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Original Article

Daily life and emotional states of stress and anxiety in healthcare workers during the COVID-19 pandemic in 2020

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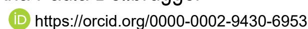
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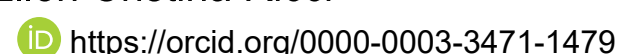
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Objective: to discuss the changes in the daily lives and emotional states of health professionals during the COVID-19 pandemic in 2020. **Methodology**: focus groups were held weekly and synchronously for six weeks, lasting approximately 1.5 hours. The recordings were transcribed, analyzed, and categorized using the interpretative narrative phenomenological method. **Results**: the categories found were: changes in routine and daily life; precarious working conditions; changes in emotional states; and individual strategies aimed at mental health care. **Conclusion**: the pandemic has aggravated situations of psychological distress motivated by fear of contamination, overload, and precarious working conditions, as well as tensions arising from the Brazilian political scenario. The main strategies that professionals found to deal with this situation were to carry out meaningful activities and to search virtually for a loved one to talk to or carry out some activity adapted to the distance.

Descriptors: Activities of Daily Living; Mental Health; COVID-19; Health Workers.

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Cotidiano e estados emocionais de estresse e ansiedade em trabalhadores da saúde durante a pandemia da COVID-19 em 2020

Objetivo: discorrer sobre as mudanças no cotidiano e os estados emocionais dos profissionais de saúde durante a pandemia da COVID-19 em 2020. **Metodologia:** foram realizados grupos focais que aconteceram semanalmente e de forma síncrona, durante seis semanas, com a duração aproximada de 1h30min. As gravações foram transcritas, analisadas e categorizadas por meio do método fenomenológico interpretativo da narrativa. **Resultados:** as categorias encontradas foram: alterações na rotina e no cotidiano; precarização das condições de trabalho; alterações nos estados emocionais; estratégias individuais voltadas para o cuidado da saúde mental. **Conclusão:** a pandemia agravou as situações de sofrimento psíquico motivado pelo medo de contaminação, pela sobrecarga e a precarização do trabalho, e também pelas tensões advindas do cenário político brasileiro. As principais estratégias que os profissionais encontraram para lidarem com essa situação foram a realização de atividades significativas e a busca virtual por um ente querido para conversar ou desenvolver alguma atividade adaptada à distância.

Descritores: Atividades Cotidianas; Saúde Mental; COVID-19; Profissionais da Saúde.

Vida cotidiana y estados emocionales de estrés y ansiedad en trabajadores de la salud durante la pandemia de COVID-19 en 2020

Objetivo: discutir los cambios en la vida cotidiana y los estados emocionales de los profesionales de la salud durante la pandemia de COVID-19 en 2020. **Metodología:** se realizaron grupos focales, que se desarrollaron semanalmente y de forma sincrónica, durante seis semanas con una duración aproximada de 1h30min. Las grabaciones fueron transcritas, analizadas y categorizadas utilizando el método interpretativo fenomenológico de la narrativa. **Resultados:** las categorías encontradas fueron: cambios en la rutina y en la vida diaria; condiciones laborales precarias; cambios en los estados emocionales; estrategias individuales dirigidas a la atención de la salud mental. **Conclusión:** la pandemia agravó situaciones de sufrimiento psicológico motivado por el miedo a la contaminación, la sobrecarga y el trabajo precario y también por las tensiones derivadas del escenario político brasileño. Las principales estrategias que encontraron los profesionales para afrontar esta situación fueron la realización de actividades significativas y la búsqueda virtual de un ser querido con quien hablar o la realización de alguna actividad adaptada a distancia.

Descriptores: Actividades Cotidianas; Salud Mental; COVID-19; Personal de Salud.

Introduction

The coronavirus pandemic (SARS-Cov-2) has abruptly and significantly altered people's daily lives around the world, especially health workers, as they have had to change the way they live and provide care[1]. In Brazil, the pandemic scenario was made more complex by the political, economic, and social crises experienced in the country, resulting in harmful repercussions for health professionals[2].

Thus, professionals who were already dealing with a precarious work context that was increasingly being scrapped by a neoliberal government - i.e. increased workload, low wages, and the need for multiple jobs, among others[3] - were forced to face a new disease with already scarce human and material resources and without any public policy aimed at promoting, maintaining and recovering their physical and mental health. Thus, the pandemic added to a situation in which labor and social security rights had already been lost, and its health, economic, and social repercussions aggravated the context of fragility and deregulation of work[2].

In addition, the actions and political conduct to deal with the pandemic have been totally neglected at the federal level, which, in addition to making no effort to combat it[4], has acted to spread it[5], as well as the lack of preparation at the state and municipal levels, and the lack of guidance for these bodies and the total divergence of the actions carried out at each level of government. Thus, in the mismatch between the right to life and neoliberal guidelines, government actions were erratic, disjointed, and disorganized, and, in the few cases where they were relevant, they were accompanied by delay and insufficiency, demonstrating the inability (or unwillingness) to plan effective public responses to collective demands[6].

Thus, the fight against the pandemic was guided by neoliberal capitalism, which opted to "save the economy" rather than lives[7], with the presidential and business slogan that the economy and Brazil could not stop because five thousand people were going to die[8]. Furthermore, the lack of access, by part of the population, to basic items to prevent the new coronavirus and the impossibility of social distancing for some people who had to work[9], combined with a disregard for prevention measures[4], increased the transmission and contamination of the disease, overloading health professionals and the health system.

It should be noted that actions such as these tend to occur in a society that is poorly informed about the measures it should adopt to protect itself against the coronavirus, in addition to the confusion arising from the conduct of the president of the republic and some of his ministers, who often disregarded and even denied the protection measures widely disseminated by the World Health Organization (WHO)[10]. Thus, the government's plan was based on biopower - techniques of power that seek to create in a certain population a state of life that generates economically active and politically docile bodies[11] - and necropolitics - the exercise of power to dictate who lives and who dies[12] - to the point of the government being called genocidal[13].

This situation has led to people experiencing anxiety, depression, physical and/or emotional overload and/or exhaustion, being unable to meet important demands, and having their decision-making processes affected[14]. In the global scenario, research from different countries has pointed to the mental health problems faced by workers during the COVID-19 pandemic (the acronym for the nomenclature adopted by the World Health Organization: "Coronavirus Disease 2019"), with emphasis on the high rates of anxiety[15], depression[16-17], stress[16], burnout[16], insomnia[17] and the increase in suicide attempts[18-19].

Some studies have also pointed to the need to create specific services for the mental health of health workers during the pandemic[20-21]. In view of this, it is important that the psychological effects on these workers are better understood, in order to support future interventions that may be necessary because of this problem.

In view of the above, this article aims to discuss the emotional states and changes in the daily lives of health professionals as consequences of the COVID-19 pandemic.

Methodology

Study design

It is necessary to contextualize that this article deals with qualitative data from a focus group of health workers from the matrix research: "COVID-19 pandemic in Brazil: evaluation of emotional states, daily life and virtual devices of help and mutual support to the population". It is a study anchored in the constructivist and interpretive paradigm, of an evaluative nature, guided by the framework of critical hermeneutics[22-23].

The main research field was Brazil and it involved health workers with access to digital media and the Internet. A national reach was sought through invitations via social networks and the support of professional health councils.

Time period

This study took place during the second half of 2020.

Population

The target population for this study was health workers working during the COVID-19 pandemic. Of the almost 500 workers who responded to the quantitative stage of the matrix survey, around 120 signaled their interest in taking part in virtual group meetings by answering yes to a question at the end of the questionnaire: "We would like to invite you to take part in six virtual group meetings with other people with needs similar to yours. Would you like to take part in six virtual group meetings?"

Selection criteria

Of the 120 people interested in the group, 40 were selected based on five variables: age, gender, race, profession and level of attention, to make up the most heterogeneous group possible. Those selected were contacted via email and private WhatsApp. Of the 40 selected, only 19 remained active in the groups during the collection stage, 15 women and four men. All of them were working during the COVID-19 pandemic.

Data collection

A total of six meetings were held synchronously and online, using the Google Meet platform. The frequency was weekly, and this stage of the collection lasted six weeks. Each meeting was recorded and lasted an average of 1.5 hours, with an average of seven workers taking part. The group was conducted using the focus group methodology, allowing group interaction to be analyzed and the participants' experiences to be understood from their point of view[24]. The groups were conducted by three members of the research team: one of the researchers in charge, who has a degree in Occupational Therapy, a PhD in Social Psychology, is a university lecturer at a federal public institution, with 15 years' experience in conducting focus groups and mutual aid and support groups, and two undergraduate students in their final semesters - one from Psychology and one from Occupational Therapy courses. At the beginning of each meeting, a script was used with the following trigger phrases: "How was your week? Describe your feelings; What activities did you do? What strengths, difficulties, and differences did you find in doing them?"

Data processing and analysis

After the end of the focus group, the recordings of the meetings were transcribed in full, analyzed, and categorized, and, finally, a hermeneutic narrative was produced with the aim of understanding the effects of the pandemic among the participants (qualitative phase)[25], which this article discusses.

The narratives were analyzed using interpretative (hermeneutic) phenomenology, which seeks to integrate the findings and enrich the area studied. Its principle is to understand lived experience and its meanings, which it considers to be linked to man's relationship with other people, society, and culture[26-27]. The steps of the interpretative phenomenological method are: naive reading and description of the data from the phenomenological reduction (*époqué*); grouping, and delineation of the units of meaning; and the development of analytical categories from the units of meaning.

The categories found were: changes in routine and daily life; precarious working conditions; changes in emotional states; and individual strategies aimed at mental health care. The transcription of the statements followed the model: pX to identify the professionals and GFX to indicate the meeting to which it refers.

Ethical aspects

In accordance with Resolution 466/12 of the National Health Council (NHC)[28], this study followed all the rules prescribed for research with human beings. It was preceded by authorization from the institutions, inserted into the Brazil Platform, and approved by the ethics committees of both institutions involved, under the Certificate of Presentation and Ethical Appreciation records: 30825320.0.0000.5317 and 30825320.0.3001.5346.

Participation in the study took place after the objectives of the study were explained, as well as the forms of participation and the freedom to refuse, without any kind of damage or harm to the participant. After the person agreed and confirmed that they understood the whole process, they signed the Free and Informed Consent Term (FICT). They were guaranteed the possibility of any questions to be answered by the team or of leaving the study, without any harm.

Results

Nineteen health professionals from the South (12) and Southeast (seven) regions of the country took part in the focus group. The profile of the workers is described in Table 1.

Table 1 - Sociodemographic profile of health workers participating in focus groups. Santa Maria, RS, Brazil, 2022

Category	Frequency	Percentage (%)
Sex		
Female	15	78.95
Male	4	21.05
Age		
18-29 years	2	10.54
30-59 years	15	78.92
60 years or older	2	10.54

(continues on the next page...)

Category	Frequency	Percentage (%)
Color/Ethnicity		
White	12	63.16
Black	3	15.79
Brown	4	21.06
Marital status		
Single	4	21.06
Married/stable union	13	68.42
Divorced, separated, or divorced	1	5.26
Widowed	1	5.26
Level of education		
2nd degree complete	3	15.79
Incomplete university degree	4	21.05
Complete university degree	3	15.79
Postgraduate	9	47.37
Profession		
Occupational Therapy	3	15.79
Psychology	5	26.31
Nursing	1	5.26
Dentistry	1	5.26
Community Health Agent	2	10.54
Secretary/Receptionist	3	15.78
Administration	2	10.54
Nursing Technician	1	5.26
Pharmacy Technician	1	5.26
Level of activity		
Primary	9	47.37
Secondary	6	31.58
Tertiary	4	21.05
Income		
Up to 2 minimum wages*	6	31.57
Up to 3 minimum wages*	6	31.57
Up to 4 minimum wages*	2	10.54
Up to 5 minimum wages*	2	10.54
Above 5 minimum wages*	3	15.78

*Consider the value of the minimum wage in Brazil in 2020, when the data was collected

Changes in routine and daily life

In day-to-day work, the main changes reported were the changes in work processes, with the need to work longer hours, while at the same time, safety measures were adopted that led to the social isolation of workers, in terms of the possibilities of socializing outside the workplace, as one of the participants reported: [...] *It's a huge emotional burden, you're away from what you're used to, from your routine, right?* [...] *there were days when I* [...] *was really isolated (and) it was extremely complicated, folks!* [...] *Imagine, I* [...] *had almost three shifts of* [...] *work every day, and out of the blue you start* [...] *staying at home* [...] (p10, GF2).

With regard to personal daily life, the main changes cited were the need to incorporate care measures to prevent coronavirus contamination, the change in contact with family members, the lack of a structured routine, and the reorganization of free time to carry out meaningful activities that are possible at the present time. [...] *when I get home, I take care of myself* [...] *I go straight to the shower, take off all my clothes, use alcohol gel, in short,* [...] *I'm trying to keep myself healthy* [...] *especially in relation to mental health* [...] *which hasn't been easy (in this)* [...] *pandemic* (p10, GF2).

In addition, activities of daily living, leisure, and psychosocial activities were restricted to the home, so health professionals felt the need to transform and give new meaning to this space. *So I think there are* [...] *possibilities of* [...] *rediscovering the house, remaking the house, reframing the house, the places in the house.* [...] *a good thing is for us to rediscover and resignify our own stories* (p1, GF4).

Some participants also reported the intensification of domestic and care activities. *I think* [...] *the scenario is the same for everyone, right, but for women, it's been exhausting* [...], *you wake up thinking about what you're going to do for lunch, with your cell phone in your hand answering a thousand emails and it's time to leave. And now (that) the children are at home* [...] *it's very complicated* [...] (p6, GF5).

Precarious working conditions

Poor working conditions, lack of support from management, bullying, helplessness, negligence, and professional devaluation appeared in several reports. [...] *there's no testing* [...]. *Often there's not even a mask,* [...] *we have to wear our masks* [...] *to work."* (p11, GF2) *and "*[...] *the way workers are treated* [...] *is* [...] *that* [...] *life is worthless, it doesn't matter* [...]. *We feel vulnerable, but* [...] *they make us vulnerable, and then I think we have to fight back* [...]. (p1, GF2).

The participants also talked about how political differences in the handling of the pandemic have affected their daily work, resulting in a failure to observe essential health protocols. *One of the things that* [...] *we've noticed, and I don't know if it's a question of denial* [...] *... (are) many colleagues* [...] *not adhering* [...] *to* [...] *safety protocols,* [...] *I've seen a decrease in care in relation to PPE, and this has marked our daily lives,* [...] *there's also sometimes no understanding among colleagues about this situation,* [...] *even due to the policy that Brazil is adopting of* [...] *- oh, this* [...] *isn't that relevant* (p11, GF2).

Added to this was the management of health services and the pandemic, at all three levels of government, which was the subject of many discussions due to its inefficiency, confusion, and prioritization of the maintenance of the service, rather than the health of workers, as well as the improper hiring of personnel due to political affinities rather than professional competence, an attitude that served to fulfill partisan objectives rather than health care - a very relevant issue in the Brazilian context of extreme political polarization. [...] *(if) the place that takes care of workers' health doesn't have enough professionals, the management will never look at the worker and ensure care* (p4, GF3)*; The person was hired, went through a selection process, but she entered as a cc (position of*

trust) practically and [...] *what* [...] *she's doing isn't working for the community, it's working for the mayor* [...] (p10, GF3).

Furthermore, the decisions made by the Brazilian capitalist and neoliberal governments on how to deal with the pandemic prioritized the economy and not the health of the population. In this sense, epidemiologists and health professionals, the most appropriate public to manage the actions of the pandemic, were made invisible, which was perceived as violence by health workers: [...] *and then you see everyone giving their opinion on this situation, except the health sector, which should have a voice at this point. I think it's more like institutional violence that we suffer as a category* (p5, GF3).

Finally, the importance of the Unified Health System (UHS) in combating the pandemic was highlighted, because even with its underfunding - and the attempts to scrap and dismantle it - it has provided and is providing the necessary basis for actions to combat the disease through its network of services, equipment, and human resources. That said, the workers spoke of their admiration for the UHS, their desire to fight for it, and their hope that this pandemic will help the population understand its essentiality and start defending it: [...] *one of the cool things,* [...] *if you can say there's something in the pandemic,* [...] *is the role of the Unified Health System* [...] *despite all these management problems* [...] *we have to* [...] *go ahead and fight harder and harder for the system and* [...] *face some managers who are against it, right? the only hope I have is that they will start to look at the Unified Health System, which is* [...] *the major front of our work* [...], *in a broader way* [...] (p 10, GF 2).

Changes in emotional states

The main conditions mentioned were stress and anxiety, with the inefficiency and confusion of management at the three levels of government, mentioned above, being one of the main reasons. *I've had the impression that time seems to be speeding up more than before, right, I think this also has to do with this moment of stress and even loss of contact due to anxiety, right?* (p2, GF5).

Another feeling that was mentioned a lot was fear, which was so intense that it interfered with social relationships daily life, and work activities, affecting not only mental but also physical health. [...] *I realized that I was getting extremely exhausted, at first I thought it was just emotional, I was scared, I was anxious, but then I realized that it's already getting physical, you know. I'm feeling pains that I hadn't felt before, it's a lot of discomfort, sometimes I'm sitting down and I feel like lying down.* [...] *we can hardly sleep* [...]. *And I think we can't get rid of it* [...], *because we can't stop (doing) things, right?* (p6, GF5).

Fear is also associated with insecurity about management and security protocols. [...] *one of our biggest fears, thinking about contamination, has a lot more to do with* [...] *realizing that the management won't know what to do* [...] *with a possible* [...] *positive case of ours,* [...] *there's no protocol, there's no defined flow, there's no care process, right?* [...] *the municipality has no guidelines* [...] *neither for users nor for us workers* (p5, GF2).

It can therefore be seen that changes in emotional states have a direct influence on the quality of life, occupations, and daily lives of workers.

Individual strategies for mental health care

One individual strategy used was to look for someone else, a family member or friend, to talk to or carry out an activity with. *I've tried to call someone almost every day, to talk for a few minutes or half an hour, to find out about friends, to exchange ideas on various subjects. I also have a family group where they always leave messages* [...]. *This interaction* [...] *is important* [...]. *I think that's something that helps* [...] (p12, GF3)*;* [...] *I live alone* [...] *and my parents are in the at-risk group* [...] *and because they're so isolated we see very little of each other and always* [...] *(with) that function. And then recently they were playing bingo and I love playing bingo* [...] *so we made a video call and played bingo,* [...] *and it was a lot of fun.* (p5, GF5).

Another essential individual strategy is rest. However, this appeared through important reflections, rather than as a concrete action that was carried out as it should have been: *we have to give ourselves this space, right, to stop, not to do, we can't cope with everything that's necessary and everything we have to do, so when we're at home it's the continuous mode, right, we leave here, wash some dishes, come back, keep working, go and clean a floor or do the cleaning* [...] *there's no end to it!* (p1, GF6).

Discussion

The COVID-19 pandemic has profoundly altered ways of living and care practices[1], both those offered by health professionals and those received by them. This situation has had a profound impact on the lives, health, and well-being of individuals, families, and communities around the world[29], with health professionals being one of these communities. However, due to the technical and social division of labor, the impacts of this change are not equal among health workers[30], as there is a feminization of care professions[31].

The main changes in day-to-day professional life have been changes in work processes with the implementation of safety measures and the suspension and/or adaptation of care due to the high risk of contamination. These situations are in line with those described by another study carried out with health professionals in Brazil, which stated that in day-to-day professional life, the changes that most mobilized

professionals were related to the reorganization of work processes: reduced working hours, breaks, and rest times and increased training on biosafety protocols to increase safety at work[32]. However, many measures have not been implemented or have been implemented insufficiently in Brazil, leading to job insecurity and emotional, psychological, and/or physical damage.

It can thus be seen that doing meaningful activities, according to subjectivities and contexts, can generate a sense of belonging to this new reality of life[33] and is essential for promoting and/or maintaining mental health. However, the changes for all healthcare workers are more pronounced, especially for female workers, because although the fight for gender equality won the right to work outside the home[34], it did not guarantee the division of labor and domestic and filial care. And this still fell to women and it was up to men, at most, to "help out". Thus, after formal work, they have informal working days (s), in which they look after the house and the children, if they have any, spheres whose demands have intensified in the pandemic[8].

This highlights the need for actions to tackle COVID-19 and protect the physical and mental health of all workers, i.e. considering both professional needs - better working conditions, pay and professional development - and personal needs - linked to domestic and family issues. In other countries, there have been successful experiences of mental health care strategies aimed at health workers, such as guaranteeing social support for workers with school-age children[35]. In Brazil, workers were left unassisted by the state and had to develop individual strategies, resulting in the triple shift and overload reported by the research participants.

Around 3.5 million Brazilian health workers have been providing services at all three levels of care in the public and private sectors during the pandemic. This category was highlighted both for its extreme importance and for the vulnerability to which it was exposed[30], demonstrating that health work is permeated by the contradictions of a capitalist society that exploits and puts workers' lives at risk[1].

In this sense, there are precarious working conditions and the supply of PPE - due to insufficient and inadequate equipment - tensions between management and workers, and the illness and/or death of professionals[1].

The precarious working conditions of health workers show that they are not a priority group, since, according to a survey by Amnesty International, Brazil is the third country in which the most health workers have died[36]. This situation is aggravated by the country's political and health crisis, as the president himself has constantly discredited and diminished the disease, calling it the "little flu"[37] on more than one occasion. This discrediting has resulted in the pandemic being naturalized by governments, the population, and even some health professionals.

Because they are directly and daily exposed to infected patients, healthcare workers were one of the risk groups for the coronavirus, being subjected to high-stress loads, as they attend to situations that are generally serious with working conditions and, in general, unhealthy. In addition, at the beginning of the second half of 2020, when the groups were held, vaccines were under development, there were no proven effective treatment and social distancing strategies, a measure that does not apply to healthcare workers, were (and are) pointed out as the most important interventions to control COVID-19.

Thus, problems such as physical fatigue, psychological stress, insufficiency, and/or negligence in relation to protective measures and health care for these professionals[32] can lead to emotional and/or psychological damage. Mental and physical health are inseparable and need to be in balance so that for someone to be considered healthy, mind and body must be taken into account[38].

The fear of contamination pointed out by the participants is justified by the precarious working conditions and the almost total lack of assistance from health service management before, during, and after contamination. In this sense, although the WHO noted, at the beginning of the pandemic, the need to guarantee people infected with COVID-19 access to multi-professional rehabilitation, including occupational therapists, psychologists, and social workers, appropriate to their demands and life context[39], the participants pointed out that in Brazil there was no adaptation aimed at either users or health professionals.

Scarce access to mental health services to manage cases of depression, anxiety, and psychological distress among health workers during the pandemic[32] and insufficient or no support from the management of the services where they worked, led these workers to create individual strategies to deal with their feelings and suffering.

One of the most used individual strategies was to look for someone else, a family member or friend, to talk to or carry out an activity. This situation corroborates the guidelines for psychosocial care for workers working in epidemics described by the Pan American Health Organization[40], which can be adapted to this pandemic, and the document with considerations on mental health during the pandemic prepared by the WHO[39].

Conclusion

The COVID-19 pandemic has had a negative impact on the daily lives of everyone, especially health

workers. In Brazil, this impact has been exacerbated by the country's complex scenario. The government's neglect of the pandemic, the failure to transfer financial and human resources to health services, and ineffective management in combating it and effective management in promoting it, resulted in high contamination rates and the avoidable deaths of more than half a million people. Thus, a neoliberal capitalist government reigned in Brazil, using necropolitics.

This situation overburdened health workers, who had to deal with many abrupt changes in their personal and professional lives. Their work processes underwent extensive modifications due to the high risk of contamination by the disease, the equipment and safety measures offered were insufficient, so the precarious working conditions resulted in high contamination rates for these professionals. In addition, the lack of public policies and support from health service management for the health of these workers led to feelings of fear, insecurity, and high levels of stress and anxiety.

As a result, they had to find individual and collective strategies to deal with the situation. The main individual strategies used were carrying out meaningful activities and searching virtually for a loved one to talk to or carrying out some activity adapted to the distance.

There is a need to continue researching health workers, seeking to understand the long-term impacts of the pandemic on their daily lives.

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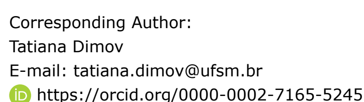
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