

Impacts of COVID 19 on the Mental Health of Health Professionals and Service Providers at a Public Maternity Hospital in the State of Amapá

Impactos da COVID 19 na Saúde Mental de Profissionais da Saúde e Prestadores de Serviço de uma Maternidade Pública do Estado do Amapá
Impactos de la COVID-19 en la Salud Mental de Profesionales de la Salud y Prestadores de Servicios de una Maternidad Pública del Estado de Amapá

RESUMO

A Covid 19 foi um grave problema de saúde mundial. É altamente transmissível principalmente em locais fechados e ambientes hospitalares. Os profissionais de saúde são particularmente susceptíveis a infecção e durante a assistência resultando muitas vezes em alta carga de estresse e afetando a saúde mental. O objetivo deste artigo foi: Analisar os impactos da Covid 19 na saúde mental funcionários de uma maternidade pública do Estado do Amapá. A amostra foi composta por 100 profissionais (área da saúde e prestadores de serviços). Os resultados mostraram que houve relatos de alterações psicológicas como ansiedade, medo, depressão e perda de son. Observou-se que os sentimentos gerados pela pandemia foram compartilhados por todos independente de setor de atuação e formação. Para isso, as redes de atenção à saúde mental devem estar organizadas, inclusive do uso de plataformas por telefone e Telemedicina, para uma comunicação com especialistas em saúde mental, objetivando assegurar uma intervenção psicossocial rápida e eficaz.

DESCRIPTORIOS: Covid-19; Saúde Mental; Impactos; Profissionais da saúde; Prestadores de serviços.

ABSTRACT

Covid-19 has been a serious global health problem. It is highly transmissible, especially in closed spaces and hospital settings. Healthcare professionals are particularly susceptible to infections and during care, often resulting in high stress levels and affecting mental health. The objective of this article was to: Analyze the impacts of Covid-19 on the mental health of employees of a public maternity hospital in the state of Amapá. The sample consisted of 100 professionals (healthcare and service discussion areas). The results showed that there were reports of psychological changes such as anxiety, fear, depression and loss of a child. It should be noted that the feelings generated by the pandemic were shared by everyone, regardless of their sector of activity and training. To this end, mental health care networks must be organized, including the use of telephone and telemedicine platforms, for communication with mental health specialists, aiming to ensure rapid and effective psychosocial intervention.

DESCRIPTORS: Covid-19; Mental Health; Impacts; Healthcare professionals; Service providers.

RESUMEN

La COVID-19 fue un grave problema de salud mundial. Es altamente transmisible, especialmente en espacios cerrados y entornos hospitalarios. Los profesionales de la salud son particularmente susceptibles a la infección durante la atención, lo que a menudo resulta en una alta carga de estrés y afecta la salud mental. El objetivo de este artículo fue: analizar los impactos de la COVID-19 en la salud mental de los empleados de una maternidad pública del estado de Amapá. La muestra estuvo compuesta por 100 profesionales (del área de la salud y prestadores de servicios). Los resultados mostraron que hubo reportes de alteraciones psicológicas como ansiedad, miedo, depresión y pérdida del sueño. Se observó que los sentimientos generados por la pandemia fueron compartidos por todos, independientemente del sector de actuación y formación. Por ello, las redes de atención en salud mental deben estar organizadas, incluso mediante el uso de plataformas telefónicas y de telemedicina, para facilitar la comunicación con especialistas en salud mental, con el objetivo de asegurar una intervención psicossocial rápida y eficaz.

DESCRIPTORIOS: COVID-19; Salud mental; Impactos; Profesionales de la salud; Prestadores de servicios.

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INTRODUCTION

COVID-19, a disease caused by the new coronavirus (SARS-CoV-2) was first reported in the world in the city of Wuhan in China, coming from a seafood and live animal market, which quickly turned from an outbreak into a pandemic, reaching all continents within a period of two months¹.

In January 2020, the World Health Organization (WHO) considered COVID-19 a Public Health Emergency of International Concern and only on March 11, 2020, declared it a pandemic².

The acute respiratory syndrome caused by the novel coronavirus can range from mild, totaling around 80% of cases, to very severe, with respiratory failure accounting for 5% to 10% of cases. Lethality depends on factors such as age and associated co-morbidities^{3,4}. In mild cases, the patient may present with fever and/or non-productive cough, sore throat, nasal congestion, general malaise, headache and myalgia, and does not require hospitalization. More severe cases may require hospitalization, with around 5.0% of these requiring admission to an intensive care unit and 2.3% requiring me-

chanical ventilation⁵.

When it comes to health professionals in the COVID-19 scenario, it is noteworthy that in Brazil, around 3.5 million of these workers are directly or indirectly involved in providing services, in primary care units and specialized services, both in the public and private networks⁶.

The first official case of COVID-19 in Brazil was identified in the state of São Paulo in February 2020^{7, 8}. The first case in Amapá was confirmed on March 20, 2020. On March 18, 2021, the state of Amapá recorded 90,597 confirmed cases and 1,206 deaths. On September 21, there were 122,704 confirmed cases and 1972 deaths⁹.

With regard to health professionals, since the beginning of the pandemic, 990 professionals across the country have died, 551 of them doctors and 646 nursing professionals¹⁰.

In Amapá, according to the Superintendence of Health Surveillance (SVS), 957 health workers were infected with the new coronavirus between March and July. Most of the positive tests occurred among nursing assistants and technicians. Of the total, 30 had complications and died as a result of Covid-19¹¹.

Thus, as they are working on the

front line providing care to patients with COVID 19, health professionals should receive greater attention and support regarding exposure and aspects concerning their mental health, as there have been recurrent reports of increased symptoms of anxiety, depression, loss of sleep quality, increased drug use, psychosomatic symptoms and fear of becoming infected or transmitting the infection to members of the family. To analyze the impacts of Covid 19 on the mental health of health professionals and service providers in a public maternity hospital in the state of Amapá.

The aim of this article was to outline the socio-demographic profile of health professionals and service providers and to compare the impact on the mental health of health professionals and service providers acquired during the Covid-19 pandemic.

METHODOLOGY

An exploratory, descriptive study with a quantitative approach was carried out in the municipality of Macapá, capital of the state of Amapá, in a public maternity hospital, a reference in high-risk pregnancy - Hospital da Mulher Mãe Luzia (HMML).

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According to the latest census by the Brazilian Institute of Geography and Statistics (IBGE), the population of Macapá in 2020 was 512,902 inhabitants¹³.

According to the Live Birth Information System (SINASC) in Macapá there were 3,945 live births (between January and May 2020)¹⁴.

The study population consisted of health professionals and service providers working at the Mãe Luzia Women's Hospital.

The sample consisted of two groups with a total of 100 professionals: Group I: 80 health professionals (20 doctors, 30 nurses and 30 nursing technicians).

Group II: 20 professional service providers who clean, receive and transport stretchers.

data collection took place in October and November 2020.

We used the following as inclusion criteria:

Health professionals including doctors, nurses and nursing technicians working in the admission, delivery room, operating room, neonatal ward and isolation sectors for Covid 19.

Professional service providers working in cleaning, reception and transportation with stretchers

The exclusion criteria were:

Professionals who did not work in the sectors mentioned, who did not fit into the professions listed and those who did not sign the consent form.

The data collection instrument used in this research was a questionnaire (APPENDIX 1) created by the Ministry of Health from FORMSUS (Available at: www.formsus.datasus.gov.br/site/formulario.php?id_aplicacao=55458_5/8) and adapted by the researcher to suit the local reality, aimed at health professionals and service providers at HMML, containing closed and open questions:

- Socio-demographic variables:

gender, age, municipality of residence, neighborhood/locality, area of residence, marital status, race, color, schooling, religion, occupation, profession - health or service provider, sector of work, income, whether they have respected social isolation and hygiene rules, whether they have associated comorbidities, whether they have ever been diagnosed with Covid 19 and whether they know any professional colleagues who work in the hospital who have had symptoms and a diagnosis.

- Variables aimed at assessing the mental health of professionals: personal feelings at the time of the interview, how they generally feel, stressful experiences involving real death or the threat of death and how bothered they have been by the Covid 19 pandemic

in recent months.

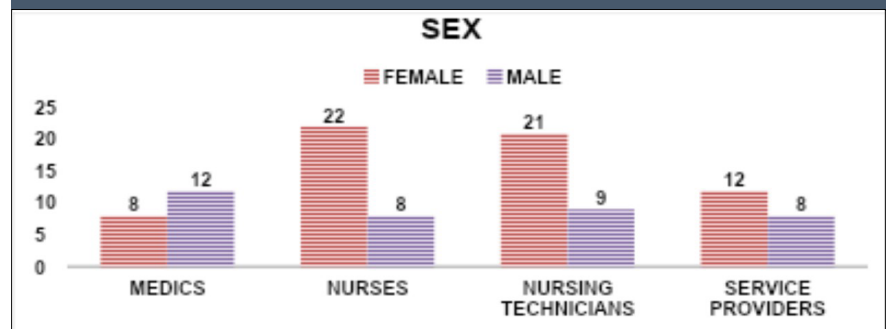
The quantitative data was obtained from the socio-demographic variables and was then tabulated, statistically tested and discussed using descriptive analysis, as well as being represented in tables and graphs. It should be noted that this questionnaire was sent and filled in after the professionals had authorized it by signing a Free and Informed Consent Form (FICF).

Research was approved by CEP/UNIFAP - 40786020.0.0000.0003

RESULTS

The data in Graph 1 shows the socio-economic and demographic variables, with a predominance of females, except in the group of doctors.

Graph 1: Distribution of participants by gender (N=100).

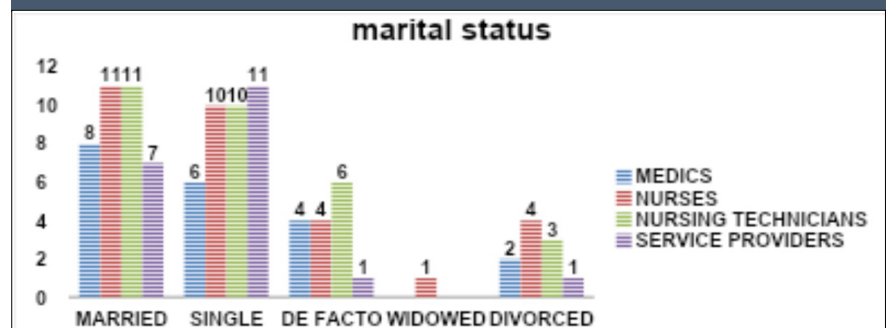


Source: Research data - Questionnaire.

The results for the marital status variable showed a predominance of the

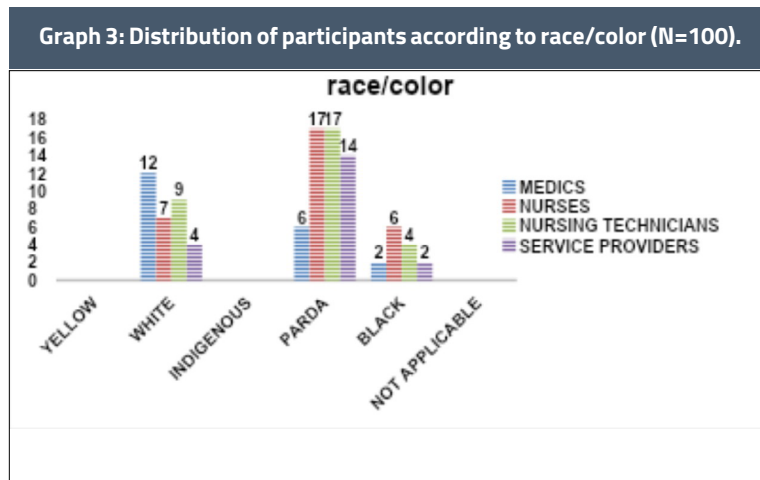
'married' condition, except for service providers, the 'single' condition prevailed (Graph 2).

Graph 2: Distribution of participants according to marital status (N=100).



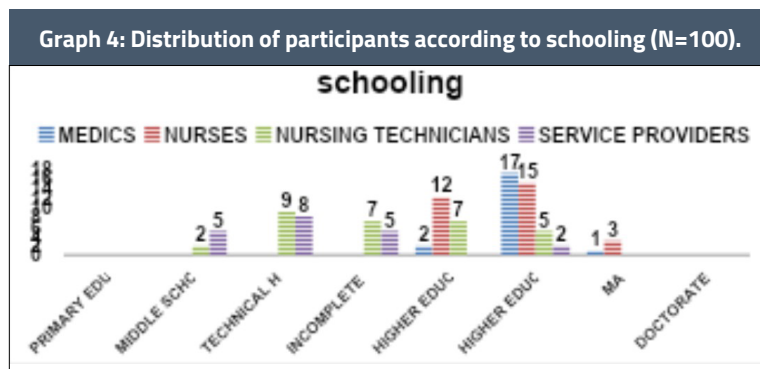
Source: Research data - Questionnaire.

Graph 3 shows the results for the race/color variable, with a predominance of brown people, except in the doctors' group, with a predominance of white people.



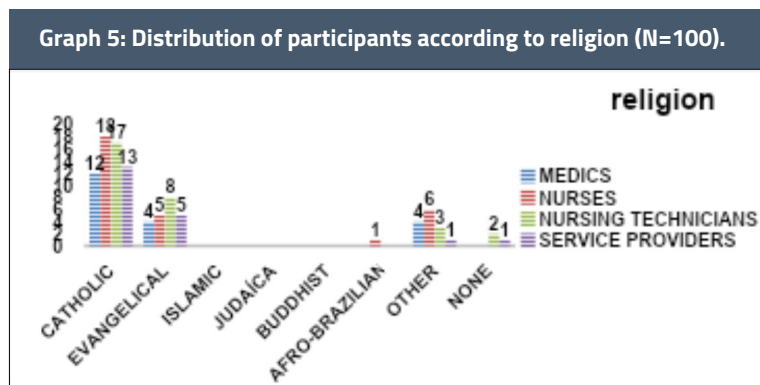
Source: Research data - Questionnaire.

The results shown in Graph 4 show that 9 nursing technicians and 8 service providers do not have higher education.



Source: Research data - Questionnaire.

With regard to religion, Catholicism predominated, followed by Evangelicalism. Graph 5



Source: Research data - Questionnaire.

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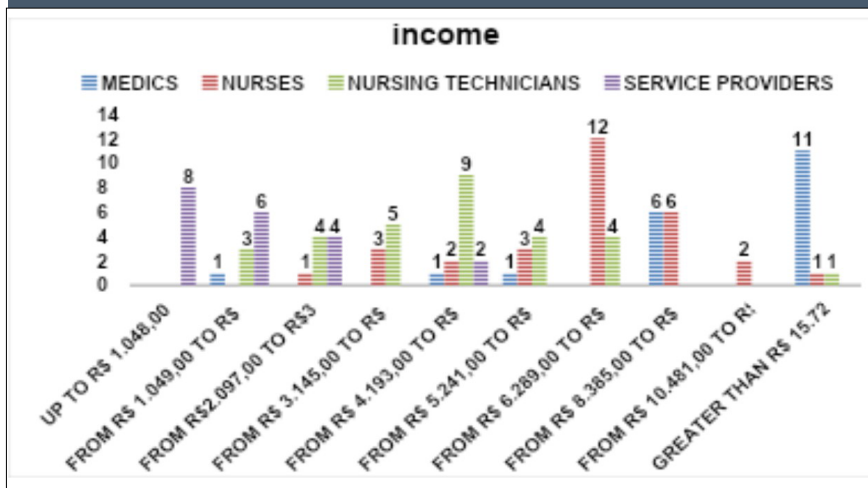
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The distribution of income (Graph 6) among professionals differs according to category and level of education, with the majority of doctors (11)

earning salaries above R\$15,721.00, nurses (12) earning salaries between R\$6,289.00 and R\$8,384.00, nursing technicians (9) between R\$4,193.00

and R\$5,240.00 and service providers (8) earning up to R\$1,048.00.

Graph 6: Distribution of participants according to income (N=100).



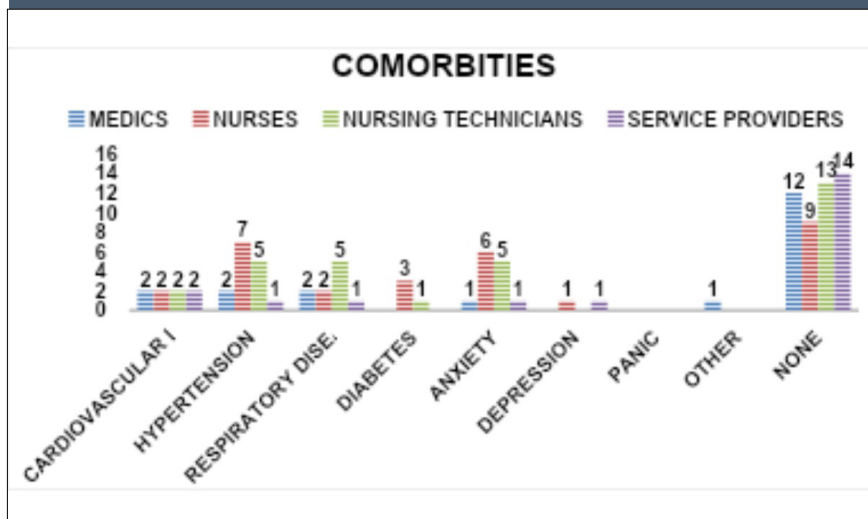
Source: Research data - Questionnaire.

The results for the presence of Comorbidities among the professional categories (Graph 7) show that although the majority reported not having any

pathologies, there were reports of chronic diseases such as Systemic Arterial Hypertension with 15 cases, diabetes mellitus with 4 cases, mental disorders

- depression with 2 cases, anxiety with 13 cases, as well as respiratory diseases with 10 cases and cardiovascular diseases with 8 cases.

Graph 7: Distribution of comorbidities by professional category (N=100).

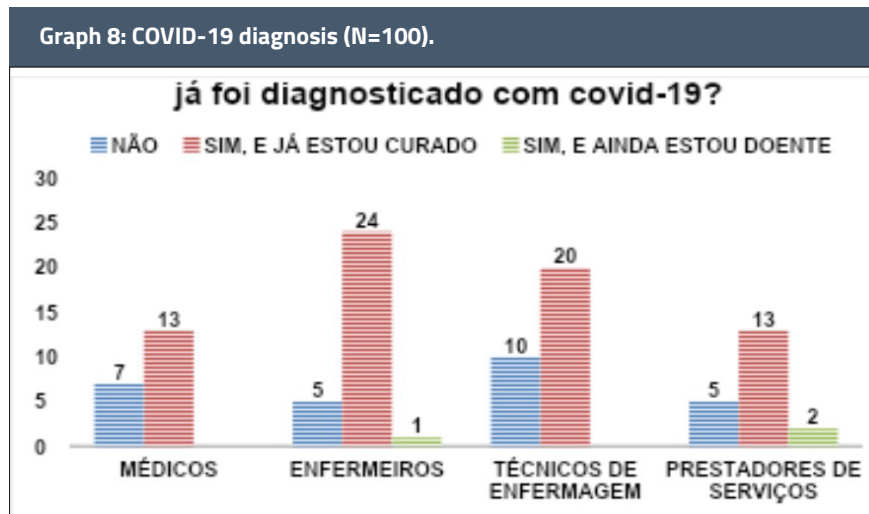


Source: Research data - Questionnaire.

When asked if the professionals had already been diagnosed with Covid-19, there was a predominance of the op-

tion "Yes, and I'm already cured" with 13 cases in doctors, 24 cases in nurses, 20 cases in nursing technicians and 13

cases in service providers, as specified in Graph 8.



Source: Research data - Questionnaire.

Part 1 - HOW DO YOU FEEL NOW? HOW DO YOU FEEL AT THE MOMENT?

The data in Table 1 shows a linear

trend when comparing the groups in terms of how they felt when they filled in the questionnaire. In other words, the answers did not differ significantly, remaining between "A LOT" and "A LIT-

TLE" for most of the questions, with the exception of the question - I'm sorry and feel upset, where most answers were "ABSOLUTELY NOTHING".

Table 1: Results for the assessment of how the professional felt at the time of the interview (N=100).

	MEDICS	NURSES	NURSING TECHNICIANS	SERVICE PROVIDERS
I FEEL CALM				
VERY	4	4	3	5
A LOT	5	8	9	9
A LITTLE	7	16	15	6
ABSOLUTELY NOTHING	4	2	3	0
I FEEL SAFE				
VERY	2	3	2	5
A LOT	5	7	10	6
A LITTLE	6	11	18	5
ABSOLUTELY NOTHING	7	9	0	4
I'M TENSE/NERVOUS				
VERY	2	0	2	2
A LOT	3	1	2	2
A LITTLE	10	21	24	16
ABSOLUTELY NOTHING	5	8	2	0
I'M SORRY				
VERY	1	0	0	0
A LOT	1	1	1	1
A LITTLE	9	13	17	14
ABSOLUTELY NOTHING	9	16	12	5

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I FEEL DISTURBED				
VERY	1	1	0	0
A LOT	1	0	0	0
A LITTLE	9	14	14	18
ABSOLUTELY NOTHING	9	15	16	2
I FEEL ANXIOUS				
VERY	2	3	2	0
A LOT	3	8	5	4
A LITTLE	8	18	22	15
ABSOLUTELY NOTHING	7	1	1	1
I FEEL CONFIDENT				
VERY	0	3	6	3
A LOT	8	13	11	9
A LITTLE	9	14	12	8
ABSOLUTELY NOTHING	3	0	1	0
I'M AGITATED				
VERY	1	1	0	1
A LOT	2	2	1	3
A LITTLE	12	22	19	15
ABSOLUTELY NOTHING	5	5	10	1
I'M WORRIED				
VERY	3	1	2	1
BASTANTE	3	3	6	1
UM POUCO	9	26	20	18
ABSOLUTAMENTE NADA	5	0	2	0
SINTO-ME CONFUSO				
MUITÍSSIMO	1	0	0	0
BASTANTE	3	3	4	0
UM POUCO	8	25	18	20
ABSOLUTAMENTE NADA	8	2	8	0

Source: Research data - Questionnaire.

PART 2 - HOW HAVE YOU BEEN FEELING OVER THE LAST WEEK?

In this block of questions specifically focused on how the professional has been feeling over the last week (Table 2), despite some worrying answers showing sadness, a sense of failure, dis-

couragement about the future, disappointment in themselves, irritability, crying, feelings of guilt, lack of interest in other people, difficulties in making decisions, feelings of being punished, lack of sleep, tiredness, lack of appetite, weight loss, lack of interest in sex and worrying about problems, there

was a unanimous response from the 21 groups in which the negative option prevailed in relation to these feelings and alterations listed above.

It should also be noted that none of the participants in the survey reported having suicidal ideas.

Tabela 2: Resultados para a avaliação de como o profissional tem se sentido na última semana?

	MEDICS	NURSES	NURSING TECHNICIANS	SERVICE PROVIDERS
HOW YOU'VE BEEN FEELING OVER THE LAST WEEK				
GROUP 1				
I DON'T FEEL SAD	17	24	23	15
I FEEL SAD	3	6	6	5
I'M ALWAYS SAD AND I CAN'T GET OUT OF IT	0	0	1	0
GROUP 2				
I'M NOT DISCOURAGED ABOUT THE FUTURE	18	26	27	17
I FEEL DISCOURAGED ABOUT THE FUTURE	2	4	2	3
I DON'T THINK I HAVE ANYTHING TO LOOK FORWARD TO	0	0	0	0
I FIND THE FUTURE HOPELESS AND HAVE THE IMPRESSION THAT THINGS CAN'T GET ANY BETTER	0	0	1	0
GROUP 3				
I DON'T FEEL LIKE A FAILURE	19	27	30	20
I THINK I'VE FAILED MORE THAN THE AVERAGE PERSON	1	3	0	0
WHEN I LOOK BACK ON MY LIFE, ALL I CAN SEE IS A BUNCH OF FAILURES	0	0	0	0
I THINK I'M A COMPLETE FAILURE AS A PERSON	0	0	0	0
GROUP 4				
I ENJOY EVERYTHING AS MUCH AS BEFORE	16	24	24	17
I DON'T ENJOY THINGS AS MUCH AS I USED TO	4	6	6	3
I FIND NO REAL PLEASURE IN ANYTHING ELSE	0	0	0	0
I'M DISSATISFIED OR BORED WITH EVERYTHING	0	0	0	0
GROUP 5				
I DON'T FEEL PARTICULARLY GUILTY	20	29	28	20
I FEEL GUILTY A LOT OF THE TIME	0	0	2	0
I FEEL GUILTY MOST OF THE TIME	0	0	0	0
I ALWAYS FEEL GUILTY	0	1	0	0
GROUP 6				
I DON'T THINK I'M BEING PUNISHED	20	30	28	20
I THINK I COULD BE PUNISHED	0	0	2	0
I THINK I'M GOING TO BE PUNISHED	0	0	0	0
I THINK I'M BEING PUNISHED	0	0	0	0
GROUP 7				
I DON'T FEEL DISAPPOINTED IN MYSELF	19	27	29	18
I'M DISAPPOINTED IN MYSELF	1	3	1	2
I'M DISGUSTED WITH MYSELF	0	0	0	0
I HATE ME	0	0	0	0
GROUP 8				
I DON'T FEEL IN ANY WAY WORSE THAN THE OTHERS	19	26	28	18
I'M CRITICAL OF MYSELF FOR MY WEAKNESSES OR MISTAKES	1	4	2	2
I ALWAYS BLAME MYSELF FOR MY FAULTS	0	0	0	0
I BLAME MYSELF FOR EVERYTHING BAD THAT HAPPENS	0	0	0	0

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GROUP 9				
I DON'T HAVE ANY THOUGHTS OF KILLING MYSELF	20	30	30	20
I HAVE IDEAS ABOUT KILLING MYSELF, BUT I WOULDN'T DO IT	0	0	0	0
I'D LIKE TO KILL MYSELF	0	0	0	0
I'D KILL MYSELF IF I HAD THE CHANCE	0	0	0	0
GROUP 10				
I DON'T CRY ANY MORE THAN USUAL	17	26	27	15
I CRY MORE NOW THAN I USED TO	1	4	3	5
NOW I CRY ALL THE TIME	1	0	0	0
I USED TO BE ABLE TO CRY, BUT NOW I CAN'T, EVEN IF I WANT TO	1	0	0	0
GROUP 11				
I'M NO ANGRIER NOW THAN I EVER WAS	15	24	22	14
I GET ANNOYED OR IRRITATED MORE EASILY THAN I USED TO	5	5	6	5
NOW I FEEL IRRITATED ALL THE TIME	0	0	0	0
I'M NO LONGER ANNOYED BY THINGS THAT USED TO ANNOY ME	0	1	2	1
GROUP 12				
I HAVEN'T LOST INTEREST IN OTHER PEOPLE	16	27	26	17
I'M LESS INTERESTED IN OTHER PEOPLE THAN I USED TO BE	4	3	4	3
I LOST MOST OF MY INTEREST IN OTHER PEOPLE	0	0	0	0
I LOST ALL INTEREST IN OTHER PEOPLE	0	0	0	0
GROUP 13				
I MAKE DECISIONS AS WELL AS BEFORE	15	22	24	14
I POSTPONE DECISION-MAKING MORE THAN I USED TO	3	7	5	3
I FIND IT HARDER TO MAKE DECISIONS THAN BEFORE	2	1	1	3
I ABSOLUTELY CAN'T MAKE DECISIONS ANYMORE	0	0	0	0
GROUP 14				
I DON'T THINK I LOOK ANY WORSE THAN BEFORE ANYWAY	18	28	28	18
I THINK THERE ARE PERMANENT CHANGES IN MY APPEARANCE THAT MAKE ME LOOK UNATTRACTIVE	1	2	1	1
I'M WORRIED ABOUT LOOKING OLD OR UNATTRACTIVE	1	0	0	1
I BELIEVE I LOOK UGLY	0	0	1	0
GROUP 15				
I CAN WORK AS WELL AS BEFORE	17	27	28	15
IT TAKES SOME EXTRA EFFORT TO DO SOMETHING	3	2	2	5
I HAVE TO WORK HARD TO DO ANYTHING	0	0	0	0
I CAN'T DO ANY WORK ANYMORE	0	1	0	0
GROUP 16				
I CAN SLEEP AS WELL AS USUAL	18	21	18	17
I DON'T SLEEP AS WELL AS I USED TO	2	8	11	2
I WAKE UP 1-2 HOURS EARLIER THAN USUAL AND FIND IT HARD TO GET BACK TO SLEEP	0	0	1	1
I WAKE UP SEVERAL HOURS EARLIER THAN I USED TO AND CAN'T GET BACK TO SLEEP	0	1	0	0

GROUP 17				
I DON'T GET MORE TIRED THAN USUAL	14	23	18	14
I GET TIRED MORE EASILY THAN I USED TO	6	7	11	6
I GET TIRED DOING ANYTHING	0	0	1	0
I'M TOO TIRED TO DO ANYTHING	0	0	0	0
GROUP 18				
MY APPETITE IS NO WORSE THAN USUAL	18	24	26	16
MY APPETITE ISN'T AS GOOD AS IT USED TO BE	2	5	2	3
MY APPETITE IS MUCH WORSE NOW	0	1	2	1
I HAVE ABSOLUTELY NO APPETITE	0	0	0	0
GROUP 19				
I HAVEN'T LOST MUCH WEIGHT IF ANY RECENTLY	20	25	25	16
I LOST MORE THAN TWO AND A HALF KILOS	0	3	3	2
I LOST MORE THAN 5 KILOS	0	2	2	2
I LOST MORE THAN 7 KILOS	0	0	0	0
GROUP 20				
I'M NOT MORE CONCERNED ABOUT MY HEALTH THAN USUAL	17	23	18	17
I'M WORRIED ABOUT PHYSICAL PROBLEMS, SUCH AS PAIN, STOMACH UPSET OR CONSTIPATION	3	7	9	3
I'M VERY WORRIED ABOUT PHYSICAL PROBLEMS AND IT'S HARD TO THINK ABOUT ANYTHING ELSE	0	0	2	0
I'M SO PREOCCUPIED WITH MY PHYSICAL PROBLEMS THAT I CAN'T THINK ABOUT ANYTHING ELSE	0	0	1	0
GROUP 21				
I HAVEN'T NOTICED ANY RECENT CHANGE IN MY INTEREST IN SEX	19	28	24	18
I'M LESS INTERESTED IN SEX THAN I USED TO BE	1	1	5	2
I'M MUCH LESS INTERESTED IN SEX NOW	0	0	1	0
I'VE COMPLETELY LOST INTEREST IN SEX	0	1	0	0

Source: Research data - Questionnaire.

PART 3 - FEELINGS IN THE WORKPLACE: WHAT WERE THE MOST STRESSFUL PROBLEMS AND EVENTS YOU EXPERIENCED?

The results for the common problems reported and experienced by health professionals and service providers with regard to the Covid-19 pandemic were related to: work overload and an increase in the number of shifts, as a result of the number of sick professionals and those on sick leave; the lack of Personal Protective Equipment (PPE) caused mainly by the increased demand for the use of this equipment at global, national and state level and

the low production capacity due to the pandemic; interpersonal relationship problems with coworkers suggesting a high stress load; the loss of family members to Covid-19; greater absence in the family environment (absence from home); the number of deaths caused by the disease.

These problems resulted in common feelings according to the categories:

- Doctors: fear, anxiety and insecurity;
- Nurses: fear, dread, indisposition, anguish, sadness, stress and psychological pressure;
- Nursing technicians: stress, fear, worry, anger and sadness.

- Service providers: fear, unease, stress and indignation.

PART 4 - THINKING ABOUT THE CORONAVIRUS PANDEMIC, HOW MUCH HAVE YOU BEEN BOTHERED BY THIS PROBLEM IN THE LAST MONTH?

Table 3 shows the results of the last block of questions in the questionnaire, and shows that there was a predominance of responses for "NOT AT ALL", "NOT AT ALL" and "MODERATELY" for undesirable memories, disturbing dreams, negative beliefs, negative feelings, guilt, loss of interest in activities, difficulty concentrating, alertness and apprehension.

Tabela 3: Resultados para a avaliação do quanto o profissional tem se sentido incomodado pela pandemia (N=100).

	MEDICS	NURSES	NURSING TECHNICIANS	SERVICE PROVIDERS
UNWANTED, DISTURBING AND REPETITIVE MEMORIES OF THE COVID-19 PANDEMIC?				
NO WAY	3	13	2	1
NOT AT ALL	7	6	3	4
MODERATELY	7	7	21	13
A LOT	2	3	4	1
EXTREMELY	1	1	0	1
DISTURBING AND REPETITIVE DREAMS ABOUT THE COVID-19 PANDEMIC?				
NO WAY	5	16	10	1
NOT AT ALL	8	7	10	9
MODERATELY	7	6	8	10
A LOT	0	1	2	0
EXTREMELY	0	0	0	0
SUDDENLY FEELING OR ACTING AS IF THE COVID-19 PANDEMIC EXPERIENCE WAS HAPPENING AGAIN, RELIVING IT?				
NO WAY	4	13	7	1
NOT AT ALL	9	6	10	6
MODERATELY	4	9	8	13
A LOT	3	2	5	0
EXTREMELY	0	0	0	0
FEEL VERY UPSET WHEN SOMETHING REMINDS YOU OF THE COVID-19 PANDEMIC?				
NO WAY	3	12	10	3
NOT AT ALL	6	6	4	4
MODERATELY	8	7	12	11
A LOT	2	5	3	2
EXTREMELY	1	0	1	0
HAVING INTENSE PHYSICAL REACTIONS WHEN SOMETHING REMINDS YOU OF THE COVID-19 PANDEMIC (HEART RACING, DIFFICULTY BREATHING, EXCESSIVE SWEATING?)				
NO WAY	6	12	10	1
NOT AT ALL	7	6	6	4
MODERATELY	7	7	10	14
A LOT	0	5	4	0
EXTREMELY	0	0	0	1
AVOID MEMORIES, THOUGHTS OR FEELINGS RELATED TO THE COVID-19 PANDEMIC?				
NO WAY	5	11	2	1
NOT AT ALL	10	8	1	6
MODERATELY	5	8	11	10
A LOT	0	2	1	3
EXTREMELY	0	1	0	0
AVOID EXTERNAL MEMORIES OF THE COVID-19 PANDEMIC (PEOPLE, PLACES, CONVERSATIONS, ACTIVITIES, OBJECTS OR SITUATIONS)				
NO WAY	5	11	9	2
NOT AT ALL	10	9	3	4
MODERATELY	5	6	15	11
A LOT	0	4	1	3
EXTREMELY	0	0	2	0

CAN'T REMEMBER IMPORTANT PARTS OF THE COVID-19 PANDEMIC?				
NO WAY	7	15	17	3
NOT AT ALL	9	7	4	7
MODERATELY	4	7	9	10
A LOT	0	1	0	0
EXTREMELY	0	0	0	0
HAVE INTENSE NEGATIVE BELIEFS ABOUT YOURSELF, OTHER PEOPLE OR THE WORLD?				
NO WAY	5	16	16	4
NOT AT ALL	10	7	5	7
MODERATELY	5	4	9	9
A LOT	0	2	0	0
EXTREMELY	0	1	0	0
BLAME YOURSELF OR OTHERS FOR THE PANDEMIC OR WHAT HAPPENED AFTER IT?				
NO WAY	7	15	17	1
NOT AT ALL	10	8	4	6
MODERATELY	3	5	7	13
A LOT	0	2	2	0
EXTREMELY	0	0	0	0
HAVING INTENSE NEGATIVE FEELINGS SUCH AS FEAR, DREAD, ANGER, GUILT OR SHAME?				
NO WAY	7	13	11	3
NOT AT ALL	6	7	8	6
MODERATELY	6	7	8	11
A LOT	0	3	3	0
EXTREMELY	1	0	0	0
LOSE INTEREST IN ACTIVITIES YOU USED TO ENJOY?				
NO WAY	7	14	9	5
NOT AT ALL	8	7	7	4
MODERATELY	4	6	11	11
A LOT	0	3	3	0
EXTREMELY	1	0	0	0
FEEL DISTANT OR ISOLATED FROM OTHER PEOPLE?				
NO WAY	5	14	10	5
NOT AT ALL	6	7	4	4
MODERATELY	7	6	15	11
A LOT	1	3	1	0
EXTREMELY	1	0	0	0
DIFFICULTIES IN EXPERIENCING POSITIVE FEELINGS (BEING UNABLE TO FEEL HAPPINESS OR LOVING FEELINGS FOR PEOPLE CLOSE TO THEM)?				
NO WAY	5	23	7	4
NOT AT ALL	6	3	1	4
MODERATELY	5	2	22	12
A LOT	0	1	0	0
EXTREMELY	4	1	0	0

Original Article

Costa JB, Rêgo AD, Ramos JS, Rego GF

Impacts of COVID 19 on the Mental Health of Health Professionals and Service Providers at a Public Maternity Hospital in the State of Amapá

ANGRY BEHAVIOR, OUTBURSTS OF RAGE OR ACTING AGGRESSIVELY?				
NO WAY	5	24	3	4
NOT AT ALL	6	3	3	4
MODERATELY	7	0	24	12
A LOT	0	2	0	0
EXTREMELY	2	1	0	0
TAKING TOO MANY RISKS OR DOING THINGS THAT COULD CAUSE YOU HARM?				
NO WAY	6	25	7	0
NOT AT ALL	6	3	2	0
MODERATELY	5	0	20	20
A LOT	0	2	1	0
EXTREMELY	3	0	0	0
BE SUPER ALERT, VIGILANT OR ON STANDBY?				
NO WAY	4	7	4	0
NOT AT ALL	6	3	1	0
MODERATELY	7	19	24	20
A LOT	0	1	0	0
EXTREMELY	3	0	1	0
FEEL APPREHENSIVE OR SCARED EASILY?				
NO WAY	5	4	6	0
NOT AT ALL	7	24	2	0
MODERATELY	5	0	21	20
A LOT	0	1	1	0
EXTREMELY	3	1	0	0
HAVING TROUBLE CONCENTRATING?				
NO WAY	5	5	3	0
NOT AT ALL	7	22	3	0
MODERATELY	5	1	22	20
A LOT	0	1	2	0
EXTREMELY	3	1	0	0
TROUBLE FALLING ASLEEP OR STAYING ASLEEP?				
NO WAY	7	5	3	0
NOT AT ALL	8	22	2	0
MODERATELY	3	1	24	20
A LOT	0	1	1	0
EXTREMELY	2	1	0	0

Source: Research data - Questionnaire.

DISCUSSION

Countries such as China have reported approximately 3,000 infected healthcare workers with 23 deaths^{15,16}. In Italy, there were 4,884 cases of contaminated healthcare workers with 34 deaths of doctors^{17,18}.

Given this scenario, it can be said that the atypical moment of crisis that we are experiencing requires health professionals to pay attention to their mental health, since research carried out worldwide shows that there have been recurrent reports of an increase in alterations and symptoms such as anxiety, fear, depression, loss of sleep,

psychosomatic symptoms and drug use¹⁹.

The changes shown in the table above reported by the survey participants follow a worldwide trend, both in developed and developing countries such as Brazil. A survey carried out by doctors in Wuhan²⁰ in China found that professionals working in

health care experienced great pressure, risk of infection, overwork, frustration, isolation, lack of contact with family, as well as stress, insomnia, feelings of denial, anger and fear.

It should be noted that these psychological changes can affect attention, decision-making and the general well-being of professionals who, due to fear, may even resist returning to their work environment²¹.

It is important to make it clear that even though the results for the 21 groups of questions in the table above did not show many variations in the mental state of professionals, a cross-sectional study carried out in 34 hospitals in China with a total of 1,257 professionals found a considerable number of these alterations, including depression, anxiety, insomnia and anguish²².

In view of the above, the literature emphasizes that failures in precautionary measures and protection through PPE lead to infections. Thus, the scarcity of PPE (surgical and FFP2 masks and clothing) are considered risk factors for viral contamination³⁷, associated with precarious working conditions, resulting from a shortage of resources and materials or characteristics of the organization of health work involving high workloads and long working hours²³.

It should be noted that patients in critical condition due to Covid-19 require comprehensive and differentiated care from professionals, as is the case in Intensive Care Units. Thus, during the pandemic period, professionals, who are under a lot of pressure, can reach states of fatigue, exhaustion, i.e. physical and mental exhaustion. In this case, it is recommended that professionals have adequate rest time to reduce the workload and thus stress levels and the occurrence of errors during the care provided¹⁵.

It is clear that the results presented in this research point to the need for

long-term implementation of strategies aimed at the mental health of professionals on the front line of the Covid-19 pandemic.

According to Schwartz, King and yen (2020)¹⁵ it is common for health professionals to work at the limit of their capacity during outbreaks and pandemics, such as COVID-19, running the risk of contamination and suffering severe pressure, resulting in fatigue and exhaustion, mainly because some of the patients affected by the disease who receive care evolve to a critical state, requiring greater attention from professionals. In this respect, it is important to point out that work overload can lead professionals to make mistakes, as long working hours reduce their level of attention and their ability to solve problems and respond to them, directly affecting the quality of care provided.

Corroborating these statements, Heliotério et al. (2020)²⁴ recommend that in these situations of long working hours, it is essential that health professionals have adequate rest to recover not only from physical fatigue, but also from psychological fatigue. Following this premise, the strategy of testing all health professionals can reduce absenteeism and consequently work overload, since professionals on leave with flu-like illness and who test negative for COVID-19 can return to work and screening asymptomatic workers through testing can break the chain of transmission by reducing infection among professionals^{25,26}.

In short, there are authors who cite the factors that can contribute to the psychological suffering of health professionals who work on the front line of patients with COVID-19, among which are²⁷:

1. the emotional strain and physical exhaustion of caring for a growing number of acutely ill patients of all ages who have the potential to deteriorate rapidly;
2. Caring for coworkers who can

become seriously ill and sometimes die from COVID-19;

3. A shortage of personal protective equipment that intensifies the fear of exposure to the coronavirus at work, causing serious illnesses;

4. Concerns about infecting family members, especially older, immunocompromised or chronically ill family members;

5. Shortage of ventilators and other medical equipment crucial to the care of critically ill patients;

6. Anxiety about taking on new or unfamiliar clinical roles and expanded workloads when caring for COVID-19 patients;

7. Limited access to mental health services to manage depression, anxiety and psychological distress.

In other countries such as China, guidelines have been published focusing on psychological crisis interventions for affected professionals. The proposal is to integrate these interventions into more general pandemic prevention and control strategies²⁸.

In addition to this, there is also the proposal to use telephone counseling platforms, what we call in Brazil a counseling service for a first listen, and Telemedicine, providing direct video contact with mental health specialists (psychologists, psychiatrists and others). The aim is to provide professionals with a rapid response to the crisis with a quick and effective psychosocial intervention, because the quicker the approach, the less the psychological damage in the medium term²⁹.

CONCLUSION

- Due to the atypical pandemic we are experiencing, there have been reports from health professionals and service providers of psychological changes such as anxiety, fear, depression, loss of sleep and psychosomatic symptoms that directly impact their mental health.

- Specifically by category, the Doctors reported the following as the most predominant feelings: fear, distress and insecurity. Nurses reported: fear, apprehension, indisposition, anguish, sadness, stress and psychological pressure. Nursing technicians reported: stress, fear, worry, anger and sadness and finally, service providers reported: fear, unease, stress and indignation.

- There were no significant differences when comparing the answers

to the questionnaire containing the mental health assessment variables between health professionals and service providers. Thus, it was observed that the feelings generated by the pandemic were shared by everyone, regardless of their sector of work or training.

Thus, it is extremely necessary to implement long-term strategies aimed at the mental health of professionals on the front line of the Covid-19 pandemic. To this end, mental health

care networks must be organized, and technologies such as telephone counselling platforms and video telemedicine can be used to maintain a direct communication channel with mental health specialists (psychologists, psychiatrists and others).

The aim of this is to ensure rapid and effective psychosocial intervention, since the quicker the approach, the less psychological damage there will be in the medium term.

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