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RESEARCH ARTICLE

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PHYSICAL ILLNESS OF PHYSICIANS AND NURSES DURING THE NEW CORONAVIRUS PANDEMIC

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ABSTRACT

The object of this research was the Burnout Syndrome (SB), a psychopathology triggered from a psychosocial phenomenon that is associated with stressors in the work environment. This research aimed to discuss the Burnout syndrome in medical professionals and nurses during the COVID-19 Pandemic. This is a systematic literature review with a qualitative approach, carried out by articles published in the Capes and Scielo databases, published between 2017 and 2021. The survey results show that during the pandemic period, there was a great lack of materials and equipment in the hospital context, providing the psychological illness of health professionals who are in the front line in the fight against COVID-19, with an extensive demand due to the increase in patients, causing the worsening of the emotional condition of these professionals, which caused emotional exhaustion, triggering Burnout Syndrome. It was observed that there is a propensity of health professionals to be removed from the work they developed in the hospital context due to the involvement of BS.

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INTRODUCTION

The Covid 19 pandemic has been a challenge for workers around the world, especially for health professionals who, unlike other areas, did not work at home, were called to work on the "frontline" of combating COVID-19, where, in addition to facing an unknown virus, they had to deal with long working hours, lack of equipment and medicines as well as physical and mental exhaustion (Fernandes *et al.*, 2020). Given all the challenges faced by health professionals during the pandemic period, the danger of being exposed to the virus is also attributed. All these stressors wore out doctors and nurses, triggering the mental illness of many of these professionals. Among the consequences of this wear, one stood out for removing these health professionals from their work and for being increasingly present in these professionals, the Burnout Syndrome (Halbesleben; Buckley, 2004). Burnout is a syndrome still unknown to many people, considering that little is said about the subject. Moura *et al.* (2020, p. 2) states that the term burnout is defined, according to English jargon, as that which stopped working due to an absolute lack of energy, metaphorically it is that, or that which has reached its limit. Burnout Syndrome does not exclusively affect health professionals. As it is associated with a decrease in the quality of their work, it is understood that a health professional, in a period of global pandemic, must be well enough to perform their tasks quickly and correctly, otherwise they will not be able to care for and treat satisfactorily, your patient. The Burnout Syndrome in health professionals can, therefore,

negatively affect patients from uncertainties and concerns about the treatment and clinical picture, aggravating the patient's suffering (Pemicciotti *et al.*, 2020). Given the scenario presented by the pandemic, this research aimed to discuss the Burnout syndrome in medical professionals and nurses during the COVID-19 Pandemic. For this, the structure of the health system was initially addressed to meet the demands that arose in the Pandemic and, subsequently, the role of doctors and nurses at this time. The last discussion topic addresses doctors and nurses who acquired Burnout syndrome, addressing its factors and consequences. This work is relevant when it comes to informing about the psychological suffering of a group of professionals who worked, and are still working, on the "frontline" in the fight against the COVID-19 Pandemic and, at times, was affected by emotional exhaustion, making them unable to continue their work activities. It is also understood that this research presents information that serves as a warning to the precariousness of our health system, sensitizing authorities to re-examine existing public policies and prioritizing health in the various health spaces, components of the Unified Health System.

METHODOLOGY

This research is a systematic review of bibliographic procedure and qualitative approach. The data survey was carried out from research on Capes and Scielo platforms, in June 2021. For the limitation and search for publications on the topic, the following descriptors were

established: Burnout syndrome, health professionals, physicians, nurses and psychological distress. The descriptors were used in the search individually and crossed in order to obtain better results. The bibliographic material used in the analysis of the theme were articles, all found on scientific platforms. In addition to the descriptors, the following inclusion criteria were used to delimit the number of publications: a. publications from 2017 to 2021; B. complete publications; and c. publications in the Portuguese language. The analysis of the publications raised was divided into three stages. The first step aimed to remove repeated publications, with the same title and content, and those publications that did not fit the inclusion criteria. The second stage dealt with reading the abstracts and synopses of the publications in order to verify if the publications were aligned with the research objectives. In the third stage of the analysis process, the researchers carried out a reflective and interpretive reading of the publications that went through the first two sieves, raising the main ideas of the authors, their interpretations and opinions on the topic. Afterwards, a comparison of these ideas was carried out and the discussion of the work started. From the analysis of the sources, 13 articles were selected for the composition of the discussion of the topic of this article.

RESULTS AND DISCUSSION

The precarious structure of the health system in the Pandemic and its consequences. The Unified Health System (SUS) in Brazil, mainly responsible for coordinating medical practices and assistance during the Pandemic, did not comply with the needs of the various components of the health network, leaving many establishments unable to act effectively against the COVID-19. The expansion of beds and the acquisition of materials were given as a priority (Conte *et al.*, 2020). The spread of this disease increased the search for emergency services, causing an exacerbated increase in the occupation of ICU beds and wards. This increase in patients triggered an insufficiency of space for patients, equipment and medical supplies for care, in addition to evidencing a deterioration of existing health resources in the Brazilian health system, contacted with the spread of this virus (Lima; Lopes; Santos, 2020). This collapse, in health establishments, triggered changes in the working environment of health professionals. During the high points of the curve of COVID-19 cases, a reduced number of beds and mechanical ventilators was observed, making the work of health professionals a great challenge (Júnior *et al.*, 2020). Other materials such as oximeters and stethoscopes were lacking, forcing doctors and nurses to use “means of fortune”.

As the structure of hospitals and clinics proved to be precarious and insufficient, insecurity and fear were unleashed in doctors and nurses due to the uncertainties that arose regarding being able to fulfill their roles of helping and saving lives. "The scarcity of material and human resources, as well as the lack of specific medication seem to impact the mental health of workers who are on the front lines in this fight" (Moura, 2020, p.21). Hospitalizations in the Intensive Care Unit (ICU) have increased alarmingly, leading to a disproportionate distribution of existing beds, due to the scarcity of material resources and personnel in these units. This situation forced the adoption of single lines for ICU admission. The long wait for hospitalizations was recorded by SUS, reaching the limit of occupations in May 2020. With several public health units having reached their limit of occupied beds, mainly in ICU's, there was a mobilization of the federal government to request beds in private hospitals (Conte *et al.*, 2020). The lack of ICU beds led some heads of government to rent beds from the private network, in order to meet the needs of public hospitals and the slow availability of ICU beds. During the peak periods of the Pandemic, thousands of patients in critical condition were waiting for beds in the ICU of public hospitals. This lack greatly aggravated the indignation on the part of health professionals in health establishments (Conte *et al.*, 2020). An alternative found by government officials to provide for the needs of hospitalization in ICU beds was the construction of field hospitals, a measure that partially met the repressed demand of the Public Health System

regarding the lack of material, with some problems regarding the trained staff to work in the ICU. These field hospitals made up for the lack and unpreparedness of private and public hospitals, intensifying the existing setbacks in health establishments (Conte *et al.*, 2020). The lack of materials and Personal Protective Equipment (PPE) was also a factor of suffering for health professionals. According to Soares *et al.* (2020, p.2), misinformation and panic led to uncontrolled purchase and storage of products by the population, contributing to an even greater shortage of these inputs. Under precarious conditions, doctors and nurses treated patients with COVID-19, using inappropriate PPE, sometimes having to spend a whole day with the same material. In this context, Soares *et al.* (2020, p.3) comment that health professionals involved in direct patient care should wear surgical gowns, gloves, surgical mask and eye protection (protective glasses or face mask). Conte *et al.* (2020) commented that some sedatives used in the ICU were among the scarce drugs. Many medications used in the ICU were lacking during the peak period of the Pandemic, making it difficult to intubate and stabilize patients. Such shortages further aggravated the already collapsing health system. The insufficiency of essential materials for the diagnosis and treatment of COVID-19 caused a strain on the mental health of health professionals. The reality of the mental health of health professionals was worrying, as they began to show symptoms of mental and physical illness due to the lack of support from the health system and the long working hours (Barroso *et al.*, 2020). It is understood, therefore, that the shortage and scrapping of existing health equipment and structure in Brazil, led to a worsening of the health situation during the Pandemic period. In addition to leaving thousands of patients unattended due to lack of material, it also caused suffering for health professionals who felt unable to do their job correctly and save lives.

Health professionals during the Pandemic: Health professionals have been at the forefront of treating patients with COVID-19 since the beginning of the pandemic. Professionals who remained active during the fight against COVID-19 and who were in contact with severe cases of patients affected by the virus, were more exposed, thus increasing the risk of contamination. This exposure and fear of contracting the virus contributed to greater emotional and physical strain on these health professionals. As a result of this, alarming declines in the physical and mental health of these professionals were evidenced, who understand the triggering of the Burnout Syndrome (Ribeiro; Vieira; Naka, 2020). There were many cases of health professionals who contracted the virus, causing leave and, in many cases, leading to the professional's death, especially doctors and nurses (Miranda *et al.*, 2020). With compromised mental health, professionals receive health permits, causing a negative impact on combating the pandemic. The increase in absences of nurses in health institutions rose from 158 to 1,203, just in April 2020 (RIBEIRO; VIEIRA; NAKA, 2020). In Brazil, there was a shortage in the number of professionals during the Pandemic, either because of the number of deaths among nurses and doctors, or because of the number of sick leave due to COVID-19. There were many cases of health professionals who contracted the virus, causing leave and causing the professional to die. This lack of professionals led to a damming of care and, as a result, an overcrowding of patients to be seen by professionals who were still working. The cases of COVID-19 continued to worsen, demanding greater competence from these occupants and flexibility to handle the complexity of this pandemic scenario (Duarte; Silva; Bagatini, 2021). The practice of medicine in crisis contexts is unique, as these doctors have a tendency to save many more lives than to lose patients. In the case of the pandemic, the frustration of daily losses caused these professionals a feeling of incapacity associated with a feeling of frustration for not being able to save the lives of their patients. Associated with this factor, there is also the long working hours, the lack of equipment and the anguish arising from the loss of professional colleagues to the worsening of the mental health of the physician who is directly committed to his patients (Barroso *et al.*, 2020). Thus, it is clear that, in this period of pandemic, physicians and nurses faced atypical situations, existing weaknesses in the scope of Workers' Health, challenging their knowledge and physical and emotional balance (Barroso *et al.*, 2020).

Burnout Syndrome in health professionals during the Pandemic Burnout Syndrome (SB) is present in several work areas. The first studies on BS occurred around the 1980s, based on the case of a nurse working in psychiatry. In the first studies, BS was more prevalent in professionals who worked directly with people, highlighting health professionals and teachers, becoming targets for the fatigue developed by work (Candido; Souza, 2017). In the first few months of the pandemic, there was a chaotic scenario for the Brazilian health system, with its hospitals overloaded and lacking in material, requiring health professionals to redouble their efforts and make an exhaustive effort to try to save the lives of thousands of Brazilians, being in many cases frustrated in this attempt. This exhaustion was not limited to the physical aspect, but also emotional exhaustion, leading many professionals to develop the Burnout Syndrome associated with work stress affected by the feeling of feeling consumed (Modesto; Souza; Rodrigues, 2020).

The pandemic was a source of emotional suffering, causing damage to the mental health of health professionals. This suffering associated with intense work led to the emergence of BS in these professionals, particularly those who worked in public health spaces. The charges imposed on doctors and nurses to meet the needs of a population in panic and plagued by a virus, which was killing thousands of people a day, put the mental health of these individuals at risk (Ribeiro; Vieira; Naka, 2020). The professionals who make up the areas of the ICUs and Emergency Units were the ones who most triggered the SB due to the peculiarity and complexity of the sector. These spaces, normally, already offer a greater exposure of professionals to exhaustion, since these environments demand greater intensity of action and these occupants do not have time to recover from the demands that cause stress. Working conditions in ICUs can be considered as predictors of BS, taking, for example, the difficulties found in the processes of interventions that cause high levels of mortality among patients (Perniciotti *et al.*, 2020). During this period of the pandemic, events such as severe loss of patients, chronic living with the suffering of others, fear of contamination and lack of material deplete the mental health of health professionals, leading to emotional exhaustion that generates a feeling of dissatisfaction, setbacks in the space of work and the desire to quit their job, because they believe they are incapable of helping patients and are afraid of making mistakes, causing harm to the patient (Perniciotti *et al.*, 2020). Doctors and nurses, during the Pandemic, accumulated this emotional suffering, sometimes triggered by a feeling of incapacity, frustration of not being able to fulfill their task of saving lives, lack of emotional support, extensive work hours and little satisfaction. The accumulation of these events can lead to Burnout Syndrome, sensitizing and incapacitating physicians and nurses (Cândido; Souza, 2017).

It can be seen, therefore, that during the Pandemic period, health workers are more vulnerable to Burnout Syndrome due to the lack of social support in their work environment and the uncertainties left by the lack of equipment and structure to meet the needs of the population infected by COVID-19. The effects of this syndrome attack the professional life of these individuals in the midst of assistance offered to health entities. Therefore, these labor demands intensify the emotional and physical strain of these health professionals (Ribeiro; Vieira; Naka, 2020). The role of doctors, nurses and nursing technicians during the COVID period, in addition to other health professionals, has been Herculean. The demands on the capabilities of these professionals to meet the needs of patients affected by the virus have become greater, in addition to requiring greater workloads, putting their mental and physical health at risk, turning into Burnout Syndrome (Ribeiro; Vieira; Naka, 2020). The low quality of life presented by health professionals leads to a lowering of the desire to continue that work that was previously so satisfying and pleasurable. The loss of the will to work is linked to a lowering of volition, a function linked to affection. Burnout Syndrome makes the individual lose professional conviction, causing distortions in the professional figure (depersonalization) and low professional achievement (Perniciotti *et al.*, 2020). Burnout Syndrome, arising in the pandemic context, is a pathology that

demonstrates the deterioration of the well-being of health professionals, promoting demotivation in the development of the profession of these professionals who lend themselves to extreme work (Santana; Santos; Santos, 2020).

CONCLUSION

The systematic bibliographic review carried out pointed out that health professionals were on the verge of a psychic collapse while facing the Covid-19 pandemic. The sum of several factors in the hospital environment triggered a high level of chronic stress known as Burnout Syndrome. The factors that contributed to this mental illness include the hospital situation with the lack of equipment, medications, PPE and the lack of professional preparation to deal with the new situation that led health professionals to overload during long working hours. The assistance networks had insufficient organizations to meet the needs of the demands that these professionals received, this was due to misinformation about the pandemic context. One of the reasons that provided the lack of products such as medicines was the population's desperation to obtain these materials, causing an even greater shortage of these supplies. The construction of field hospitals was an attitude of the government that contributed to meeting the needs of public and private hospital entities, in addition to providing admissions and making new beds available in the ICU. The Pandemic provided an atypical context for the entire population, in addition to causing a collapse in health institutions, causing changes in the work environment of these doctors and nurses who are in the front line to fight Covid-19. In addition, many of these professionals contracted the virus and were removed from their activities, another factor that facilitated this removal was physical and emotional exhaustion, leading to their dismissal. The overload of long working hours affected these health professionals, triggering the Burnout Syndrome (BS), this syndrome is a psychosocial phenomenon that occurs due to stress in the workplace. Vulnerabilities in the face of severe losses of patients and living with the sufferings of others were events that led to the involvement of BS in these occupants. In view of this article, it can be observed that the work considered as gratifying and pleasurable by professionals has become something harmful and complicated to perform, the involvement of Burnout Syndrome causes depersonalization in the individual, that is, these workers experienced a distortion of their figure professional.

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