



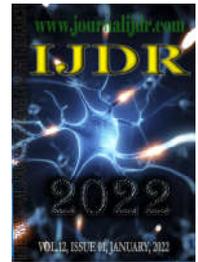
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## CHALLENGES EXPERIENCED BY HEALTH PROFESSIONALS WHO ACTED ON THE FRONT LINE TO COMBAT COVID-19

**\*Rillma Marques Melo Nunes, Dina Mara Formiga da Silva and Maria Salete Bessa Jorge**

Universidade Estadual do Ceará (UECE)

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#### \*Corresponding author:

*Rillma Marques Melo Nunes*

### ABSTRACT

This article aims to describe the challenges experienced by health professionals who worked on the front line in combating the pandemic from COVID-19. Methodology: Review of narrative literature that searched articles in two databases of the Virtual Health Library website — Latin American and Caribbean Literature on Health Sciences (Lilacs) and Scientific Electronic Library Online (SciELO), as well as data provided by SAMU -CE regarding the low number of professionals between 2020 and 2021.

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## INTRODUCTION

This work focused on the perception of the dilemma experienced by health professionals who acted in the front to fight the corona virus during the pandemic, the real need to control the infestation in parallel to the personal drama of experiencing an exhaustive workload, is exposed to infection and reinfection as well as the emotional shock resulting from the death of work partners. Once aware that the management of SAMU -CE had a drop above average, requests for shutdowns, deaths, among other consequences of this new challenge brought by the new consequent reality of the virus. While the rest of the population was oriented to social isolation, these professionals needed more than never to leave their homes and act on the front line. In view of the above, the central question of the article was: While the demands pointed to the need for a skilled workforce to attend an alarming number of infected patients, rehabilitate people with comorbidities resulting from covid-19 disease, the number of professionals in care had been decreasing, due to deaths, exhaustion and emotional trauma, amid this health chaos, is there a need for emotional support for these professionals? The general objective of this work is to discuss scientific publications related to mental health and traumas of health professionals during the Covid-19 pandemic. The world health organization recognized from March 2020 the existence of a pandemic of the new coronavirus that emerged in China at the end of 2019, and whose disease was called COVID-19.

It has an expressive capacity for transmission and propagation in a world population without natural defenses against this disease, causing considerable mortality, especially in the elderly and people with associated diseases. In addition, it causes collapse in the health system, with sudden overload of care in hospitals and intensive care units, consuming all essential equipment for the treatment of these patients, such as mechanical ventilators, and also leading to the lack of personal protective equipment (PPE) for professionals who care for these patients. This further increases the contamination of the health team, contributing to the collapse of the entire system (Ribeiro et al., p. 1, 2020). Unfortunately in Brazil the pandemic found a perfect structure for sprawling, because while the population had initial difficulty finding basic items such as masks and gel alcohol, in hospitals the situation was even more dramatic, beds, respirators, PPE for professionals, even knowledge of dealing with this disease were lacking. In addition to the scarcity of EPIs, the lack of medication and their impact on the care provided were signaled by the Brazilian Society of Hospital Pharmacy (SBRAFH), which released a questionnaire answered by 731 pharmacists, directly involved in both planning, procurement and dispensing management and the care process. The results indicated that professionals from all Brazilian states experience difficulties involving supply and that this problem affects all profiles of health services. The rupture of the stock of medicines and health products was reported by 87% of the professionals, regardless of the size of the unit and the type of care service offered, whether or not there was a specific area for the care of patients considered to be suspected or confirmed cases of COVID

19. The greatest supply difficulties involve parasedation medications (64%), followed by neuromuscular blockade (59%) and analgesia (37%). The majority of professionals (65%) reported that the institution does not have a perspective at the time of supply to be able to continue the provision of services for the coming months of the pandemic. (Gurtler, C ezar, et al., 2020). Faced with this scenario of war, the population was still resistant to obey the rules of isolation, for economic reasons, which were strongly defended by the federal government, in fact the economy of the country was not prepared for the need to ensure the survival of the population, on the other hand, the health system in total had no structure to insure the collapse as it was already, and the desperate feeling of knowing that the numbers of infected only increased. Brettas (2020) points out, a controversy hangs in the air in times of pandemic. After all, is there an opposition between saving lives and saving the economy? This dilemma, transformed into a tug of war by the federal government, helps to unseeout what alienation obscures: in the capitalist mode of production, the production of wealth generates incompatibilities with quality of life assurance for the vast majority of the population. Physicians as well as all pandemic confrontation professionals experienced moments of deep exposure to emotional trauma. My psychological is very shaken", cristina says about her work in the covid-19 care unit, adding that her feeling, after a year of pandemic, is one of exhaustion. The social worker says she shares this same feeling with all professionals who work on the front line against covid-19. "There are days that we have entered the unit and it seems like a war scenario, in which you see the extremely worn-out team, saddened to be losing so many lives, so many serious patients coming. For us, it is a feeling of great sadness and it seems that there is no end, every day it gets worse", he says (MARCHIORI, 2021). As of December 2021, Brazil recorded 617,000 deaths from covid-19 (State Health Departments, 2021). Therefore, this article aims to describe the challenges experienced by health professionals who acted on the front line in combating the pandemic from Covid-19.

## LITERATURE REVIEW

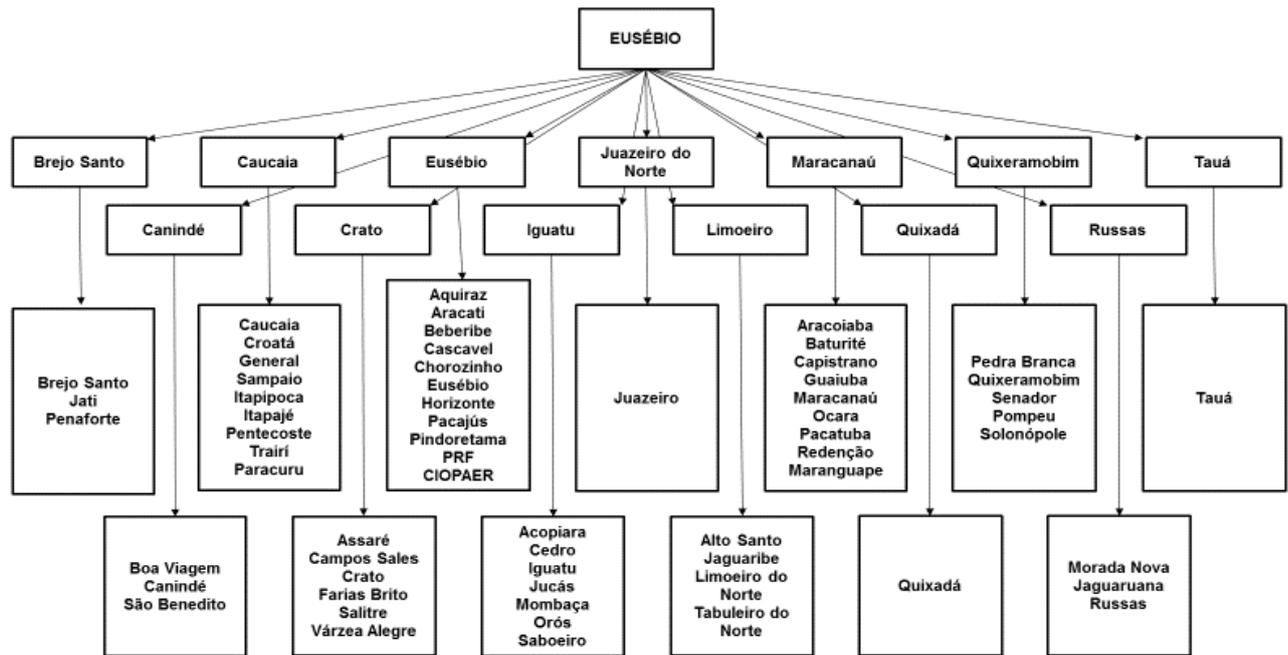
Article developed through a review of narrative literature that searched for articles in two databases of the Virtual Health Library website — Latin American and Caribbean Literature on Health Sciences (Lilacs) and Scientific Electronic Library Online (SciELO), as well as data sedidby SAMU -CE regarding the losses in the number of professionals between the years 2020 and 2021. The study was divided into three moments. At first, the bibliographical research was carried out, aiming at the selection of books, journals and academic articles, which addressed the themes COVID -19, Emotional disorders arising from the pandemic, social situation of Brazil during the pandemic and experiences of professionals from the direct fight against the pandemic. Subsequently, the author sought the data that were low in the SAMU-CE, to relate and validate the questions of the theme. The comparison of these data with the data researched caused the author to understand a direct relationship between the losses of SAMU -CE with emotional factors, such as exhaustion and anxiety. Regarding the nature of this study, this is a qualitative research, once a case study has been done. Qualitative research seeks to understand the process and its meaning, and the researcher is the key instrument and in order to reach the results it is not necessary to use statistical methods and techniques.

## DISCUSSION

The prevalence of posttraumatic stress disorder after infectious disease pandemics in the 21st century, including covid-19: a meta-analysis and systematic review, a psychiatric study published in the journal *Molecular Psychiatry* in February this year, revealed that about 18% of people infected with the sars-cov-2 virus were diagnosed with PTSD (posttraumatic stress disorder). The results show that posttraumatic stress disorder can be a major mental health problem in contexts of health like this (Marchori, 2021). The study mentioned above talks about PTSD, being a set of symptoms that

people present after experiencing a traumatic situation, the study points to a trend of people who have experienced diseases caused by viruses to go through this disorder. BarnhillA, 2020 explains that many people are affected in a lasting way when something terrible happens. In some, the effects are so persistent and severe that they are debilitating and represent a disorder. In Brazil, the health area more than any other sector of professional activity experiences the emotional exposure of the pandemic, loss of patients and friends, unfaceed grief, physical exhaustion, coping with an unknown virus, removal of their family members, lack of work material. SANTOS et al., states that 490 professionals approached by him in a study, of which 292 (59.6%) nurses and 198 (40.4%) nursing technicians, most of these professionals worked in direct contact with patients with Covid-19 (89.6%). They answered about mental health, 30.4% of the respondents had been diagnosed with some mental disorder in the last 12 months, 39.6% of these professionals presented symptoms of moderately severe or severe anxiety, 38.0% presented symptoms of moderately severe or severe depression, the presence of symptoms of Burnout Syndrome was present in 62.4% of the professionals. In turn Marchoridestaking on the study The relevance of posttraumatic stress disorder after diseases of infectious diseases in the 21st century, including covid-19, emphasizes that; that the prevalence of post-pandemic posttraumatic stress in all populations was 22.6%. Health professionals had the highest prevalence, corresponding to 26.9%. In Fortaleza-ce the doctor Mariana Chaves, who worked for 3 weeks in the beginning Dr. Jos e Frota, she reports that: "In this period of care for patients with covid-19, we can not leave for absolutely nothing, nor pass the door. We can't go to the bathroom, we can't eat or drink water. Only if an accident happens and the clothes tear. Then you have to change", (...) "The breaks are exclusive for the early morning period, when a relay is made. At these times, we can take the equipment a little, because the material hurts. The mask has to be well sealed, and as it has a metal structure, ends up marking the face. The face shield, which is bigger, gives a lot of headache, and sometimes it's six hours that we can't even sit" (Camara, 2020). In that same hospital the sick Nancy Costa says: "We have to work with the fear of health professionals, and it is nursing that emerges at the front. Nursing is with the patient all the time, from the moment he arrives at the institution until the moment of discharge or death" (...) "Today I saw a mother crying, wanting to recognize her son's body. She hasn't seen him in days because she can't have a visitor. It's an extremely delicate context. I thought, 'the lady will see her son, to enter the morgue, she wore all the obligatory protective equipment. A meter away, and wearing a filter mask, the mother could see the boy's face (Camera, 2020). It is certain that dealing with death is the daily life of the profession, but the frequency, not being able to let relatives see their loved ones, the exhausting journey. Is anyone ready to go through this pandemic?"

THE SAMU is the Mobile Emergency Care Service, which attends urgent and emergency cases, funded by the Federal, State and Municipal Governments, with the purpose of improving the care to the population. It was created in 2003 and is part of the National Emergency And Emergency Policy (Junquera, 1997). Through the publication of municipal law 8,901 of December 7, 2004, the transportation system was created for patients who needed to undergo hemodialysis, chemotherapy and radiotherapy sessions. From the approval of Ordinances No. 1,864/GM/MS of 2003 and No. 2,048 of the Ministry of Health, which approved the Regulation of the Unified Health System), the Mobile Emergency Care Service was implemented throughout the country, consequently in Cear a, which goes by telephone number 192. In the capital of Cear a, emergency support is the responsibility of the Municipal Health Department of Fortaleza itself, while in the other localities of the state it is under the responsibility of the state government, the teams start the treatment and stabilization of the victims and during the service remain in contact with the central, to pass on vital signs, signs, symptoms and interventions applied. To elucidate the study, it is worth describing the organization/logistics of SAMU 192 CEAR A. Located in the municipality of Eusebio, it houses the administrative and operational sectors of the institution: General, administrative and financial Direction, Regulatory Center, Human Resources, Permanent



Source: Prepared by the authors.

Figure 1. Regional and Decentralized Bases of SAMU 192- CE

Education Center - NEP, Informatics Center - NUIFN, Logistics, CME and Distribution, Warehouse, Archive and medical, nursing and transportation coordination. SAMU 192 CEARÁ is installed in 62 municipalities. In the regional and decentralized bases, serving 126 cities, from North to South in the state of Ceará and has a staff of 1,414 workers, including doctors, nurses, nursing technicians. The SAMU 192 Ceará has an agreement with the Federal Highway Police (PRF) in the State that has another unit (basic health unit) USA, prioritizing the attendance of occurrences on the roads that cut through the interior. There is a medical regulation team that constitutes the Regulatory Center (CR) and connects with mobile teams: it is a group defined as action and whose specific objective is to decide the type of vehicle to be moved to the place of occurrence, how the care will be and the fate of the victim, who will receive hospital care. In a period of two years, SAMU -CE had in its staff a drop of 549 professionals, which is equivalent to 27% of its staff, at that time many of the professionals still in active report emotional problems and demotivation for work.

## CONCLUSION

At the moment health professionals are quite likely to suffer psychological disorders, the health sector was not prepared to go through a pandemic of this magnitude. The federal government has raised concerns about the economy, lowered preventive security measures, during these years of pandemic health professionals suffered severe emotional shocks, studies show that the prevalence of post-pandemic post-traumatic stress in all populations was 22.6%. Health professionals had the highest prevalence, corresponding to 26.9%, however these studies were worldwide, with a focus on Brazil, the percentages will be higher. The SAMU - CE with its direct coping group had a loss of 27% of professionals, due to deaths, infections or reinfections, in this sector still has no official indicators that point to data regarding trauma stemming from coping with Covid-19. It is suggested to start psychological work with these active professionals, as well as to accompany the professionals away to prevent even greater personnel loss due to emotional disorders.

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