

Stress experienced by professionals from basic health units in the context of the COVID-19 pandemic

Estresse vivenciado por profissionais de unidades básicas de saúde no contexto da pandemia de COVID-19

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ABSTRACT | OBJECTIVE: To understand stress at work among professionals in Basic Health Units, in the context of the COVID-19 pandemic. **METHOD:** Qualitative, exploratory, and descriptive study. Data collection took place through semi-structured interviews and systematic observation. The 20 study participants were professionals from two Basic Health Units (UBS) in a municipality in the state of Bahia. The data was analyzed using IRAMUTEQ (word cloud and similarity tree) and content analysis. **RESULTS:** It was found that the experience of stress is something present and striking in the daily lives of health professionals at UBS due to their proximity to users and the responsibility of taking care of their health. They tend to experience frustration, instability, physical and emotional exhaustion and suffering due to the pressures of the service and the weaknesses of the health system. Fear during the COVID-19 pandemic brought anguish experienced in the work, social and family environment due to the difficulty of carrying out daily activities. They faced situations of lack of respect and empathy, risk of contamination, work overload, physical exhaustion, discrimination and isolation. **FINAL CONSIDERATIONS:** The stress of health professionals at UBS was linked to the experience of overload in work activities, which was intensified with the biosafety measures adopted.

KEYWORDS: Stress. Work. Basic Health Unit. Health Personnel. Covid-19.

RESUMO | OBJETIVO: Compreender o estresse no trabalho de profissionais de Unidades Básicas de Saúde, no contexto da pandemia de COVID-19. **MÉTODO:** Estudo qualitativo, exploratório e descritivo. A coleta de dados se deu por entrevista semiestruturada e observação sistemática. Os 20 participantes do estudo eram profissionais de duas Unidades Básicas de Saúde (UBS) de um município do estado da Bahia. Os dados foram analisados utilizando-se o IRAMUTEQ (nuvem de palavras e árvore da similitude) e a análise de conteúdo. **RESULTADOS:** Constatou-se que a vivência do estresse é algo presente e marcante no cotidiano dos profissionais de saúde das UBS pela proximidade com os usuários e pela responsabilidade de cuidar da saúde destes. Eles tendem a ter frustrações, instabilidade, desgaste físico e emocional e sofrimento devido às pressões do serviço e às fragilidades do sistema de saúde. O medo durante a pandemia de COVID-19 trouxe a angústia vivenciada no ambiente laboral, social e familiar perante a dificuldade de desenvolver suas atividades diárias. Enfrentaram situações de falta de respeito e de empatia, risco de contaminação, sobrecarga de trabalho, exaustão física, discriminação e isolamento. **CONSIDERAÇÕES FINAIS:** O estresse dos profissionais de saúde das UBS se vinculou à vivência da sobrecarga das atividades laborais, que foi intensificada com as medidas de biossegurança adotadas.

PALAVRAS-CHAVE: Estresse. Trabalho. Unidade Básica de Saúde. Profissionais de Saúde. Covid-19.

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1. Introduction

Stress comprises a set of psychological and physiological phenomena. Psychological phenomena are expressed as depression, insomnia, physical and psychic exhaustion. The physiological ones are revealed in symptoms such as hair loss, headache, muscle pain and gastrointestinal changes, according to some authors.¹ In this case, professionals affected by the two phenomena in a chronic way tend to suffer damage to health, decreased quality of life, and fragility in the work environment and with the family.

Stress is a natural response of the organism, which helps humans in the clashes of survival. In small intensity, it becomes protective and resolute, but in excess, it is harmful, as it prevents good results in solving problems, causes physical and mental disorders, as well as brings significant consequences for the illness of health professionals.¹

The discussion about stress has increased due to the COVID-19 pandemic, a disease that presents itself as a serious, contagious pneumonia, known in the world from the first cases reported in the city of Wuhan in China, in December 2019. The discovery of a new coronavirus, transmitted by SARS-CoV-2, brought social changes, worry, fear and many deaths. The virus spread rapidly and in March 2020, the World Health Organization (WHO) declared a pandemic state, due to the high rates of infected people in the world and high mortality.²

The Basic Health Unit (UBS – Unidade Básica de Saúde) is the gateway for the user to take care of health, preventing diseases and thus avoiding overcrowding in hospitals. Therefore, these health services must have quality care and adequate structure to provide services to the population. For this, it is necessary that the health professionals of the UBS also know how to deal with the COVID-19 pandemic, have knowledge about the protocols for managing and combating the virus and, thus, can manage stress to preserve their health and that of users.³

Primary Health Care (PHC) provides comprehensive and integrated care with promotion, prevention, cure, rehabilitation, and biopsychic and socio-cultural care. For this fundamental role, it should be the center of health systems, with a collective, community territorial approach, focused on the integral care of patients, family and community. Given the context of the pandemic, the priorities were early detection of cases and protection of the population in the face of the possibility of contagion. Social isolation, in most countries, was a measure adopted for control and prevention, but it was not accompanied by essential measures—such as health education, community mobilization, intersectorality and interculturality, as well as sufficient financial support for low-income people to stay home safely, thus not getting the best results.⁴

It is noticeable that the Family Health Team (ESF – Equipe de Saúde da Família) was not very effective during the pandemic, due to the lack of national coordination and organized health measures, which left the management of the Unified Health System (Sistema Único de Saúde - SUS), in states and municipalities, in a fragile situation. This situation contributed to relegate the ESF to a subordinate role, given the actions of expansion of hospital beds and intensive care units (ICU), which should have been jointly planned and integrated into PHC services. Thus, PHC and health surveillance actions were fragile and fragmented.⁵

The stress of health professionals increased with the COVID-19 pandemic, a virus that has high transmissibility, infectivity, lethality and mortality, and quarantine was the first protective measure recommended by WHO.⁶

In the years 2020 and 2021, due to this situation, there was an increase in stressors for health professionals of the BHU. This virus caused high numbers of deaths of infected people worldwide, including those of health professionals. These workers became more vulnerable and exposed to the virus because they cared for the infected victims, which increased the risk of contamination in each shift of work, increasing their stress levels.⁷

The intense stress of UBS professionals is related to several factors: low pay, stressful living in the workplace, lack of empathy among professionals, and anguish for not being able to meet the needs of the population with good conditions. This study demonstrated that these professionals are also exposed to armed violence in UBS located within communities where the fight against traffickers occurs.⁴

The theoretical assumption established for this study was: the stress in the work of professionals of the Basic Health Units (UBS), in the context of the COVID-19 pandemic, covers the administrative, environmental, organizational, care and personal dimensions. And the stressful components are related to the organization, the restricted knowledge of the pandemic context and the dynamics of work. This situation involved physiological, psychological and emotional aspects, requiring management in order to transform, create and recreate health practices to control stressful situations in the pandemic context.

Given the situation presented and the anxiety caused by it, the following research question was formulated: How does stress occur in the work of professionals in the basic health units of a chosen municipality, in the context of the COVID-19 pandemic?

This study aims, therefore, to understand the stress in the work of professionals who work in Basic Health Units in the context of the COVID-19 pandemic.

The research had as study scenario the UBS of the urban area of the city of Santa Bárbara, Bahia.

2. Methodology

This is a qualitative, descriptive, and exploratory study.

The research had as study scenario the UBS of the urban area of a small city Santa Bárbara, located in a municipality of Bahia that has seven (07) UBS, five (05) in the rural area and two (02) in the urban area. The UBS health team—consisting of doctors, nurses, dentists, community health agents (ACS – Agentes Comunitários de Saúde), nursing technicians and dental assistants—provides care to children, adolescents, young people, adults and the elderly, men, and women. The study was conducted in the UBS of the urban area, because these are the units with the highest number of health professionals.

The participants of this study were two (02) general practitioners, two (02) nurses (care and management), four (04) nursing techniques, one (01) dentist, one (01) dentist assistant and ten (10) community health agents, totaling 20 participants. All professionals accepted to participate in the study and met the inclusion criteria: being in full professional practice and having at least six months of professional experience in the unit. No eligible professional had to be excluded by the exclusion criteria (vacation, maternity leave, premium leave, sick leave or any other reason).

For data collection, semi-structured interviews and systematic observation guided by a script were used. The semi-structured interview is a technique that allows contextualization about a particular subject, with greater direction, considering cultural, social, economic and political values involved in the subject. It is necessary, for its use, the understanding of the subject to be addressed in order to better achieve the objectives intended in scientific research.⁸

Systematic observation is used in qualitative research and occurs in field or laboratory situations. It is a technique used to record the impressions about a particular phenomenon, observed through direct contact with people and situations, or through instruments that help the process of observation, as well as in order to collect sufficient data for the research.⁹

The interviews were conducted between November 2021 and January 2022, by a mastership student who does not work in the UBS under study, according to the availability of the chosen professionals. They were held in the meeting room of the unit or in the offices, at times when there was no attendance to the public, in order to ensure the privacy of the participant, and lasted from 10 to 30 minutes. The place and time of the interview were considered appropriate and chosen by the participant himself.

Before the beginning of the interview, the participant received an explanation about the objectives of the research and signed the Informed Consent Form (ICF). The interviews were recorded on a mobile phone, through audio recording software, after the participant's authorization. Subsequently, they were coded continuously with the abbreviation INT and the corresponding sequential number (INT1, INT2, INT3...) until the 20th interview, to ensure the anonymity of the participants. No interviewee expressed interest in changing the interviews.

Data analysis was performed in two moments. At first, the analysis of similarity and word clouds were used, using the software IRAMUTEQ (Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires). To proceed to the analysis of the textual content, soon after the process of audio

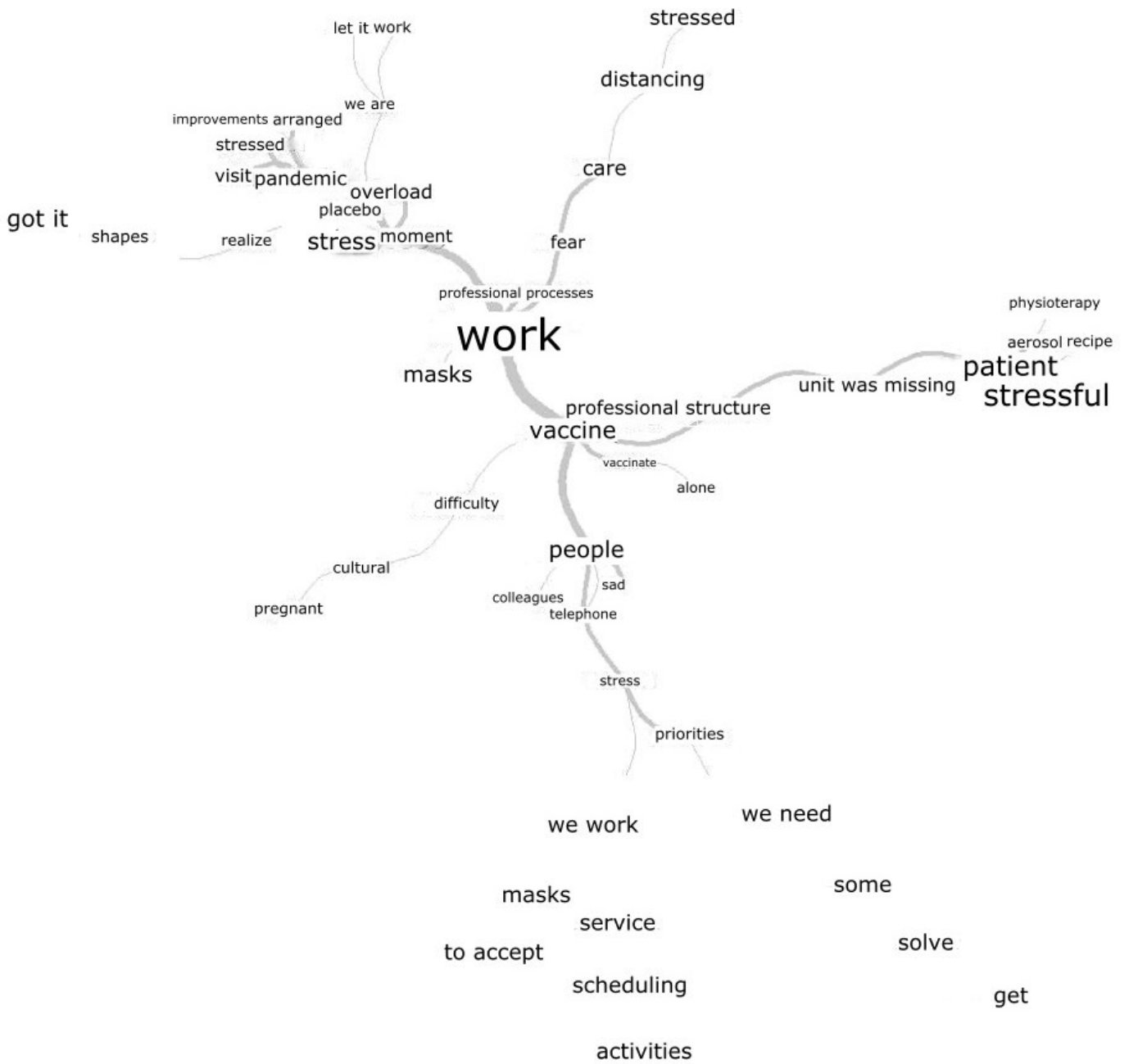
recordings of the interviews, they were pre-analyzed, and subsequently transcribed, in a textual corpus, subdivided into command lines for each focal group (20 in total). The word cloud of the interviews originated from the question: How do you understand the work of UBS in the context of the COVID-19 pandemic? After the use of IRAMUTEQ software, Bardin's thematic content analysis technique was used⁶, applied to the data of the interviews and observations, in order to organize and categorize the results. The content was analyzed from the phases: organization of the material; exploration of the material; interpretation and synthesis.¹⁰

Regarding the ethical aspects, seeking to comply with Resolution 466/12, the study was submitted to the Research Ethics Committee (CEP) through protocol N 016/2004, institutionalized through CONSEPE Resolution N 49/2004. It was sought, at all times, to respect the integrity, confidentiality and security of the data obtained.

3. Results

The experience of stress in health professionals, in the UBS examined, in the context of the COVID-19 pandemic, was analyzed from the construction of the maximum similarity tree and the categorization of the terms present in the various elements, and situations experienced by health professionals. The workload of activities was intensified with the biosafety measures adopted, which was reflected in the team's relationship, with conflict situations in interpersonal relationships as the outcome.

Figure 1. Similarity tree referring to the understanding and experience of work in BHUs, in the context of the COVID-19 pandemic. Santa Bárbara, BA, 2022



Source: the authors (2022).

Unveiling the representation of terms often cited by professionals, *pandemic* and *care* appear with greater centrality in the word cloud. It was observed that the terms that have greater connectivity with the pandemic, represented graphically according to their frequency, are: *care, visit, care, mask, patient* and *home*. The graphical representation is performed according to the frequency of words.

The increase of the work, characterized as workload, besides appearing in the tree of similarity and in the cloud of words, was also observed in the speeches:

"The work itself, since before the pandemic, we experienced low wages, lack of recognition, workload. With the pandemic, this all increased even more; we end up adding more functions, we have a high demand, and the pandemic has brought other obligations, in addition to existential ones" (INT1).

"A workload in primary care, out of the ordinary, because, in addition to our chores and daily appointments, we have the pandemic. I carry out appointments already scheduled, and if you arrive more, I answer, and always arrives more than scheduled" (INT 3).

"There was a workload, we came to think that we would not cope" (INT5).

"A lot of demand, we thought we would not cope" (INT 6).

"It was more work: the flow of care increased during the pandemic" (INT 7).

Other situations related to high demands for care and workloads were also explained, which caused difficulties in the development of work in the UBS during the pandemic and contributed to the development of stress of health professionals.

"I think it's one of the stresses, so it's high demand" (INT 3).

"We experience a very high workload" (INT 5).

"A very big workload; the vaccine arrives at any time, and we do not know in advance, to leave warning, and the community looking all the time, and this is very stressful" (INT 10).

"And the phone available to the population left us much more exposed; they think they have the right to call all the time, whenever they want" (INT 12).

"Limiting the amount of care, which would be important for prevention, was difficult" (INT 20).

For the improvement of care, the organization of the health service is a relevant procedure, as well as the adoption of several measures, among which the reduction of the workload of professionals and the adoption of a conscious posture, planned, to think and execute health actions.

In one of the speeches, it was mentioned that the health professionals of the UBS had to assume the responsibility of convincing the population about the importance and the need to take the vaccine to face the pandemic, which made the work more exhausting and tiring.

A testimony still refers to the problem of invasion of privacy, due to the fact that users have access to the personal cell phone of the health professional, which caused damage to mental health, with insomnia and use of controlled drugs to get sleep, as well as repercussions on the mental health of the informant's daughter:

"You've got a lot on your plate. So, then, we practically have to force people to take the vaccine, because now we have to be convinced for people to take the vaccine. The workload has increased a lot, workload is what is affecting the most. The day I had fewer messages on my phone, I had 5,000. I started taking medicine so I could sleep, something that had never happened. My daughter had panic syndrome, my mother is elderly, and we still have to reach goals" (INT 13).

"The people come in contact with us all the time, is sending photo card, is a job that has no schedule, we do not stop" (INT 14).

The professional was in a state of anxiety and stress. In addition to the workload, another statement also points to problems related to relocations between sectors, making the work routine even more tiring and stressful:

“Something that stresses us here, and that I myself am always going to cover somewhere, I cannot even stay in one sector, and always be replacing others, is very disorganized [...]” (INT 16).

Given the numerous situations to which professionals are exposed, it can be highlighted: disorganization of the service, inadequate working conditions, and exposure to the virus, many labor requirements and lack of infrastructure. Such situations caused damage to their physical and mental health.

Because there is no flow of internal organization, an informant emphasizes the disorganization of the service and the workload of professionals, who cannot order their functions to enable an adequate sequence, and thus adopt measures that reduce unproductivity and workload. As the following line shows:

“This team alone cannot cope with the demand, especially on a day of the vaccination campaign, because it does not have the right days for vaccination, and it becomes very complicated. Because sometimes the technique has to go out to make dressings, and I get a technique to handle all the situations, medications, dressings that happen in the unit itself and I have to go to the vaccination. Then it already interferes with my work process, because if I am doing care, I will have to divide myself between care and vaccine. So this all complicates” (INT 1).

When dealing with users and co-workers, the occurrence of psychological and emotional damage has become frequent and more difficult to control, due to the insecurity and fear that existed during the COVID-19 pandemic.

“The pandemic is causing a lot of damage to all of us, psychological and emotional. This fight against COVID-19, I think it’s not just professional. Many end up taking to personal life and ends up affecting everything, both in our work and in the personal. So much so that our number of patients using controlled medication, with psychological damage, has risen greatly, and this is frightening. I myself am frightened by all this” (INT 1).

“We felt very afraid, I did not know how to deal, everything was very new, I even went through a lot of difficulty” (INT 4).

“Because it is a new disease, here comes the fear of taking it home” (INT 5).

“And I had to stay working and I was very afraid; I do not enter people’s homes, as I did before the pandemic” (INT 10).

“It is a matter of fear, and families are also afraid” (INT 11).

“Since the beginning of the pandemic, we were afraid, but we had to face” (INT 20).

This finding has further worried health professionals, because the need for the use of controlled medication is becoming an inherent and routine situation.

Feelings of fear, anxiety, anguish, insecurity, embarrassment and stress in the development of work, in the context of the COVID-19 pandemic, were present in the narratives of health professionals

“My God, with all care we control more anxiety” (INT 5).

“Risk of taking the virus home... This led me to stress, the issue that work has increased, our tasks have been growing” (INT 8).

“Had stress, had embarrassment between us and with patients” (INT 9).

“Stress is very high. When I come home from work, even my daughter says: Mom you are very stressed” (INT 11).

"It is difficult, because it is so much work, it is distressing and stressful" (INT 12).

"Distressed by this pandemic situation. Fear and insecurity are enormous because we are dealing with various variants, and most people are exposed" (INT 15).

Through the speeches and observations, it was found that health professionals went through emotional stress and stress, due to the anguish experienced, associated with the difficulty of developing daily activities in the workplace, social and family. It was also possible to observe that they suffered lack of respect and lack of empathy, associated with high risk of contamination, workload, frustration, discrimination, isolation, lack of contact with family and exhaustion.

The professionals experienced uncomfortable situations of disrespect, as can be seen in the following lines:

"The population has great difficulty in scheduling appointments. Every day, we attend a number of patients who were not scheduled. This ends up hindering the work of the team. Various boring situations, patient does not understand, team comes out as bad. I do not blame only patients, including this would be our role and management, a work of art, make guidelines" (INT 1).

"People do not make appointments and have no patience to wait, and stress us" (INT 2).

"There is always one who thinks that, by being on the side of the political situation, he has more right to those who are opposed. So, this causes a stress for the team, because they think they have privileges" (INT 3).

"What stresses us most in our daily lives, regardless of the sector we are in, is the lack of understanding, respect and empathy of patients. There is a lack of understanding that we need to attend by appointment, and in the order of arrival, and according to the priorities that the SUS advocates. They do not want to accept, and so they are very rude, end up stressing and hurting. Have to have respect!" (INT 4).

The following statements bring several situations of conflict experienced by health professionals:

"The patients, they think they have to be everything they want, have everything, as if we can solve everything. Thus, they lack empathy with us" (INT 7).

"The people keep calling me all the time, at all times, until late at night, to know if they will have vaccine" (INT 10).

"The patient, when mistreating us, it stresses me, but I emphasize, because sometimes he is sick, goes to get medication and does not have. And then it remains for those who are in front, then discounts everything in us" (INT 16).

"Patients, lack of understanding, sometimes they end up being rude to us, have no patience, do not want to wait" (INT 18).

"People who have no conscience, do not respect our work, do not know what is responsibility and commitment, but I let go [...]" (INT 19).

In addition to the negative feelings pointed out in the narratives, health professionals report suffering discrimination, lack of contact with the family and risk of reaching exhaustion.

The feelings of frustration, disappointment and sadness are experienced by the health professionals of the UBS, due to several factors, among which stands out the way the users dissatisfied with the health service behave, generating negative feelings regarding the abuse. The lack of understanding and empathy of users towards professionals reveals that the relationship and the bond with the community are fragile.

The fragile interpersonal relationship between professionals and the conflicts between them were also cited:

"I see how everyone here puts themselves in their square, I worry a lot. I'm seeing ways to homogenize and organize the team, not to happen that. I think that if they all joined together, the situation could ease" (INT 3).

The narratives made it possible to highlight the existence of a fragile bond between them:

"They respect the doctor more. So we align with the doctor after several conversations. In fact, it eased the situation, but there is still a lot of these stress situations" (INT 4).

"I was uncomfortable with the impasses with the nurse, and the organizational part, the demand issue. She has already left the post. She organized the agenda very badly, by the way, but now improved" (INT 5).

The INT5 blames exclusively the co-worker for the disorganization of the service. Thus, difficulties arise, and it is not possible to develop teamwork, have harmony, value the work of the colleague, resulting in an unnecessary waste of energy, the lack of understanding. The INT5 reveals the existence of conflicts between the nursing staff and the medical staff.

It was also observed, in the statements, the presence of conflicts between the professional categories:

"I think people come to work here full of prejudice. The nurses, because there was a time here that changed the nurse here, day to night. We work, do our job right. So we also want to have respect in ours, in our autonomy. And then the professional who comes and comes in order to want to be more than us, does not stay" (INT 19).

"The very coexistence with colleagues? All colleagues we were a little nervous right? We divided the teams" (INT 20).

4. Discussion

Health professionals are part of the risk group for COVID-19, because they are exposed directly in the workplace, in inadequate working conditions when attending people who may be infected, having a higher risk of becoming ill with the coronavirus, in addition to physical fatigue and psychological stress.¹

The words *attendances* and *scheduling*, linked to the word *people*, show that people wanted care without scheduling, which resulted in stress for health professionals.

The word *patient* comes with the terms *unit*, *structure*, *professionals* and *vaccine*, which represents the great demand for UBS services. In turn, the lack of physical structure and the demand for vaccination lead to the need for more professionals, which promotes the difficulties experienced by health professionals in the context of the COVID-19 pandemic. The experience of stress of professionals refers to increased demands during the COVID-19 pandemic, and overcrowding of the unit, low wages, lack of professional and financial recognition, adding more activities to UBS professionals.

The expression "stress" suggests difficulties in performing the work due to workload and demands for care, leaving professionals more stressed.

It is worth mentioning that the words that stand out most in the tree of similarity are related to the stress of health professionals at work of the UBS, which was aggravated by the COVID-19 pandemic, since the work was intensified with the increase in the flow of people in need of care.

Concerning the main impact reported by the interviewees, which was the workload in the pandemic period, it would be fundamental to make a resizing of the number of professionals in the UBS, according to the demand, as well as the creation of new sectors and specific teams for cases of COVID-19⁴, which did not happen.

The work in PHC, during the pandemic, was carried out in a more precarious way, because it lacked coordination, organization and flow so that the workload was not so high, higher than in other countries, with health systems oriented to this care, as the case of Portugal, even with the perceived workload of the COVID-19 pandemic.

Thus, professionals do not develop self-care, dedicating themselves almost exclusively to work and end up falling ill.^{11,12} In addition, promote the reorganization of the network of health services, its restructuring and integration of health units, in its various complexities and technological densities, in order to enable humanized and resolving

relationships between the health team and families in the areas covered by the UBS, should be goals to be achieved.¹³

Given the statements examined, there is a need for organizational commitment, action planning and health education for teams and users of UBS. Although the service and the effort of health professionals from the UBS to address the needs of the population stand out, it is important to recognize that they live with the devaluation of their work and admit that there is a lack of organizing and planning actions in the service.

Fatigue, insomnia, tension, mental and physical exhaustion, decreased cognitive capacity and motivation to produce good results are some impacts caused by workload responsible for diseases such as Burnout Syndrome, anxiety disorder, depression, and panic disorder.¹³

Situations that generate stress, such as anxiety, depressive symptoms, insomnia, denial, anger and fear, impair the decision-making capacity of health professional³, in addition to promoting mental illness due to professional burnout.^{3,7} When submitted to new routines and stressful environments, they tend to somatize the problems, which directly interferes with their work activities and their quality of life.¹³

In the process of systematic observation, there was a lack of understanding, patience, respect and empathy, and also the presence of conflicts and situations of wear and stress in the moments of service to users of the UBS. Thus, it is emphasized that the lack of understanding and empathy of users in relation to health professionals reveals that the conflicts in the work of these professionals are real and frequent. In other narratives, it was clear that respondents are also resilient.

The conflict must be seen as a natural element, because without conflicts, society would have an amorphous configuration, because in a democracy, it is necessary a plurality of positions and the possibility of confrontation of different perspectives and preferences.¹²

However, there are evident damages or losses generated by conflicts between professionals and users of the health system —such as lack of understanding, sociability, respect and

companionship in teamwork, attitudes and feelings essential to the balance of human beings.

Although it is admitted that conflicts are inherent in relationships, a reality sometimes inevitable, there are situations in which they can be avoided, because they do not solve the problems, and result in uncomfortable and unnecessary situations. They need to be pacified and solved with flexibility, in order to avoid confrontation and lack of respect and empathy.¹⁴

The conflicts between nurses and community health agents, revealed in the INT19 interview, constitute embarrassing and exhausting situations. The nurse is responsible for organizing the care of the unit, in addition to the care assignments, problem-solving and team organization. The responsibilities of these health agents end up being transferred to nurses, adding many functions and generating emotional wear, loss of energy and balance, which contribute to the appearance of stress.

In addition, these professionals, when inserted in places that are not of their choice, with new colleagues, new routines and new environment, plus workload, manifest symptoms such as stress, anxiety, depression and other mental disorders.¹² The relocation of professionals between health sectors are, therefore, situations that generate stress, because they are led to perform activities that did not previously which adds to the fear of contaminating and contaminating their families, increasing their insecurity and suffering.¹¹ Such relocations of scales, due to a lack of professionals, lead to changes in the work routine, randomly. Such situations demonstrate that professionals need planning and organization in the service. The information received without advance makes it difficult to organize the activities to be developed, and the realization of many, at the same time, brings workload and triggers stress.

Physicians as well as nurses can carry out actions of guidance, monitoring and reevaluation of COVID-19 cases through communication technologies, such as calls and video calls, which allows the continuity of services and the monitoring of users, other services, such as vaccines, support groups and referrals to other referral services. However, given the scenario of COVID-19 and due to the fact that PHC does not have at its disposal the appropriate communication technologies —computers with internet access— for

the continuity of the services provided, the follow-up to patients was compromised, as well as adherence to health care practices.¹⁵

There are health professionals more prone to the development of stress, because they are those who dedicate themselves to work with greater intensity: psychologists, doctors, physiotherapists and nurses. They are the categories with the highest chances of developing stress from work.¹²

Thus, some measures are necessary, such as planning and training, and other alternatives that favor the quality of life of the health worker. It is necessary to invest in initiatives that improve physical health, such as promoting actions that prevent workload, organize the work process and provide care to health professionals to improve their well-being.¹²

The psychological and emotional damage, as well as the experience of fear and difficulties at work due to COVID-19 brought many consequences to health professionals. Fear extends to family and social life, as it affects all areas of life. It is necessary to promote the planning of health actions and the definition of strategies for coping with mishaps arising from the pandemic, not only in the workplace, but also in the commitments that affect family and social life.

Health professionals, in the first phase of the epidemic, a time of great tension and fear regarding the new virus, developed chronic stress, with physical and mental workload, a situation that is continuing, even in the years after the pandemic.

In Brazil there was a political, economic, and social crisis, due to the lack of coherence and obedience to the WHO recommendations, as well as the measures adopted or not adopted. In the country the pandemic has caused a large number of cases, contributing to the suffering of patients and health professionals. Vaccination was delayed, compared to that of other countries, a factor that affected the perception of risk and mental health of professionals, because the fear and concern of becoming infected or infecting other people increases illness and worsening mental suffering. It was necessary to adopt health protection measures and quality care in health units.¹⁶

Insecurity, fear, and anguish are generators of stress, influencing health professionals' productivity, causing unproductivity.¹³ These emotions, along with suffering, frustration, helplessness, discouragement, impotence, dissatisfaction, sadness, physical and emotional wear, pain and workload, are factors that caused significant stress in health professionals during the pandemic.^{12,13}

Since the beginning of the pandemic, frontline professionals have been vulnerable to physical, physiological, ergonomic and psychological impairments due to long working hours and excessive demands. To do so, they needed care focused on their physical and mental health.¹⁷

According to this study, social distancing caused restrictions in social relations, intensifying the disruption of affective relationships, loneliness and distance from family members. The COVID-19 pandemic changed all the routines of professionals, totally changing the relationships between users and health professionals.⁷

Due to the anguish experienced, social isolation was associated with the difficulty of developing daily activities in the work, social and family environment. Health professionals experienced lack of respect and empathy, associated with high risk of contamination, workload, frustration, discrimination, isolation, lack of contact with the family and exhaustion.

It is reiterated that conflict is inherent in relationships and that it is an inevitable reality. However, there are situations that conflicts could be avoided, because they do not solve problems, only resulting in uncomfortable, unnecessary situations that need to be pacified and resolved, to avoid confrontation, lack of respect and empathy.¹⁸

According to this study, fragile interpersonal relationships, lack of compassion and solidarity with colleagues limit teamwork actions for health promotion. When the feeling of solidarity does not occur, in teamwork, difficulties increase, thus reflecting the configuration of a fragmented, weakened and mentally ill team.¹⁷

When there is a united and trained team, labor activities are better executed, because good interpersonal relationships have improved skills, contribute to the training of professionals, improve the quality of services, transform interactions and promote a better understanding between the parties involved.¹⁷

The study indicates that the experience of stress by health professionals of the UBS, in the context of the COVID-19 pandemic, goes through: a lack of organization of the service performed by professionals and poor management; workload; excessive charging and fear of failure; new routines and protocols; conflicts in the relationships between patients and professionals; conflicts in the relationships between the health professionals themselves in exercise.¹²

The study has some limitations, which refer to the presence of differences between the interviewees' discourses, especially in relation to the activities in the unit, and the measures that could be used in addition to the place of application of the interviews, which sometimes had a lot of noise, even in short periods of time, but which may have interfered in the responses.

5. Final considerations

The results achieved respond to the objectives and theoretical assumptions established for the study. Stress in health professionals working in UBS, in the pandemic context, was mainly related to service organization and work dynamics. It was evidenced that the work was developed in front of stressful situations and that required emotional balance, technical and ethical competence, resilience and ability, requiring the use of coping mechanisms for stress management.

The stress in the work of health professionals of the BHU, in the scenario of the COVID-19 pandemic, goes through the experience of workload of labor activities, intensified with biosecurity measures, which is reflected in the relationship of the team, conflict in interpersonal relationships. The appreciation of the professional, both for the importance and necessity of their work, as for the salary situation, with coherent floor and workload of thirty hours, are points that need to be on the agenda of the struggle of the entire category.

It is emphasized that social distancing was one of the aspects cited as a cause of restrictions in social relations, with disruption of affective relationships, loneliness and distance from family members. In turn, the experience of difficult situations, such as overcrowding of the Unit, lack of physical structure, inadequate working conditions, new routines and protocols, need for more professionals and relocation of sectors signal the need for reorganization of the service, to reduce exposure to the virus. The non-organization of the demand for vaccination, low wages, lack of professional and financial recognition and excessive anxiety are situations that generate stress, which causes damage to the life and physical and mental health of professionals. That said, it was possible to learn that the experience of stress in the work of health professionals of the BHU, in the scenario of the COVID-19 pandemic, is permeated by frequent psychological and emotional damage and difficult to control, due to fear and anguish that influence the productivity of these professionals, causing unproductivity.

Authors' contributions

Gomes JSL participated in the design, design, interpretation of data, search and analysis of research data, interpretation of results and writing of the scientific article. Servo MLS, Freitas MYGS, Vilela ABA, Fontoura EG and Oliveira KA participated in the conception of the article and the final review. All authors approved the final version and agree with its publication.

Conflicts of interest

No financial, legal or political conflict involving third parties (government, companies and private foundations, etc.) has been declared for any aspect of the submitted work (including but not limited to grants and funding, participation in advisory board, study design, manuscript preparation, statistical analysis, etc.).

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