exposed to the risk of contagion and to the emotional pain that considerably affects mental health.

A good proposal for everyone is to remember that the new Coronavirus pandemic is not the first challenge faced on Earth and that we are not alone, but that we are part of a community strategy that can save lives⁽²⁶⁾.

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Drafting the work or revising it critically for important intellectual content - DCH, RIBO, MCNS

Final approval of the version to be published - DCH, RIBO, MCNS

Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved - DCH, RIBO, MCNS



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