



NURSES' MENTAL HEALTH DURING THE COVID-19 PANDEMIC: A SOCIOPOETIC QUALITATIVE STUDY

SAÚDE MENTAL DE ENFERMEIROS NO DECURSO DA PANDEMIA DE COVID-19: ESTUDO QUALITATIVO SOCIOPOÉTICO

SALUD MENTAL DE ENFERMEROS DURANTE LA PANDEMIA DE COVID-19: ESTUDIO CUALITATIVO SOCIOPOÉTICO

Odilon Adolfo Branco de Souza¹
Cláudia Mara de Melo Tavares¹

ORCID: 0000-0003-4482-8582
ORCID: 0000-0002-8416-6272

¹ Universidade Federal Fluminense, Escola de Enfermagem Aurora de Afonso Costa. Niterói, Rio de Janeiro, Brazil.

How to cite: Souza OAB, Tavares CMM. Nurses' mental health during the COVID-19 pandemic: a sociopoetic qualitative study. Online Braz J Nurs. 2026;25(1):e20266954. <https://doi.org/10.17665/1676-4285.20266954>

RESUMO

Objetivos: Analisar a autopercepção da saúde mental de enfermeiros de um hospital universitário durante a pandemia de COVID-19; identificar medidas adotadas para o cuidado de si e discutir o suporte institucional percebido diante das necessidades de cuidado. **Método:** Trata-se de um estudo qualitativo participativo, fundamentado na abordagem teórico-metodológica da sociopoética como dispositivo para a produção de dados, realizado em maio de 2025. As discussões obtidas em grupo foram submetidas à análise de conteúdo. **Resultados:** O grupo pesquisador foi composto por seis enfermeiros que atuaram em unidades de atendimento a pacientes sintomáticos em um hospital universitário na cidade de Niterói, estado do Rio de Janeiro. Após a análise, emergiram três categorias: a) varal das emoções: entre medo, exaustão e resistência; b) tecendo caminhos de cuidado com fios de proteção; c) corpos protegidos, emoções invisibilizadas. **Conclusão:** Os enfermeiros relataram medo, ansiedade e exaustão emocional; adotaram estratégias de autocuidado centradas na espiritualidade, na atividade física e no fortalecimento dos vínculos familiares; e perceberam a ausência de um suporte institucional estruturado e voltado à saúde mental. Os resultados reforçam a necessidade de implementação de estratégias institucionais permanentes de apoio psicossocial.

Descritores: COVID-19; Enfermagem; Saúde Mental; Assistência Hospitalar; Gestão em Saúde.

ABSTRACT

Objectives: To analyze nurses' self-perceptions of their mental health while working at a university hospital during the COVID-19 pandemic; to identify measures adopted for self-care; and to discuss perceived institutional support in response to care needs. **Method:** This was a participatory qualitative study grounded in the theoretical and methodological approach of sociopoetics as a device for data production, conducted in May 2025. The group discussions were subjected to content analysis. **Results:** The research group comprised six nurses who worked in units providing care to symptomatic patients at a university hospital in the city of Niterói, state of Rio de Janeiro. Following the analysis, three categories emerged: a) clothesline of emotions: between fear, exhaustion, and resilience; b) weaving pathways of care with threads of protection; c) protected bodies, invisible emotions. **Conclusion:** The nurses reported fear, anxiety, and emotional exhaustion; adopted self-care strategies centered on spirituality, physical activity, and strengthening family bonds; and perceived a lack of structured institutional support focused on mental health. These findings reinforce the need to implement permanent institutional psychosocial support strategies.

Descriptors: COVID-19; Nursing; Mental Health; Hospital Care; Health Management.

RESUMEN

Objetivos: Analizar la autopercepción de la salud mental de enfermeros de un hospital universitario durante la pandemia de COVID-19; identificar las medidas adoptadas para el autocuidado y discutir el apoyo institucional percibido ante las necesidades de cuidado. **Método:** Se trata de un estudio cualitativo participativo, fundamentado en el enfoque teórico-metodológico de la Sociopoética como dispositivo para la producción de datos, realizada en mayo de 2025. Las discusiones desarrolladas en grupo fueron sometidas a análisis de contenido. **Resultados:** El grupo investigador estuvo compuesto por seis enfermeros que trabajaron en unidades de atención a pacientes sintomáticos de un hospital universitario de la ciudad de Niterói, estado de Río de Janeiro, y, tras el análisis, emergieron de manera tangible tres categorías: a) tendedero de las emociones: entre el miedo, el agotamiento y la resistencia; b) tejiendo caminos de cuidado con hilos de protección; c) cuerpos protegidos, emociones invisibilizadas. **Conclusión:** Los enfermeros manifestaron miedo, ansiedad y agotamiento emocional; adoptaron estrategias de autocuidado centradas en la espiritualidad, la actividad física y el fortalecimiento de los vínculos familiares; y percibieron la ausencia de un apoyo institucional estructurado orientado a la salud mental. Los resultados refuerzan la necesidad de implementar estrategias institucionales permanentes de apoyo psicossocial.

Descriptores: COVID-19; Enfermería; Salud Mental; Atención Hospitalaria; Gestión en Salud.

Editors:

Rosimere Ferreira Santana (ORCID: 0000-0002-4593-3715)
Geilsa Soraia Cavalcanti Valente (ORCID: 0000-0003-4488-4912)
Mayane Cristina Pereira Marques (ORCID: 0000-0003-3341-0818)

Publisher:

Escola de Enfermagem Aurora de Afonso Costa – UFF
Rua Dr. Celestino, 74 – Centro, CEP: 24020-091 – Niterói, RJ, Brazil
Journal email: objn.cme@id.uff.br

Corresponding author:

Odilon Adolfo Branco de Souza
Email: obranco@id.uff.br

What is already known:

- The experience of the pandemic permeated the bodies, emotions, and subjectivities of nurses working on the frontline, generating suffering, new meanings, and new ways of perceiving care and work.
- To cope with the uncertainties and challenges of the period, professionals drew on individual and collective strengths expressed through spirituality, affective bonds, creativity, and the shared construction of meaning.
- The literature shows that, although biological protection measures have been strengthened, challenges remain regarding recognition of the emotional, symbolic, and subjective dimensions of nursing work.

What this article adds:

- The sociopoetic approach made it possible to reveal the emotions, memories, and meanings produced by nurses regarding their experience of providing care during the COVID-19 pandemic, valuing knowledge constructed from lived experience.
- The narratives of the research group revealed tensions between protecting bodies through biosafety measures and the insufficiency of actions aimed at addressing the emotional and subjective dimensions of work.
- The study broadens the understanding of nurses' mental health by highlighting the importance of collective spaces for listening, sharing, and meaning-making as care strategies.

INTRODUCTION

In January 2020, the World Health Organization declared the outbreak caused by COVID-19 a public health emergency of international concern, mobilizing all levels of control and response to address the situation because of the aggressive spread of the SARS-CoV-2 virus⁽¹⁻³⁾. In Brazil, the onset of this unprecedented health crisis was characterized by a high percentage of new cases and a steep, rapidly rising curve of reported deaths, which were widely disseminated through various communication channels and generated fear among the population^(2,4).

In addition to its epidemiological implications, the pandemic had significant social, economic, and psychological repercussions. Its impacts became evident in the global economy, with systemic effects on post-crisis recovery and repercussions across different sectors of society⁽⁵⁾. Social distancing, uncertainty regarding disease progression, abrupt changes in daily life and work routines, and extensive exposure to situations involving suffering and death constituted potential triggers of psychological distress⁽⁶⁻¹⁰⁾.

Among the groups most vulnerable to the effects of the pandemic were healthcare professionals, particularly those directly involved in caring for patients affected by COVID-19. Studies have reported a high frequency of symptoms such as anxiety, stress, depression, insomnia, fear, emotional exhaustion, and moral distress among frontline workers^(9,11,12). Work overload, the initial scarcity of consolidated scientific information, the constant need to adapt care protocols, and concerns about infecting family members contributed to the worsening of these conditions⁽¹¹⁻¹⁴⁾.

During the COVID-19 pandemic, many working conditions had to be modified, either to meet health requirements or because of increased demand for health services resulting from the high number of people affected by the disease. This context intensified nursing professionals' exposure to psychosocial and occupational factors that compromised well-being, increased the occurrence of mental and behavioral disorders, and highlighted recurrent problems within the profession, although these problems often remained invisible to much of the population⁽¹⁵⁾.

The mental health of nursing workers became a scientific and institutional priority in view of the increase in work-related disorders and the impact of psychological distress on quality of care, absenteeism, and professional re-

tention. Even after the acute phase of the health emergency subsided, evidence indicates that its psychosocial effects persist and continue to reverberate in the daily routine of health services, constituting a post-pandemic legacy for frontline workers⁽¹⁶⁾.

In nursing, these challenges were intensified by continuous contact with patients and their families, responsibility for care management, and daily exposure to situations involving clinical deterioration and death^(12,17,18). The health sector stands out among those in which workers experience occupational violence, particularly nursing, which comprises the largest proportion of healthcare professionals and demonstrates greater susceptibility to adverse consequences for both work and personal life⁽¹⁹⁾.

Although quantitative studies have demonstrated the impacts of the pandemic on these professionals' mental health, further research is needed to deepen the understanding of their subjective experiences and perceptions of the institutional support they received^(9,11,12). It is essential to monitor groups at high risk of developing emotional problems, enabling the early implementation of psychological and psychiatric interventions to restore mental health^(16,20).

In this context, sociopoetics emerges as an approach capable of accessing sensitive dimensions of human experience by valuing the knowledge produced by participants themselves through creativity, aesthetic expression, and the collective construction of knowledge⁽²¹⁻²³⁾. Understanding how nurses perceived their mental health during the pandemic, which strategies they mobilized for self-care, and how they evaluated the institutional support they received may contribute to strengthening policies and practices aimed at workers' health^(11,12,23).

Growing concern about work-related psychosocial factors has gained prominence in the contemporary Brazilian context. The recent revision of Regulatory Standard No. 1 (NR-1), by reinforcing the need to identify and manage psychosocial risks in work environments, confirms the relevance of studies investigating psychological distress and organizational conditions that may promote or compromise workers' health.

Thus, this study aimed to analyze nurses' self-perceptions of their mental health at a university hospital during the COVID-19 pandemic, identify the strategies used for self-care, and discuss perceived institutional support in response to their concrete care needs.

METHOD

Ethical Considerations

The study was conducted with six clinical nurses from a university hospital and was based strictly on voluntary statements and artistic expressions generated during workshops conducted with the research group. The study was approved by the institution's Research Ethics Committee under Opinion No. 5,962,069. All necessary information was provided in the Informed Consent Form (ICF), which was presented to the participants to inform them of their rights, ensure their protection, and clarify their freedom to withdraw from the study at any stage in the event of any discomfort.

Theoretical and Methodological Framework

The theoretical and methodological approach of sociopoetics was used, enabling knowledge production through sensitivity, creativity, and relationships with others. Sociopoetic research seeks to enhance participants' knowledge by recognizing each individual as a co-researcher, while also exploring the cognitive potential of emotions, sensations, gestures, imagination, reason, and intuition in the research process. Its theoretical foundations are rooted in the thinking of Paulo Freire, Deleuze and Guattari, Augusto Boal, and René Lourau.

Study Design

This was a participatory qualitative study grounded in the theoretical and methodological approach of sociopoetics and focused on nurses' self-perceptions of their mental health. The study was conducted and structured in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ).

Methodological Procedures

Content analysis followed Bardin's principles and was operationalized through a contemporary process of organizing and interpreting qualitative data. Although sociopoetics emphasizes creative and sensitive forms of knowledge production, this analytical strategy was chosen because of its capacity to organize, systematize, and interpret the empirical material produced without disregarding its symbolic and subjective richness.

The use of content analysis enabled the identification of recurring thematic cores in the participants' narratives while preserving the meanings collectively constructed during the sociopoetic workshop. Thus, the study sought to combine the creative potential of sociopoetics with the analytical rigor required for scientific inquiry, contributing to the methodological and analytical originality of the investigation.

Study Setting

The study was conducted at a large university hospital in Rio de Janeiro, specifically in the care and management units designated as the Emergency Department, Intensive

Care Unit, and Infectious and Parasitic Diseases Unit, which provided direct care to patients suspected of having or diagnosed with COVID-19.

Data Source

The research group comprised six nurses from the university hospital. Initially, the participation of 20 health-care professionals was anticipated (10 nurses, five nursing technicians, and five physicians), who were individually invited through an invitation letter sent via a messaging application.

The first workshop was scheduled for May 14, 2025; however, no participants attended due to internal administrative issues, including a high rate of absenteeism on that date. Consequently, the workshop was rescheduled for May 29, 2025, when only six nurses attended. The remaining 14 invited professionals did not attend and did not provide a reason for their absence.

The participation of only six nurses may have influenced the group dynamics—a key characteristic of sociopoetics—by reducing the diversity of experiences and perspectives mobilized in the shared construction of the data. Nevertheless, the richness of the accounts enabled the study objectives to be achieved.

Data Collection and Organization

Data production took place in a multiprofessional meeting room that provided an appropriate physical environment, with good lighting, ventilation, and easy access. The artistic technique known as “the clothesline of emotions” was used, in which the research group, based on the identification of figures displayed on a sisal clothesline, expressed feelings and emotions experienced in subjective, artistic, aesthetic, and political ways. A poem was also collectively constructed based on statements made during the workshop, strongly conveying the difficult period experienced by the group and the strategies adopted for self-care and mitigation of harm to mental health.

The following triggering question, previously agreed upon with the participants, was used: “During the most difficult period of the COVID-19 pandemic, what impressions did you have, and what strategies did you use to alleviate the possible emotional distress caused by everything you went through? What support could you rely on within the hospital or the department where you worked?”

The meeting lasted one hour and 45 minutes and was held during a period free from the participants' work activities. All stages planned for the sociopoetic workshop were completed, ensuring full participation and respect for the individuality and subjectivity of each participant. The statements were recorded for subsequent verbatim transcription, enabling the organization of the analytical categories.

Data Analysis

The analysis was conducted after the meeting, with a rigorous examination of all material produced according to the stages of Bardin's content analysis: pre-analysis, material exploration or coding, treatment of results, inference, and interpretation.

Three categories emerged from the analysis and were presented to the research group during the counter-analysis workshop, where they were validated by the nurses: a) perceptions of emotional status; b) self-care strategies; and c) perceptions of the emotional support received from the institution. On this occasion, the importance of the participatory nature of sociopoetics was reaffirmed, allowing knowledge to emerge from the dialogue among experiences, emotions, and the collective voice. The group recognized the counter-analysis as a space for symbolic reconstruction, mutual care, and recognition, enabling refinement of the categories and a deeper understanding of the phenomena under study while respecting the uniqueness and complexity of the narratives.

RESULTS

Analysis of the material produced during the workshop led to the identification of three thematic categories: ⁽¹⁾clothesline of emotions: between fear, exhaustion, and resilience; ⁽²⁾weaving pathways of care with threads of protection; and ⁽³⁾protected bodies, invisible emotions, presented below:

Category (1) – Clothesline of emotions: between fear, exhaustion, and resilience

The research group reported that the COVID-19 pandemic had significant emotional repercussions on their personal and professional lives. The accounts revealed feelings of fear, anxiety, insecurity, distress, and exhaustion resulting from the rapid spread of the disease, the high number of hospitalizations and deaths, and the constant changes in care processes. The need to deal daily with highly complex situations, coupled with uncertainty regarding patients' clinical progression, generated intense emotional strain among the professionals.

A very difficult period, both professionally and personally. We became very exhausted, working too much [...] seeing many people die and become seriously ill. (P1)

Concern about becoming ill themselves or having family members become ill was present throughout the accounts. The group described the experience as being marked by fear of transmitting the virus to people close to them, particularly those belonging to high-risk groups, as well as by experiencing anxiety-related symptoms during the pandemic.

I had very intense anxiety attacks during this process [...] I was very afraid of what was outside the hospital." (P2)

In addition to the fear of contamination, a sense of helplessness emerged in the face of the lack of knowledge about the disease and the high mortality among patients. (P3)

The accounts also revealed a sense of helplessness in the face of the unknown and the high mortality observed in healthcare services. The scarcity of information about the disease, particularly during the early stages of the pan-

dem, required constant adaptations to care practices and contributed to increased emotional strain among workers.

Even though we did everything we could, we lost many patients; the sense of helplessness in the face of it all was enormous. (P4)

Despite the predominance of feelings associated with psychological distress, the accounts also revealed the capacity to adapt to the adversities imposed by the pandemic. Daily exposure to highly complex situations required the development of emotional resources to cope with uncertainty, losses, and constant changes in work processes. In this context, coping mechanisms were developed that supported the professionals' continued provision of care despite the difficulties encountered.

Those of us who are here today talking [...] we came to see ourselves as heroes. (P6)

The accounts suggest that, although the pandemic experience was marked by suffering and emotional strain, it also contributed to strengthening competencies related to adaptability and a sense of purpose in the work performed during the health emergency

Category (2) – Weaving Pathways of Care with Threads of Protection

The research group described different strategies used to preserve mental health and cope with the challenges imposed by the pandemic. Self-care practices involved individual, family, social, and spiritual resources, demonstrating the search for mechanisms capable of mitigating the emotional distress arising from the pandemic context.

Among the strategies mentioned, maintaining family and social connections stood out, even in the context of physical distancing measures. The use of communication technologies and participation in leisure activities in environments perceived as controlled and safe contributed to preserving interpersonal relationships and fostering a sense of emotional support.

I started cycling with my husband [...] it was something that helped take my mind off the pandemic for a while. (P1)

The accounts also revealed the adoption of practices aimed at promoting emotional balance, such as meditation, yoga, reflective writing, and personal development. These activities were perceived as important resources for coping with anxiety, maintaining focus on the present, and promoting psychological well-being.

I was introduced to the yoga app [...] meditating is something I do every day. (P2)

Another aspect widely mentioned was the strengthening of spirituality and faith as coping mechanisms. For the research group, spiritual connection represented an important source of comfort, hope, and emotional strength in the face of the uncertainties and difficulties experienced. In this regard, a process of resilience was evident, expressed through the capacity to reorganize in response to adversity and adapt to imposed changes.

It was a period when I prayed a lot [...] I think

much of my strength came from this connection with the Divine. (P4)

In addition, physical activity, family time, periods of rest and decompression, contact with welcoming environments, and gratitude practices were described as fundamental elements for maintaining mental health during the period. These findings demonstrate that the group mobilized different personal resources to cope with the psychosocial impacts of the pandemic.

Category (3) – Protected Bodies, Invisible Emotions

Participants acknowledged the institutional efforts aimed at protecting workers' physical health during the pandemic. The provision of personal protective equipment (PPE), training activities, reorganization of care flows, and the operational support required to respond to the health emergency were frequently mentioned.

There was no specific initiative focused on the mental health of professionals [...] I believe we could have had mental health support. (P1)

Despite recognizing these measures, the accounts indicated a perceived lack of sufficient actions aimed at addressing the professionals' emotional well-being. Participants reported that they could not recall structured psychological support initiatives or systematic monitoring of mental health during the period of greatest workload.

We had all the PPE we needed to keep staff safe [...] but there was no emotional support. (P4)

The accounts indicated that emotional support occurred predominantly through peer support among coworkers and relationships established in daily professional life. However, participants emphasized that such informal support does not replace the need for planned institutional strategies implemented by professionals trained in mental health care.

Mental health was not, and still is not, a priority. There is a lot of talk, but little is done. (P6)

Overall, the findings show that, although participants recognized institutional investments in workers' physical safety, they perceived weaknesses in actions aimed at promoting, protecting, and monitoring the mental health of healthcare teams during the pandemic.

DISCUSSION

One of the main findings of this study concerns the participants' shared perception that institutional actions focused primarily on workers' physical protection through the provision of personal protective equipment, training, and the reorganization of care processes. In contrast, the nurses did not identify structured strategies aimed at promoting mental health or providing emotional support to healthcare teams^(12,14,27).

This finding suggests that, in the context of the health emergency, institutions prioritized measures considered more immediate for maintaining care delivery, relegating workers' mental health to a secondary level. This situation may be associated with limited access to specialized resources, the absence of institutional policies previously

established for crisis situations, and the predominance of an organizational culture historically focused on the operational aspects of work^(11,12,14,28,29).

The accounts reveal that emotional support was predominantly developed among coworkers and family members, highlighting the fragility of institutional care mechanisms. Considering that the psychological impacts of the pandemic remain present even after the critical phase of the health emergency, it is essential for healthcare institutions to incorporate permanent actions aimed at workers' mental health^(11,13,28,29).

The small number of members in the research group may have affected the collective dynamics of sociopoetics, limiting the multiplicity of voices and experiences that enrich the shared production of knowledge. Nevertheless, the sensitive potential observed during the workshops prevailed, resulting in consistent data reflecting a lived reality that was deeply revisited by the research group.

Among the possible strategies are the implementation of support and qualified listening groups, on-call psychological support, psychosocial follow-up for professionals exposed to critical situations, mental health promotion programs, and initiatives related to work organization, including appropriate management of working hours and strengthening of institutional support networks. Such measures may contribute to reducing psychological distress and building healthier and more protective work environments^(12,14).

Continuing Health Education plays a key role in ensuring that protective measures are identified and implemented in work processes, thereby promoting a healthier work environment, in line with the provisions of Regulatory Standard No. 1 (NR-1).

Following identification through virtual interviews, it was concluded that healthcare professionals who worked on the COVID-19 frontline were affected by numerous occupational factors, including work overload, fear of becoming infected and infecting loved ones, insecurity, and fear of death⁽¹¹⁾.

Factors such as work overload, lack of a scientific evidence base, shortages of general and specific supplies—including personal protective equipment—uncertainty regarding vaccination at the time, grief, fear, and social commitment were identified as factors associated with the development of psychosomatic illness among many professionals^(12,30).

The professionals' exhaustion was evidenced by the extensive workload required due to the severity of admitted patients, routine changes in work processes, on-the-job training, and the fear of imminent exposure to infection, with the risk of becoming potential vectors of transmission to their families upon returning home.

The implications of the COVID-19 pandemic, characterized by a high degree of uncertainty, for healthcare professionals who worked on the frontline during the most critical period have been documented^(31,32).

Fear and insecurity among professionals regarding testing procedures during the COVID-19 pandemic, which were necessary to identify infection, were themselves considered aggravating factors, given the anxiety associated with waiting for the results and the fear of having been

infected or of becoming a potential source of infection for family members^(13,27).

As the number of infected individuals increased, structural adaptations, adequate supplies of resources for worker protection, and an increase in the number of professionals working on the frontline were crucial. However, the system initially showed weaknesses, reflected in changes to the work environment, shortages of supplies, a limited number of available hospital beds, insufficient knowledge about the disease, the need for training to provide high-complexity care to critically ill patients, and the distressing and profound experience of facing the high number of daily deaths⁽²⁷⁾.

During the initial period of the pandemic, healthcare professionals experienced work overload, distress, and fear, and highlighted the importance of access to mental health services to minimize potential emotional harm, as affected professionals experienced reduced capacity to perform their daily activities^(14,33).

The observed neglect and lack of supportive measures are issues that must be addressed to reduce the psychosocial impacts experienced by the population as a whole during the pandemic. The need for investment in mental health care is reinforced, as feelings such as anxiety, fear, and worry were intensified by the pandemic^(14,33).

The findings of this study are particularly relevant in the context of recent updates to Regulatory Standard No. 1 (NR-1), which reinforce the need to identify, assess, and manage work-related psychosocial risks within the scope of the Risk Management Program^(4,34). Although the period investigated preceded the implementation of these guidelines, the participants' accounts revealed the presence of factors associated with psychological distress, including work overload, fear, insecurity, continuous exposure to human suffering, and the absence of institutional emotional support^(4,34).

From this perspective, the findings point to the need for healthcare institutions to develop permanent mental health promotion strategies, not only during health emergencies but also as a structural component of work management. Early identification of psychosocial factors, combined with the implementation of spaces for listening, psychological support, and monitoring of working conditions, is supported by current national guidelines on occupational health and safety⁽⁴⁾.

Study Limitations

The study has limitations regarding sample size, as there was insufficient participation in the workshop among the other professionals who had been invited and who did not provide reasons for their absence.

Contributions to the Field

This study highlights the importance of valuing healthcare professionals and may encourage further research addressing workers' health. Mental health is an integral component of health and well-being, and its determinants

encompass not only individual characteristics but also social, cultural, economic, political, and environmental factors, including working conditions.

Providing mental health care to healthcare professionals and the teams involved is essential. Managing mental health and psychosocial well-being is of paramount importance, particularly to enable professionals to carry out their work processes effectively and in a protective manner.

CONCLUSION

Nurses perceived deterioration in their mental health during the COVID-19 pandemic, with changes in their perception of their own care needs, particularly in coping with fear. Although they demonstrated a heightened professional commitment during the pandemic—at the expense of their own overall health—they did not benefit from institutional protective measures aimed at supporting their mental health. Nevertheless, the group adopted mental health promotion strategies to ensure the continuity of quality care.

Attending to the mental health needs expressed by nurses, even when these needs are manifested indirectly, is essential to safeguard healthcare professionals' rights to health and ensure comprehensive care. The importance of institutions and professionals turning their attention toward themselves and seeking strategies to mitigate the harmful effects of the COVID-19 pandemic in the hospital context is therefore reaffirmed.

Self-care is essential to prevent work overload from overriding healthcare professionals' emotional regulation, thereby avoiding the development of psychological changes that may cause serious harm to personal life, distance workers from their routines and leisure activities, and increase their vulnerability as human beings and professionals.

Continuing Health Education is an important strategy for addressing mental health problems among workers. By promoting educational processes based on critical reflection on everyday work, this approach facilitates the early recognition of factors that generate psychological distress, strengthens individual and collective coping mechanisms, and provides spaces for decompression, listening, and dialogue that are essential for promoting workers' health.

*Article derived from the doctoral thesis entitled "The Nurse and Self-Care in the Face of the Intense Physical and Emotional Demands Arising from the Pandemic Context," submitted to the Graduate Program – Academic Program in Health Care Sciences (PACCS), Universidade Federal Fluminense, Niterói, Rio de Janeiro, Brazil, in 2025.

ACKNOWLEDGMENTS

To the research group that participated in the workshops, without whom it would not have been possible to obtain the study data.

CONFLICT OF INTEREST

The authors declare no conflicts of interest.

REFERENCES

- Wong KW, Wu X, Dong Y. Interventions to reduce burnout and improve the mental health of nurses during the COVID-19 pandemic: a systematic review of randomised controlled trials with meta-analysis. *Int J Ment Health Nurs*. 2024;33(2):324-343. <https://doi.org/10.1111/inm.13251>. PMID: 37985559.
- Ministério da Saúde (BR). Boletim Epidemiológico Especial: Doença pelo Novo Coronavírus – COVID-19 [Internet]. Brasília: Ministério da Saúde; 2024 [cited 2026 Jun 24]. Available from: <https://www.gov.br/saude/pt-br/centrais-de-conteudo/publicacoes/boletins/epidemiologicos/covid-19/2024/boletim-epidemiologico-no-162-coe.pdf>
- Ministério da Saúde (BR). Boletim Epidemiológico: doença pelo coronavírus 2020 [Internet]. Brasília: Ministério da Saúde; 2020 [cited 2025 Aug 17]. Available from: <https://www.gov.br/saude/pt-br/centrais-de-conteudo/publicacoes/boletins/epidemiologicos/covid-19/2020>
- Ministério do Trabalho e Emprego (BR). Norma regulamentadora nº 1 (NR-1): disposições gerais e gerenciamento de riscos ocupacionais [Internet]. Brasília: Ministério do Trabalho e Emprego; 2024 [cited 2026 Jun 24]. Available from: <https://www.gov.br/trabalho-e-emprego/pt-br/aceso-a-informacao/participacao-social/conselhos-e-orgaos-colegiados/comissao-tripartite-partitaria-permanente/normas-regulamentadoras/normas-regulamentadoras-vigentes/nr-01-atualizada-2024-i-1.pdf>
- Duan T, Li H, Qiu L. Post-pandemic economic recovery and global spillover effects: evidence from systemic shocks. *J Int Financ Mark Inst Money*. 2024;89:101735. <https://doi.org/10.1016/j.intfin.2024.101735>.
- Matos RL, Nascimento ATP, Alves MB, Nunes FB, Pereira RCD. Saúde mental dos profissionais de enfermagem no enfrentamento da COVID-19: revisão integrativa. *Amazônia Sci Health*. 2024;12(4):2-16. <https://doi.org/10.18606/2318-1419/amazonia.sci.health.v12n4p2-16>.
- Silva Junior MD, Silva RR, Santos MIS, Ferreira ARA, Passos JP. Os efeitos da pandemia no bem-estar dos enfermeiros brasileiros no combate ao COVID-19: uma revisão de escopo. *Arq Ciênc Saúde UNIPAR*. 2023;27(2):701-719. <https://doi.org/10.25110/arqsaud.e.v27i2.2023-011>.
- Lima CKT, Carvalho PMM, Lima IAS, Nunes JAVO, Saraiva JS, Souza RI, et al. The emotional impact of Coronavirus 2019-nCoV (new Coronavirus disease). *Psychiatry Res*. 2020;287:112915. <https://doi.org/10.1016/j.psychres.2020.112915>. PMID: 32199182.
- Francisco RHF, Fragas CN, Silva EA da, Oliveira Lima T, Rodrigues LMS, Moccellini MC, et al. Saúde mental dos profissionais de enfermagem durante a pandemia do COVID-19. *RECIMA21 Rev Cient Multidiscip*. 2023;4(7):e473599. <https://doi.org/10.47820/recima21.v4i7.3599>.
- Moccellini MC, Tavares M de M, Tavares CM de M, Vargas FR, Silva TN, Teles VR, et al. Emoções docentes e pandemia por coronavírus. *RECIMA21 Rev Cient Multidiscip*. 2023;4(8):e483740. <https://doi.org/10.47820/recima21.v4i8.3740>.
- Nazar TCG, Jacondino EV, Ramos GG, Silva AIP, Silva GB. Quem cuida de quem cuida? Saúde mental de profissionais da saúde frente à pandemia do COVID-19. *Arq Ciênc Saúde UNIPAR*. 2022;26(1):47-55. <https://doi.org/10.25110/arqsaud.v26i1.2022.8306>.
- Acioli DMN, Santos AAP dos, Santos JAM, Souza IP de, Silva RK de L. Impacts of the COVID-19 pandemic on nurses' health. *Rev Enferm UERJ*. 2022;30:e63904. <https://doi.org/10.12957/reuerj.2022.63904>.
- Horta RL, Lucini TCG, Lantin PJS, Perdonssini LB, Sette TG, Bittencourt MC, et al. “Pegar” ou “passar”: medos entre profissionais da linha de frente da COVID-19. *J Bras Psiquiatr*. 2022;71(1):24-31. <https://doi.org/10.1590/0047-2085000000360>.
- Danesi E, Maltz TY, Blanco J, Peyrán P, Carbajal-De-La-Fuente AL, Fernández ML. Experiencias del personal de salud en la implementación de prácticas de protección frente al COVID-19 en Argentina. *Actual SIDA Infectol*. 2022;30(108):28-41. <https://doi.org/10.52226/revista.v30i108.118>.
- Santana LL, Ramos TH, Pedrolo E, Haeffner R, Brey C, Ziesemer NB. Riscos psicossociais e saúde mental de profissionais de enfermagem no contexto da pandemia da Covid-19. *Enferm Foco*. 2025;16:e-2025066. <https://doi.org/10.21675/2357-707X.2025.v16.e-2025066>.
- Balbino MO, Nobre FAP, Cabral Junior CR, Albuquerque MCS de. Depressive symptoms among nursing professionals: evidence from a university hospital in the context of the COVID-19 pandemic. *Rev Enferm UFJF* [Internet]. 2026 [cited 2026 Jun 24];12(1):1-16. Available from: <https://periodicos.ufjf.br/index.php/enfermagem/article/view/51588>
- Oliveira JC de, Borges F, Tonini NS, Maraschin MS, Bernardino E. Performance of hospital nurses in the management of the COVID-19 crisis. *Rev Enferm UERJ*. 2023;31:e70954. <https://doi.org/10.12957/reuerj.2023.70954>.
- Sousa JVT, Barros BC, Melo MS, Damasceno LMM, Diniz FS, Alves KA, et al. Gestão hospitalar em tempos de crise: desafios e inovações durante a pandemia de COVID-19. *Contrib Cienc Soc*. 2024;17(13):e13833. <https://doi.org/10.55905/revconv.17n.13-348>.
- Magalhães APN, Souza DO, Ribeiro SMP. The relationship between workplace violence, anxiety, and depression in nurses during the COVID-19 pandemic. *Rev Bras Med Trab*. 2025;23(1):e20241337. <https://doi.org/10.47626/1679-4435-2024-1337>. PMID: 40861182.
- Nogueira LS, Lemos CS, Moraes CQ, Moura BRS, Cassiano C, Lima FR, et al. Perception of quality of life and emotional disorders in Brazilian nursing during COVID-19. *Rev Bras Enferm*. 2025;78(6):e20240605. <https://doi.org/10.1590/0034-7167-2024-0605>. PMID: 41370593.
- Santos MH, Gauthier J, Cordeiro EPB. Pesquisa sociopoética: confetos e a noção de experiência-afeto na educação. *Rev Teias*. 2023;24(75):263-277.

- <https://doi.org/10.12957/teias.2023.72236>.
22. Tavares CM de M, Pastor Junior A de A, Carvalho JC. Pesquisando com métodos e técnicas criativas de produção de dados. Macaé: Editora NUPEM; 2021.
 23. Tavares CMM, Gauthier J. A contribuição da sociopoética para a área da saúde mental. *Rev Port Enferm Saúde Ment*. 2022;(27):1-5. <https://doi.org/10.19131/rpesm.320>.
 24. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *Int J Qual Health Care*. 2007;19(6):349-357. <https://doi.org/10.1093/intqhc/mzm042>. PMID: 17872937.
 25. Bardin L. *Análise de conteúdo*. São Paulo: Edições 70; 2016.
 26. Bingham AJ. From data management to actionable findings: a five-phase process of qualitative data analysis. *Int J Qual Methods*. 2023;22:16094069231183620. <https://doi.org/10.1177/16094069231183620>.
 27. Polakiewicz RR, Tavares CMM, Ferreira RE, Silva LB. Coren-RJ's ethical-disciplinary complaints during the COVID-19 pandemic. *Int J Dev Res*. 2022;12(11):60379-60383. <https://doi.org/10.37118/ijdr.25696.11.2022>.
 28. Vitorino C, Canavarro MC, Carona C. Centrality of the COVID-19 outbreak and subsequent post-traumatic growth in nurses: exploring the moderating role of social connectedness. *J Health Psychol*. 2025;81(3). <https://doi.org/10.1177/10519815251334103>. PMID: 40241637.
 29. Temeng E, Hewitt R, Pattinson R, Sydor A, Whybrow D, Watts T, et al. Nurses' coping strategies caring for patients during severe viral pandemics: a mixed-methods systematic review. *J Clin Nurs*. 2024;33(1):242-254. <https://doi.org/10.1111/jocn.16711>. PMID: 37032642.
 30. Vargas D de, Volpato RJ, Santos LC dos, Pereira CF, Oliveira SR de, Silva RR, et al. Prevalence of psychological and mental health symptoms among nursing professionals during the COVID-19 pandemic in the Americas: systematic review and meta-analysis. *Int J Ment Health Nurs*. 2024;33(3):582-599. <https://doi.org/10.1111/inm.13274>. PMID: 38151828.
 31. Moreira DC, Tavares CM de M, Tavares M de M, Silva TN, Silva JLP da. O enfermeiro no itinerário terapêutico de adolescentes e crianças indígenas na Amazônia na pandemia por Covid-19: relato de experiência. *Rev Pró-UniverSUS [Internet]*. 2024 [cited 2025 Sept 17];15(2):12-18. Available from: <https://editora.univassouras.edu.br/index.php/RPU/article/view/4651>
 32. Santos BV, Miranda FM, Silva JAM, Sato TO, Mininel VA. Strategies for promoting mental health in hospital nursing work: integrative review. *Rev Enferm UFSM*. 2023;13:e36. <https://doi.org/10.5902/2179769274722>.
 33. Matar-Khalil S, González-Campos J, Lillo-Viedma FE. Neuropsychiatric symptoms associated with post-COVID-19 affectation. *MedUNAB*. 2026;29(1):9-34. <https://doi.org/10.29375/01237047.5156>.
 34. Silva MFP da, Benzoni PE. Atividade física e Psicologia no gerenciamento do estresse. *Psi Unisc*. 2025;9:e18992. <https://doi.org/10.17058/psiunisc.v9i.18992>.

AUTHOR CONTRIBUTIONS

Study conception: Souza OAB and Tavares CMM.

Data collection: Souza OAB.

Data analysis: Souza OAB and Tavares CMM.

Data interpretation: Souza OAB and Tavares CMM.

All authors are responsible for drafting the manuscript and critically revising its intellectual content, approving the final version for publication, and ensuring responsibility for all ethical, legal, and scientific aspects related to the accuracy and integrity of the study.



Copyright © 2026 Online Brazilian Journal of Nursing

This is an Open Access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.