

Original article

## Mental health workers' life experience during the coronavirus pandemic

A experiência de vida dos trabalhadores da saúde mental durante a pandemia do coronavírus  
La experiencia de vida de los trabajadores da salud mental durante la pandemia del coronavirus

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### Abstract

**Objective:** to know mental health workers' life experience during the first year of the coronavirus pandemic. **Method:** an exploratory, descriptive and qualitative study that resorted to narratives and was conducted in four mental health services of a municipality from the inland of São Paulo. The data were collected by means of an online form and the analysis was performed following Dialectic Hermeneutics. **Results:** the participants were 108 health workers, with predominance of the female gender, white-skinned individuals, age between 38 and 47 years old, in stable relationships or married, and with complete higher education. Two thematic categories emerged from the narratives, namely: Adaptations to the new personal routines and Adaptations to the new routine at work. **Conclusion:** mental health workers experience impacts that generate multiple anxieties. Organizational strategies that provide moments of listening and offer safety and adequate working conditions are favorable for the moment faced and need to be discussed in the services in question.

**Keywords:** Mental Health; Health Personnel; Mental Health Services; COVID-19; Pandemics

### Resumo

**Objetivo:** conhecer a experiência de vida dos trabalhadores de saúde mental durante o primeiro ano da pandemia do coronavírus. **Método:** estudo exploratório, descritivo, qualitativo com uso de narrativas, realizado em quatro serviços de saúde mental de um município do interior de São Paulo. Os dados foram coletados por meio de formulário on-line e a análise se deu pela hermenêutica dialética. **Resultados:** participaram 108 trabalhadores da saúde, predominou-se o

sexo feminino, brancos, idade entre 38 e 47 anos, relação estável ou casamento e ensino superior. A partir das narrativas emergiram duas categorias temáticas: Adaptações às novas rotinas pessoais e Adaptações à nova rotina no trabalho. **Conclusão:** os trabalhadores da saúde mental experienciaram impactos que geram múltiplos anseios. Estratégias organizacionais que propiciem momentos de escuta e ofereça segurança e condições de trabalho adequadas são favoráveis ao momento enfrentado e necessitam ser discutidas nos serviços em questão.

**Descritores:** Saúde Mental; Pessoal de Saúde; Serviços de Saúde Mental; COVID-19; Pandemias

## Resumen

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**Objetivo:** conocer la experiencia de vida de los trabajadores de salud mental durante el primer año de la pandemia del coronavirus. **Método:** estudio exploratorio, descriptivo y cualitativo en el que se emplearon narrativas, realizado en cuatro servicios de salud mental de un municipio del interior de San Pablo. Los datos se recolectaron por medio de un formulario en línea y el análisis se realizó de acuerdo con la Hermenéutica Dialéctica. **Resultados:** los participantes fueron 108 trabajadores de la salud, con predominio del sexo femenino, raza blanca, edad entre 38 y 47 años, en relaciones estables o casados y estudios universitarios completos. Surgieron dos categorías temáticas a partir de las narrativas, a saber: Adaptaciones a las nuevas rutinas personales y Adaptaciones a la nueva rutina en el trabajo. **Conclusión:** los trabajadores de salud mental sufrieron efectos que generan múltiples ansiedades. Estrategias organizacionales que propicien momentos de escucha y ofrezcan seguridad y condiciones de trabajo adecuadas son favorables en vistas del presente momento y deben ser debatidas en los servicios en cuestión.

**Descriptores:** Salud Mental; Personal de Salud; Servicios de Salud Mental; COVID-19; Pandemias

## Introduction

The outbreak of the COVID-19 disease, caused by the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), has gained international proportion and concern, which is why the World Health Organization (WHO) declared the situation a pandemic in March 2020.<sup>1</sup> The SARS-CoV-2 virus can be transmitted by direct contact with an infected person or with droplets expelled by them, such as while coughing and sneezing, or indirectly, through contact with contaminated surfaces or small airborne particles.<sup>2</sup>

The COVID-19 spread process takes place in a very short period of time, aggravating the emergency situation.<sup>1</sup> Infected people who became infected 48 hours before presenting symptoms can transmit the virus, as well as those who did not show symptoms throughout the entire course of the infection, further reinforcing the need to implement preventive measures.<sup>3</sup>

The international scenario points to nearly 498 million confirmed cases and 6.2 million deaths.<sup>4</sup> The Brazilian context represents a significant percentage of this global scenario, totaling nearly 30 million cases and slightly over 660,000 deaths.<sup>5</sup>

Added to the socioeconomic impact, this perspective leads to physical and psychological impacts. Different studies related to the topic have identified that the groups

that are most likely to develop acute stress or post-traumatic stress symptoms are the following: aged people with chronic diseases, health workers and individuals with mental disorders, especially those related to alcohol and other drugs.<sup>6-7</sup>

Even those who are not on the front lines of the fight against COVID-19, health workers suffer psychological consequences due to serious physical and mental distress. The emotional response caused by the pandemic will depend on unique characteristics related to the individuals, such as life history and characteristics inherent to each person.<sup>6</sup>

As a result of the pandemic, the health services had to adapt to the changes and develop responses in order to continue assisting the users and reduce virus transmission among patients and health workers. This reorganization in the mental health services resulted in an increase in working hours, a reduction in home visits, creation of new telephone lines for Teleservice, rescheduling of non-urgent consultations and suspension of therapy groups, among other measures.<sup>8-9</sup>

In a research study conducted in 130 countries, it was highlighted that almost 90% of them included mental health in their national pandemic response plans, although only 17% have made adequate investments for the plans to be put into practice. Even with an increase in the demand for mental health services, a significant percentage of these services was partially or completely interrupted in relation to their functioning, going against what was necessary.<sup>10</sup>

Brazil suffered and has been impacted by the pandemic; even when the contagion curve had reached its peak, there was no specific program that met health workers' mental health needs. Corroborating the aforementioned, historically there are few mental health programs for them.<sup>11</sup> When the factors that can affect health workers' mental health during the pandemic are known, it is possible to plan appropriate actions to reduce the incidence of health problems.

Therefore, the current study is justified by the need to explore the aspects involved in emotional well-being and its impacts that mental health service workers are experiencing in this pandemic times. It is noted that, in addition to the experiences in common with other health professionals, these workers experience consequences such as stress and fatigue, among others, due to the context in which they are inserted and to the assistance provided to people with mental health problems.<sup>2,6,8-9</sup> Consequently, the objective was to know mental health workers' life experience during the first year of the coronavirus pandemic.

## Method

An exploratory and descriptive study with a qualitative approach. The research was carried out in four mental health services, chosen for convenience: two Psychosocial Care Centers (*Centros de Atenção Psicossocial, CAPS*); a Psychiatric Hospitalization Unit; and a Care and Reference Service for Alcohol and Drugs, located in a municipality from the inland of São Paulo.

Health workers who met the inclusion criteria participated in this study, namely: being part of the staff of the selected services and providing direct care to people with mental health problems. The exclusion criterion was being on medical leave during the collection period.

For data collection, life narrative was used, an important method in qualitative research, as it allows obtaining reports rich in content and details, in addition to granting an important role to the participants in the production of knowledge by stimulating self-reflection and reflection about the experienced event. It has been a method used by Brazilian Nursing, strongly linked to thematic analysis.<sup>12</sup> This integration makes it possible to obtain, analyze and interpret the search to understand the reality based on diverse information about individual experiences of a given event linked to a social period and context, which were filled with meaning by the narrators.<sup>13</sup>

Some ethical procedures preceded data production, namely: contacting the coordination of the services by telephone to schedule a meeting with the purpose of presenting the project and the research proposal. After this first contact, the workers' email contacts were collected. Subsequently, the workers were emailed an invitation, which consisted of a letter explaining the purpose of the research together with the Free and Informed Consent Form (FICF).

After acceptance, by signing the FICF, the participants filled out a questionnaire via Google Forms containing sociodemographic data, namely: gender, age, race/skin color, marital status, training and schooling, and unit where they work, as well as the following question: "How has your life experience been since the beginning of the coronavirus pandemic?". At the end, the participants sent their narratives along with the signed FICF. The collection period was from October to December 2020, with participation of 108 workers out of a population of 141.

The answers obtained by means of Google Forms were transferred to the Google Docs application in order to organize and sort them (T1, T2, T3...Tn). To analyze the

material collected, content analysis in the thematic modality was used, consisting of three stages: comprehensive reading of the material; exploration and analysis of the messages; and elaboration of an interpretative synthesis.<sup>13</sup>

In the first stage, the team comprised by two PhDs, a PhD student and an undergraduate student carried out floating and exhaustive readings of the participants' messages in order to know, in general, the contents they presented and identify their particularities. In the second stage, the messages went through coding and categorization processes: identification of meaning nuclei; grouping of those that presented themselves in a similar way in order to form categories; and, finally, categorization of subcategories with contents that dialog with each other, to assemble groups with broader topics. An interpretive synthesis was prepared in the third stage, in order to describe and discuss the resulting topics and their contents.<sup>12-13</sup>

The procedures and records followed the guidelines proposed by the *Consolidated criteria for Reporting Qualitative research* (COREQ).<sup>14</sup> The project was approved by the Research Ethics Committee of the proposing institution with opinion No. 4,296,005 dated September 23<sup>rd</sup>, 2020. All stages for conducting the research were respected, as recommended by Resolution 466/12 of the National Research and Ethics Commission (*Comissão Nacional de Ética e Pesquisa*, CONEP).

Due to the pandemic moment, the CONEP guidelines were followed, and the FICF was presented virtually by means of Google Forms, on the first page of the data collection instrument. All the participants who agreed to participate in the research manifested their consent by recording their knowledge about the study procedures and by answering yes or no, as a criterion for accessing the full form.<sup>15</sup>

## Results

The participants were 108 workers out of a population of 141, of which 23.4% (33) corresponded to refusals to participate and to medical leaves. 83.3% (90) of the sample were female individuals, 33.3% (37) were aged between 38 and 47 years old; 81.5% (88) were white-skinned and 54.1% (60) were in stable relationships or married. Regarding the professional categories, 6.5% (7) are physicians, 16.6% (18) nurses, 5.6% (6) social workers, 4.6% (5) psychologists, 47.1% (52) nursing technicians/assistants, 3.7% (4) occupational therapists,

9.3% (10) health services assistants and 5.4% (6) administrative technicians.

Regarding training and schooling, 55.6% (60) had complete Higher Education. As for the workplaces, 23.1% (25) are Type II CAPS workers, 13% (14) work in CAPSad Alcohol and Drug Care Centers and 63.9% (69) develop their activities in Psychiatric Hospitalization services.

In order to understand the mental health workers' experience during social distancing, the following categories were evidenced from the narratives: Adaptations to the new personal routines and Adaptations to the new routine at work. It is noted that various associated feelings were identified in both.

#### Adaptations to the new personal routines

The participants reported experiences about changes in their routine that required adaptations due to the lasting nature of the pandemic. The adaptations that stood out were the social isolation and health-associated preventive care measures related to COVID-19, caring for children, household chores and work. These changes were present in situations that were once considered simple, such as going to the market, going to work, visiting family members or attending possibly crowded places. The narratives portrayed the adaptations in the routine, as well as the consequences associated with them:

*Wearing a mask is stressful, uncertainty about how long this pandemic is going to last[...] all this is really tiresome. (T9)*

*[...] self-demand and the fear of getting contaminated and taking it to the family[...]. (T25)*

*I feel vulnerable and worried, powerless, with fear of getting contaminated and transmitting it to my relatives (husband, daughter, aged mother and sister belonging to the risk group). Concern about financial losses too[...]. (T29)*

*We feel sad, we want to go out, stop using masks, go for a walk with the family, I couldn't visit my family in the holidays, which made me sad. (T57)*

*There were fewer outings. I don't go visit anyone, and almost nobody comes visit me. I stopped going to aquarobics. I go shopping only when it's extremely necessary. (T67)*

*The routine was changed with adaptations such as wearing a mask, alcohol in gel and leaving the clothes out when going out[...]. (T78)*

*I feel a little fear, anxiety. Concerns about finance and about the change in the children's routine. (T88)*

*I stay home, I only go out to work and when I need to go to the market or to the bank, for example[...]. (T90)*

*[...] when I get home, I put the clothes in a separate basket, the shoes outside, and I shower. Lysoform or alcohol in the car and on whatever I touched[...]. (T93)*

The workers identified that the adaptation in the routine related to the preventive care measures was not strongly adhered to by the users of the services, as many of them do not use masks or comply with the recommendation of adequate physical isolation, raising concern in the workers.

*The biggest difficulty is that the users we serve don't have much understanding of the severity of the pandemic and don't adopt the preventive care measures properly, putting both themselves and us at risk. (T29)*  
*[...]. At work I'm concerned about the lack of masks for the patients and about sharing the telephone with them (even after sanitizing). (T58)*

As the schools and daycare centers suspended their in-person activities during the pandemic, the children were home at all times. The aforementioned interfered in the family dynamics, requiring answers from the parents to deal with the situation inside the house or even searching for solutions outside:

*I had to ask my aged parents to move in to my house to take care of my little daughter while I was working. (T45)*  
*My routine has changed because I have three school-age children and they're staying with relatives and friends when I'm working. (T72)*

The participants reported having to take on more day-to-day activities, such as guiding and teaching school activities to their children, cleaning and cooking more at home, thus generating overload in the family environment.

*The routine changed [...] my daughters stay home, then I have to cook more [...] clean the house more [...]. (T50)*  
*As there are 2 children in the house, the routine became heavy due to more household chores and to the daycare center being closed. (T83)*

The pandemic imposed changes in people's routines due to the need to adapt to the new reality; this led to changes in the family dynamics which generated overload in the family environment.

#### Adaptations to the new routine at work

Overload was identified in the workers' narratives, related to the increase in the number of tasks at work due to the absence of other workers and vacation cancellations, which resulted in fatigue and distress.

*It was difficult for me to adapt at the beginning, not so much now, as I work most of the time. (T8)*



*I'm working more, I don't see my family for fear of transmitting something to them, I'm not traveling or going out, I hardly meet with my friends. (T10)*  
*[...] I didn't take the usual vacations, so I was more tired. (T36)*  
*[...] This process brought about certain distress, which gradually increased with the decision to cancel the already scheduled vacations. Unlike other fields of work, which implemented rotation of professionals, a reduction in hours worked was not authorized, which was stressful, especially at the beginning of the pandemic, as everyone wanted this "break" because care was provided to people who put themselves in exposure situations, in places where drugs are used. [...]. (T37)*  
*Increase in the workload, family tension and tension with the work colleagues. I have one more concern, COVID-19 all the time. (T47)*  
*Everyone's overload due to the absences by the pandemic also has impacts, but I believe that we'll soon see improvements in this scenario. (T56)*  
*[...] at work, there was work overload due to absences and dealing with fear and lack of knowledge in professionals and patients, welcoming and calming down. (T86)*

The participants' work routine underwent changes as a result of the pandemic. There were absences of professionals that directly affected the work process, causing overload.

## Discussion

Through the narratives, the main findings of this study allow knowing and understanding the mental health professionals' experiences during the pandemic. These experiences were related to new adaptations in the routine due to the adaptations made in everyday life, both in the personal and work aspects, resulting from changes in the dynamics of the health services to which they belong.

One of the changes identified in the workers' everyday routine was the one related to exhaustive health care. The safety measures to prevent spread of the COVID-19 virus were adopted in accordance with the recommendations of international and national authorities which, since the beginning of the pandemic, have been warning and reinforcing the population and health services about the importance of implementing individual and collective preventive measures to minimize virus transmission.<sup>3,16</sup> A study carried out with health workers identified that both those who were not infected and those who did become infected obtained high scores in self-assessment on the use of preventive measures after the beginning of the COVID-19 outbreak, and that the highest scores were presented by female participants.<sup>17</sup>

Another precaution imposed by the COVID-19 pandemic corresponded to the measures related to social distancing from friends and family members. This change in behaviors



generated a series of emotional discomforts in the workers interviewed. An integrative review study observed that development or intensification of depressive and anxiety symptoms was evidenced in most of the studies that addressed the topic of the psychosocial effects of social isolation and distancing during coronavirus infections.<sup>18</sup>

The difficulty understanding the problem surrounding the pandemic can influence adherence to the use of protective measures and increase the contamination risk among users and workers.<sup>8</sup> In contrast to what was adopted by the mental health workers, the users' behavior in the face of the pandemic, in the participants' opinion, was characterized by low adherence to protective measures. A study carried out in a psychiatric hospital in China identified that psychiatric patients are more susceptible to infection by the virus, due to its high transmissibility and to the patients' low adherence to the preventive care measures. This situation results in a challenging task for the mental health team members, who, for fear of contaminating themselves and their relatives, need to focus efforts on controlling the pandemic.<sup>19</sup>

Also regarding this topic, a mental health team focused on community care in Australia developed health education actions for the users to facilitate understanding of preventive measures, signs and symptoms of COVID-19 and places to seek help.<sup>9</sup> Other actions included identification and monitoring of patients at risk of transmitting the virus due to their psychiatric and socioeconomic characteristics, such as cognitive and functional impairment, living in overcrowded houses and being homeless.<sup>9</sup>

A number of discussions in the literature point out that, during the pandemic, the impacts on the life routine were different between men and women, with the argument that the latter are still the central figures responsible for taking care of the children and for household chores in the family environment.<sup>19-21</sup> In this study, in the context of adapting to the new routine, the increase in the number of tasks at home due to the interruption of face-to-face school activities was one of the changes that exerted an impact on the workers' routine and mental health.

In addition to work-related consequences, women have to deal with work overload at their homes, increased frequency regarding cooking, cleaning the house and caring for and helping the children with remote school activities, which generates physical and mental exhaustion.<sup>22</sup> Health workers who face long working hours, such as nurses, may have even

more difficulty reconciling work and household activities and suffer more psychological consequences.<sup>21</sup>

A study carried out in the Czech Republic identified that, in remote school teaching, the parents are mainly involved in teaching the tasks given by the teachers and in checking if they have been completed by their children. Also in this study, the parents mentioned some difficulties such as lack of didactics and knowledge equivalent to those of the teachers, as well as lack of time to perform all these tasks.<sup>22-23</sup>

The results of other studies converge with this in relation to the increase in pandemic-related workload, working hours and stress.<sup>24-25</sup> Added to this is the fact that overload in the family environment produces even more worrying physical and mental exhaustion in health workers. A study found that nearly two-thirds of the participants had perceived stress, with 45% (359) of them reporting feeling overwhelmed by the demands of everyday life.<sup>26</sup>

The literature evidences that some consequences resulting from the pandemic for health workers' mental health are as follows: anxiety, stress, and fear of being contaminated and transmitting the virus to family members.<sup>27-28</sup> In this study, mental health workers, as well as professionals in other health areas, also experienced consequences on their mental health as a result of the new adaptations in their routines.

To systematize the effects of the pandemic, a study was able to group the most recurrent symptoms into three stages: the beginning of the pandemic, considered the first stage, was marked by fear and anxiety; the second, for powerlessness and hopelessness; whereas the third was characterized by symptoms of post-traumatic stress disorder and depression.<sup>24</sup>

Health services must implement biosafety and protection actions that encompass the different demands regarding the social, cultural, religious and artistic spheres. It was identified that strict guidelines for infection control and appreciation of work by managers and governmental sectors can provide benefits to the mental health of the entire team.<sup>25</sup>

In addition to providing and organizing adequate working conditions, the consolidation of public policies for mental health care in COVID-19 pandemic times should include training in psychoeducation, stress management, creation of listening moments and collective care as essential measures to strengthen the team and allow a sensation of care for the workers.<sup>29-30</sup>

The findings of this study contribute to the reflection about the yearnings of the health professionals who work in the mental health context. It is understood that professionals who do not work on the “front line” in coping with the pandemic also experienced impacts on their everyday lives that made multiple feelings emerge.

A limitation of this study lies in the fact that it was conducted in four Mental Health services attached to only one municipality in the state of São Paulo. Therefore, it is not intended to generalize the results or to exhaust discussions on the theme, which emphasizes the importance of conducting more research studies in this sense addressing other contexts.

The data presented by this study can contribute to the literature regarding the mental health workers' experience during the COVID-19 pandemic, which makes it possible to foster coping strategies that promote quality in the health workers' context.

## Conclusion

The mental health workers' experience during the pandemic was permeated by changes in the routine, such as intense precaution with the preventive measures against spread of the virus, changes in everyday life regarding not visiting relatives' and friends' homes, and overload with household chores combined with caring for the children.

The participants of this study also mentioned work overload due to the cancellation of vacations for an indefinite period of time and absences of other workers for having been contaminated or belonging to risk groups. Also in the work context, the professionals' concern due to non-adherence to the preventive measures by the patients under their care was evidenced; this situation generated anxiety due to the increase in the contamination risks.

Organizational strategies that provide moments of listening and offer safety and adequate working conditions are favorable for facing this pandemic moment and need to be discussed and implemented in the health services.

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