



The COVID-19 pandemic: repercussions on the daily life of health professionals working in emergency units

Pandemia da COVID-19: repercussões no cotidiano da família de profissionais de saúde atuantes em unidades emergenciais

Pandemia del COVID-19: repercusiones en el cotidiano familiar de profesionales sanitarios actuantes en unidades de urgencia

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ABSTRACT

Objective: to understand the repercussions of the pandemic of COVID-19 in the daily lives of family members of health professionals working in emergency units. **Methods:** this is a qualitative descriptive-exploratory study conducted with 18 family members of health professionals working in two emergency units located in the South of Brazil. Data was collected from September to November 2020, through audio-recorded telephone interviews, later transcribed in full. The analysis was conducted in the light of the comprehensive sociology. **Results:** the negative repercussions of the pandemic in the daily life of family members were marked by the fear of professional performance in the front line and the possibility of the family member getting infected, thus taking the virus to the other members of the family. However, paradoxically, there were positive repercussions, such as the union of the family members and greater closeness to religiosity/spirituality. **Final considerations and implications for the practice:** the development of communication strategies to offer emotional support, promote encouragement, recognition of the family system's strengths and, if necessary, education to diminish the negative consequences, such as stigma and disagreements arising from this experience, is identified as relevant.

Keywords: Pandemics; Coronavirus Infections; Family; Health Care Personnel; Emergencies.

RESUMO

Objetivo: compreender as repercussões da pandemia da COVID-19 no cotidiano de familiares de profissionais de saúde atuantes em unidades de emergência. **Métodos:** estudo descritivo-exploratório de abordagem qualitativa, realizado com 18 familiares de profissionais de saúde atuantes em duas unidades de emergência localizadas no Sul do Brasil. Os dados foram coletados de setembro a novembro de 2020, mediante entrevistas telefônicas audiogravadas, posteriormente transcritas na íntegra. A análise foi realizada à luz da sociologia compreensiva. **Resultados:** as repercussões negativas da pandemia no cotidiano dos familiares foram marcadas pelo medo da atuação profissional na linha de frente e pela possibilidade de o familiar se contaminar, levando, por conseguinte, o vírus para os demais membros da família. Porém, paradoxalmente, houve repercussões positivas, como a união dos membros da família e maior aproximação da religiosidade/espiritualidade. **Considerações finais e implicações para a prática:** identifica-se como relevante o desenvolvimento de estratégias de comunicação para oferecer suporte emocional, promover encorajamento, reconhecimento das forças do sistema familiar e, se necessário, educação para que se diminuam as consequências negativas, como o estigma e as desavenças decorrentes dessa experiência.

Palavras-chave: Pandemias; Infecções por Coronavírus; Família; Pessoal de Saúde; Emergências.

RESUMEN

Objetivo: comprender las repercusiones de la pandemia del COVID-19 en la vida cotidiana de los familiares de los profesionales sanitarios que laboran en las unidades de urgencia. **Métodos:** estudio descriptivo-exploratorio con abordaje cualitativo, realizado con 18 familiares de profesionales sanitarios que laboran en dos unidades de urgencias ubicadas en el sur de Brasil. Los datos fueron recolectados entre septiembre y noviembre de 2020, a partir de entrevistas telefónicas grabadas en audio, posteriormente transcritas íntegramente. El análisis se llevó a cabo a la luz de la sociología comprensiva. **Resultados:** las repercusiones negativas de la pandemia en la vida cotidiana de los familiares estuvieron marcadas por el miedo a la actividad profesional en primera línea y por la posibilidad de que el familiar se contagie, llevando el virus al resto de familiares. Sin embargo, paradójicamente, hubo repercusiones positivas, como la unión de los miembros de la familia y un acercamiento más próximo a la religiosidad / espiritualidad. **Consideraciones finales e implicaciones para la práctica:** se identifica como relevante el desarrollo de estrategias de comunicación para ofrecer apoyo emocional, promover el estímulo, el reconocimiento de las fortalezas del grupo familiar y, si es necesario, la educación para reducir las consecuencias negativas, como el estigma y los desacuerdos resultantes de esa experiencia.

Palabras clave: Pandemias; Infecciones por Coronavirus; Familia; Personal de Salud; Urgencias.

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INTRODUCTION

COVID-19, the second pandemic of this century, presents a varied clinical picture, from asymptomatic Coronavirus infections to severe respiratory conditions.¹ Data from the World Health Organization (WHO) suggests that about 20% of cases require care in emergency units to treat breathing difficulty.² Therefore, healthcare professionals working in referral services for patients with COVID-19 may be the first to be exposed to contact with the new Coronavirus. This brings implications and repercussions in the work process³⁻⁴ and possibly also in the personal and family life of these professionals, since fear and apprehension, especially regarding the risk of exposing themselves to the virus and consequently contaminating their families, was emphatically reported by Chinese physicians⁵ and Brazilian nurses⁶ who acted in the front line.

Working in this pandemic situation is exhausting and psychologically disturbing for health care workers in emergency departments, triggering symptoms of stress and anxiety among them.⁷ A study that analyzed 31,769 abstracts of publications related to COVID-19 identified that mental health was the 5th most addressed topic in the publications and, in particular, was the most addressed specialty, encompassing studies on psychological changes and the development of stress, anxiety, and/or depression among health professionals.⁸

During the pandemic of COVID-19, in addition to the aspects concerning professionals, the mental health of people in general has been affected. The fear of being infected by a potentially fatal, rapidly spreading virus, whose origins, nature and evolution have not yet been fully established, affects the psychological and emotional well-being of many people,⁹ causing signs and symptoms of depression, anxiety and stress in the population.¹⁰

It is believed that the effects on the mental health of people who live/cohabit with frontline health professionals may be potentiated, because the fear of contamination is likely to be more perceptible, given the routine contact of their family members (who are health professionals) with patients with suspected and/or confirmed COVID-19. Even in the literature, professionals have reported suffering social rejection and even discrimination by friends and family members.¹¹ And when considering that families are systems, in which circularity and reciprocity influence the interrelationship and interdependence among their members,¹² it is identified that such experiences have the potential to have repercussions on the dynamics, daily life and family life.

The everyday life can be considered the space of life where are present the ways of thinking and acting that are established on a daily basis, the relationships and interactions with others, the way of situating oneself and behaving in relation to others and to the environment, and also the beliefs, values, meanings and symbols that define the process of living in a group and in a family.^{13,14} Therefore, it is necessary to give voice to family members in order to know how the family's daily life was impacted by the fact that one of its members worked in an emergency unit during the pandemic of COVID-19, especially because, as far as we know, the studies conducted so far have only addressed the

perspective of professionals,^{6,10-11} which denotes the lack from the family member's perspective.

Given the above, it is expected that the findings of this study may provide initial information for the planning of strategies/interventions that seek to provide better adaptation of the family in the daily living with the professional performance of one of its members in the pandemic. Meanwhile, the objective of the present study was to understand the repercussions of the pandemic of the COVID-19 in the daily life of family members of health professionals working in emergency units.

METHOD

A descriptive-exploratory study, of qualitative approach, conducted with family members of health professionals working in the emergency units of two small municipalities in the north of the state of Paraná, Brazil, selected by convenience. At the beginning of the study, second half of September, one of the municipalities had already registered 2,273 suspected cases of COVID-19, 471 confirmed and eight deaths; and the other municipality, 1,916 suspected cases, 594 confirmed and seven deaths.

Both units are public, working as open door and reference for all emergency cases, including patients with respiratory problems, during the pandemic of COVID-19. Both units are similar in terms of physical structure, work process, user demand (average of 150 visits per day) and health team, consisting of two nurses, two doctors and seven nursing technicians per shift.

For the selection of participants, the following inclusion criteria were adopted: being a family member and living in the same household as a health professional who worked in one of the units under study, and being 18 years old or older. And those who, after three attempts, on different days and times, could not be reached by phone, and those who, after scheduling an interview, did not answer the researchers' calls, were excluded.

It is worth mentioning that this study is part of a matrix research entitled "Repercussions of the COVID-19 pandemic among health professionals in emergency units and their families". Data were collected in the emergency units from the health professionals themselves, and they were asked to provide, at the end of the interview, the name and phone number of a family member who met the inclusion criteria.

The collection period covered the months of September to November 2020, through open interviews, based on a semi-structured questionnaire, consisting of two parts. The first part referred to sociodemographic questions to characterize the participants, and the second composed of support questions and the following guiding question: *How has the pandemic of COVID-19 impacted your family's daily life, considering that you have a family member who is a front-line health professional?*

Family members were interviewed via telephone, with audio recorded through an application. The telephone is considered a reliable and appropriate technology for the development of qualitative research, especially during the period of social distance.¹⁵ On average, the interviews lasted between 10 and 33 minutes and

were conducted by two previously trained nursing students. After the first two interviews, the students met with the supervisor, who has extensive experience in qualitative research, to present the audios and transcripts, so that possible inconsistencies/fragilities in the data collection process could be initially corrected.

All interviews were transcribed in their entirety, preferably on the same day they were held, allowing for a reliable analysis of the data, which were sorted, organized, and categorized through a systematic process that began with several readings of the statements. The entire analytical process was guided by the principles of comprehensive sociology.¹³ In this sense, seeking to build the categories, the main key words highlighted in the statements were identified and then aggregated to the most relevant themes, highlighting the common and repetitive aspects of the data, and even the different ones, but which comprised pertinent information for the expansion of the understanding of the reality studied.¹³

The ethical requirements recommended for research with human beings obeyed Resolution 466/2012 and its supplements. The project was approved by the Standing Committee on Ethics in Research with Human Beings of the State University of Maringá. Before starting the interview, the Free and Informed Consent Term (FICT) was read in full to the participants, and then they were asked to verbally express their free agreement to participate in the study. An e-mail address or messaging application contact was also requested so that the FICT, signed by the researchers, could be sent to each participant. To ensure confidentiality, the excerpts presented in this study are identified by the kinship with the professional, followed by an Arabic number, corresponding to the order of entry into the research (Example: Wife 01).

RESULTS

Of the 18 study participants, three were relatives of physicians; six, of nurses; and nine, of nursing technicians. They were aged between 20 and 61 years, 14 were female, nine were spouses, three children, three mothers, two sisters, and one aunt.

“An unequal balance”: the paradox between experiencing negative and positive repercussions in daily family life

The results showed that the performance of a family member, on the front line, during the pandemic of COVID-19, had repercussions on the family's daily life in a paradoxical and unequal way. This was related to the occurrence of unpredictable and abrupt changes in daily life, which caused modifications in the life trajectory, social and work activities of the health professional, and also of the family system.

Paradoxically, there was a strong tension between experiencing negative and positive repercussions. Among the negative repercussions were the fear, conflicts, changes and prejudice experienced, related to the work of the family member on the front line. And among the positive repercussions were admiration for the family member, greater closeness between family members, and increased religiosity/spirituality. However,

the positive repercussions were not sufficient to promote balance between the perception of negative and positive repercussions in the family's daily life (Figure 1).

Experiencing negative repercussions

It was possible to identify that the family members of health professionals experienced several feelings during the pandemic of COVID-19, including concern and fear, especially because the disease was unknown. In addition, there was fear that their family member/healthcare professional would get infected during their work or bring the virus into the home and, consequently, infect the other people in the family.

This situation is very frightening! In the beginning I felt very unprepared, because this is a new disease, people didn't know about it yet (Husband12).

Our daily life is very stressful right now. Every day that he comes home, it is very scary because of the place where he is working, because of the contact with people on a daily basis, especially when we hear cases that someone has been contaminated there, that someone has tested positive, this fear increases even more (Wife 17).

The first concern was for himself, that he would contract this virus. So, the first fear was that he would catch this disease. Consequently, we are also afraid of bringing it into the house, because we have small children (Wife 06).

As a result of the fear of the possibility of contamination, some interviewees revealed the desire for the family member to stop working in the health profession or change jobs, even momentarily, so that the risk would be minimized.

Our parents were very apprehensive, they always tell her, “Isn't there any way you can perform somewhere else, for example, in a health center that is less risky?” (Sister 08).

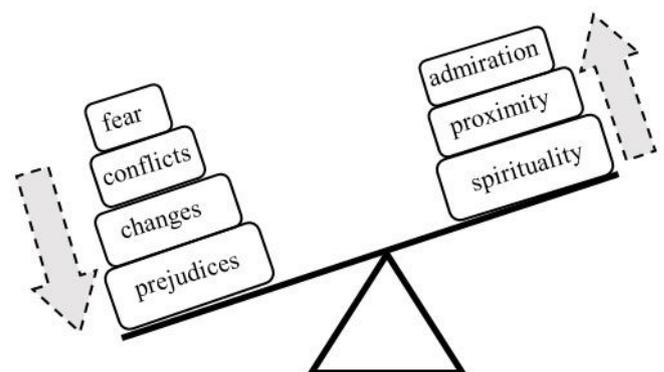


Figure 1. Representation of the central category: “An unequal balance”: the paradox between experiencing negative and positive repercussions in family daily life.

Source: Prepared by the authors.

I even commented to her, because she had just started and I told her, "Daughter, but just when you are about to start working? She comes in and takes this situation, with a small child, breastfeeding. For me she leaves nursing for a while (Mother 16).

For many families it was necessary to make home rearrangements in order to cope with the situation of living with a frontline health professional on a daily basis. For example, some interviewees reported that it was necessary to stop visiting older family members, which had repercussions on the social interaction and mental health of the different family members.

We get a little worried, because I have some elderly aunts. So we see each other rarely and when we do, it is with a mask, it is not like in the old days when we were always together. We are always smart, because he is in direct contact with COVID patients in the hospital (Wife 11).

There have been several changes, for example, my sister [who is the health worker] stopped living in my parents' house and came to live with us. Now she only comes up to the gate of our parents' house (Sister 13).

I am very afraid! Because, even though the health personnel say that they use the equipment, do the test, we don't let her near my parents, she doesn't have meals at their house because they are old, my father is diabetic, so we were very afraid and still are! I realize that everybody is sad about this, but what can you do? (Aunt 18).

Another repercussion that occurred in the families' daily lives was the increased care to avoid contamination of the home environment and possible infection of family members. All the concern, which sometimes seemed excessive in the interviewee's own perception, was also responsible for triggering feelings of suffering and/or guilt on the part of the family.

When he comes home from work he doesn't wear shoes inside the house, he uses alcohol gel, he takes off his clothes before entering here, he runs to the shower, these precautions are essential (Mother 05).

I would leave the washing machine open so he could come in and put all his clothes in there, and go straight to the bathroom, and I would panic when he got home. In the beginning I was quite hysterical! I wouldn't let him get close to the children, and after that I felt sorry for him, because he wanted to hug them (Wife 01).

Some interviewees reported that emotional and psychological stress, as a result of the family member's work, was present in the family, and was responsible for triggering conflicts between the different family members and impacting the relationship and coexistence between the members of the extended family.

There is a lot of psychological stress, there was a very big change in our lives, involving everything. Because everything that has to be done has to be very well thought out. There is the social issue, our life, but at the same time there is the isolation that needs to be done, this brings some conflicts within the family (Daughter 14).

My sister doesn't come here anymore because of my husband [who is a health professional], she comes to the gate, calls me and leaves, she doesn't even stay here, so that strange atmosphere arises. I miss sitting and talking to her, I miss that time she had to be here (Wife 02).

Another repercussion in daily life, cited by the interviewees, concerns the perception of experiencing situations of prejudice due to the fact that the family member acts as a health professional during the pandemic of COVID-19.

My daughter suffered a lot of prejudice, for example, the manicurist didn't want to attend her anymore because she was a doctor, the woman said she was from the high risk group and, because of that, she didn't want to attend her anymore (Mother 03).

Actually, there was a little prejudice from people. The family on my brother-in-law's side didn't let my nieces go to my in-laws' house anymore, because my wife goes there. So he stopped going because he was afraid of her and it was a very annoying situation (Wife 04).

The family members showed that the repercussions were more intense at the beginning of the pandemic, because at that time there was more concern, fear and insecurity. However, as time went by, the family learned to cope better with the situation, which decreased the perception of impacts and repercussions in the daily life of the family.

In the beginning I was so terrified, she arrived and it seemed that she already had the virus, today it is calmer [...] now it seems that we know how to deal a little better, but in the beginning it seemed that everyone would get it, everyone would get sick, everyone would need a respirator, because the news were terrible (Daughter 07).

It was scary because I had to take care of myself, but worried about her [daughter who is a health professional], and she asked me to leave and I said I wasn't going. I told her I'll stay with you here until the last moment, as long as you need me I'll stay with you, I won't leave, so it was kind of terrifying, you know? But, with time we learn, we reduce, we improve. But, especially in the beginning it was very scary, nobody could touch her, nobody could touch me, if someone coughed, even because he choked on something, we thought it could be the coronavirus (Mother 16).

Experiencing positive repercussions

Even in the face of several difficulties faced in the midst of the changes generated due to the pandemic of COVID-19, the interviewees also experienced positive repercussions in their daily lives. Although revealed to a lesser extent, among the positive aspects, the perception of admiration for the work performed by the family member during the pandemic stands out.

I feel very proud of my mother's work. She goes and faces this disease. She is very brave! Before I didn't have this perception (Son 09).

I used to tell her: "Mom, it's your mission, it's your oath, now is the time when the patients need you most, you can't back down. This fills me with pride for her (Daughter 07).

The admiration for the work done, and the understanding that the family member needed psychological support from the family, led to greater unity and respect among family members. Some highlighted that they perceived their family member's professional performance during the pandemic as something relevant to society.

We did not experience any prejudice with any family member or friend. On the contrary, here there was more respect from everyone and unity within our house. We knew that she needed our strength and support, because the situation she was facing was difficult (Sister 13).

Since the beginning we have been together and united with him. He is doing something important for our city, for the people who live here, who need health care at this time, we have to support him (Wife 10).

There were also reports of increased contact between family members using the technologies of video calls and phone calls. This was an important positive repercussion in the daily life of the family system, according to the participants.

She even avoids coming home unnecessarily, our contacts have increased via cell phone and video calls. So, a lot of our contact today is by phone, by internet through whats app and it's two, three times a day, much more than before (Mother 03).

One thing that has been good is that now we talk more, be it by message, by phone, by video call, we are all more connected, we want to know all the time if she is ok! (Aunt 18).

In addition to these identified positive repercussions, it was also possible to observe that spirituality/religiosity helped families to experience the negative repercussions and the moments considered difficult during the daily confrontation of the pandemic of COVID-19.

We faced all of this with a lot of prayer, so we always put our trust in God and he always left home feeling like: 'I'm going on a mission!' I think that God bestows a special blessing on these professionals. So we face this pandemic and the most difficult moments this way, with a lot of prayer and a feeling of mission! (Wife 08).

I pray, I am a practicing catholic, but I haven't been to church because of the pandemic, at home I pray a lot, this has strengthened our family! (Wife 11).

My mother is evangelical, but it has been five months since she has been able to go. Even so, every morning she listens to the prayers, she says her prayers. Spirituality always keeps our positive thinking about things, we believe that everything is going to be fine (Daughter 14).

Clinging to something, to a faith, helps us to overcome, because if you have something to cling to, you become stronger in believing in something. Our attachment here increased a lot after that [of the pandemic] (Husband 15).

DISCUSSION

The results showed that during the pandemic of COVID-19, the families of health professionals working in emergency units were strongly affected in the emotional aspect of their lives, with the perception of negative repercussions on the family's daily life being most frequently cited. At first, the suffering was due to feelings of anxiety and stress, triggered by fear related to the risk of contamination by the virus, to which his family member was exposed. In the sequence, by the feeling of uncertainty regarding the risk of family contamination and, later, by the removal from social and family life.

However, to date, the international literature has only highlighted the consequences of pandemic COVID-19 on the lives of health workers by pointing out that exposure to a public health emergency caused occupational risk and psychological distress due to trauma, professional devaluation, quarantine and/or self-isolation.¹⁶⁻¹⁸ However, there is a need for studies that also demonstrate the repercussions on the family system.

It is understood that, in the context of the pandemic of COVID-19, it is relevant to promote the health of families, as they share emotions and sensations such as joys and anxieties, fear and courage, closeness and separation,¹² and all the other possibilities of duplicity and duality that make up the game of life unveiled in the banality of everyday life.¹³ The convergence of these banalities of emotions or sensations that occur in the most everyday acts, or that make punctual events understandable, are often paradoxical and constitute the dynamics of social life.¹⁹ It is in the family that the exchange happens more abundantly and is effective, considering that the human being needs to be together-with in order to exist and grow as a social being.²⁰

Health care workers in the United States have identified increased levels of stress among their family members.¹⁷ These

feelings of stress sensitize individuals and can be intensified as a result of the sudden change in routine and the feelings experienced, ranging from insecurity, ambiguity, stigmatization, anxiety, insomnia to anger, loneliness, frustration and worry.²¹ In the face of the feelings experienced, sociality is present in family relationships, uniting them in a collaborative way to support each other, even in the face of the possibility of contamination.

All sociality, here understood as the family system and daily family life, is marked by repercussions of stimuli, and these repercussions can be conflictive/paradoxical, because all harmony is founded on difference and shared feelings, even if different, contradictory and plural. It is this assumed ambivalence that explains the maintenance of sociality, the presence and the way of being of the different family members. In another way, it is what allows the family system to be completed, elucidating the aesthetics of being-together-in-the-world, understood by the way of feeling and experiencing, leading to the cohesion of the family system, the sentimental sharing of values, places, and ideas.¹²⁻¹³

In the tangle of feelings triggered by the phenomenon of having a health professional in the family, when living the vicissitudes of a pandemic like COVID-19, a paradoxical mix of selfishness and altruism could be identified in the interviewees' reports. Altruistic attitudes, of empathy and solidarity, may have triggered the carefully thought out care to avoid the contamination of other family members, at home. However, with the proposition of selfish solutions (for example, by suggesting the removal or change of unit/place of work of the family member), the objective of avoiding the consequences of contamination is revealed, both for the family member who is a professional and for other members of the family.

It is necessary to understand that being contaminated represents the possibility of dying, and death inhabits the imagination that surrounds people's daily lives. The uncertainties and fear of death are established due to the fact that death is opposed to life. Both, life and death, coexist in a permanent (un) meeting. This paradoxical harmony highlights the dual aspect of human existence and brings closer the finitude that surrounds everyone.¹³ Faced with the possibility of death, the pandemic provided moments of resignification, effervescence, of playful and emotional manifestations, for example, cultural, social, political manifestations and even the recognition of health professionals in windows and balconies. Moreover, it has made possible meetings in social networks, virtual forums, lives, all these manifestations draw attention to the desire to keep death away and for people to be closer to each other.²²

Health professionals who work on the front line in the fight against the new Coronavirus are subject to the greatest risk of contamination. Data from the WHO indicate that by September 2020, about 570,000 health professionals had contracted the disease in the Americas, of which 307,000 were Brazilians, representing more than 54% of the total.²³ Consequently, these professionals have faced the social stigma surrounding the possibility of being a source of infection for their families and social groups.²⁴ For this reason, some members of the extended family, for fear of

contamination by the virus, began to present behavioral changes and avoid contact with the family member/professional, which can lead to negative feelings of sadness, anger or frustration.²⁵

As a result, the social isolation imposed by the fear of contamination with the new Coronavirus has triggered negative impacts on the mental health of health professionals due to the impossibility of maintaining close contact with family and friends.²⁵⁻²⁶ These impacts manifested themselves through symptoms of anxiety, insomnia, anguish, post-traumatic stress, depression, fear and frustration, such as those reported in China among workers at units with a high risk of contamination,²⁶ and, in the United States, with alcohol abuse disorders.¹⁷

Stigmatizing attitudes are related to non-scientific beliefs about the forms of contamination, which have been repeated around the world and, in some particular cases, exposed situations of prejudice against health professionals by the community, therefore, an attitude that can further impact the mental health of professionals,²⁵ and reveals the prejudice of this stereotype, which is an unnecessary burden, triggering physical and mental fatigue.¹⁸ Stigmatizing behavior is linked to COVID-19 stress syndrome and can be reduced with targeted interventions, including orientations and health education activities, which can contribute to reducing social harassment of health care workers.^{24,27}

On the other hand, family members also reported behaviors of cooperation, generosity, and empathy that connected them to spirituality and potentiated the support to professionals. A study conducted with 134 frontline health professionals in Wuhan, China, showed that family support was an important strategy to promote the professional's well-being, reducing the occurrence of anxiety and depression symptoms.²⁸ Moreover, the perception of a greater connection with spirituality promotes the acceptance of the lived destiny, which starts to be faced collectively by the social and family group, entangled in its cultural, social, educational, historical, and religious intersections. This is important to assure the professional and his family an effective protective shield against external aggressions and the possible breakup of the family union.¹³

In turn, health professionals in the United Kingdom demonstrated that community support for their work was important in overcoming the limitations imposed by the pandemic,²⁴ and, in the United States, professionals perceived recognition of their social circle from the increased perception of togetherness and belonging and from the increased time spent together with the family by reducing the pace of social activities and the time spent commuting to school for their children and to work for other family members.¹⁷ The pandemic brought the return of sharing, of exchange, of voluntarism; a culture of the sensitive, directed by emotion and in the present time, in which values such as communitarianism reign, leading to people being together with a higher quality of feeling.²²

To overcome the daily changes resulting from the impact of the stress load unleashed on the families of health professionals, the recommendations include identifying those at risk and the implementation, by the health services, of immediate measures

that promote care to relieve the stress and tension of family members;^{11,16} and, furthermore, to encourage affection and togetherness among individuals and their families for a healthy coping with the social isolation caused by the pandemic of COVID-19.²⁹ In this context, it is necessary to support families with clear information that can reduce stigmatization; to offer support to recognize their strengths in order to mitigate triggers of emotional imbalance and promote serenity and encouragement; to reinforce the importance of spirituality and the sense of belonging through activities that promote visual and/or auditory contact with family and friends; to support and recognize the efforts made in the adaptation to reduce frustration and promote feelings of accomplishment.²¹

FINAL CONSIDERATIONS

From the results of this study it was possible to understand the repercussions in the daily life of the families of health professionals working in emergency units during the pandemic of COVID-19. It was understood that the repercussions were paradoxical, strongly marked by apprehension and fear arising from the new disease and from having a family member in the front line; by changes in family relationships and in home life; and by the need to deal with prejudice. But, at the same time, although to a lesser extent, an increase in the admiration for the family member who was working to face the pandemic was identified; improvement in the unity of family members, who started to communicate more, employing different technological strategies; and a greater approximation of the family system with religiosity/spirituality, which helped to face the negative repercussions.

In spite of the important findings herein, this study has limitations: 1 - the fact that the interviews were conducted via telephone may have diminished the researcher-interviewee interaction, making them generally shorter; 2 - the fact that most participants were female may have circumscribed the results to a gender perspective; 3 - the fact that the places where the professionals worked were small size units, which, despite being a reference for COVID-19, consisted of initial care services, possibly influenced the daily repercussions of them and their families; 4 - the fourth possible limitation is related to the convenience sampling, subject to selection bias.

Thus, it is suggested that future research on the theme consider addressing male family members and professionals working in high complexity services, using other strategies for data collection, even if remotely, for example, videoconferences, which may increase the interaction between the researcher and the participants.

As contributions to practice with families and in order to support the process of adaptation, destigmatization and maintenance of emotional balance, it is recommended that health services develop and offer support programs to their workers, including emotional support services to their families. This is possible from the development of an active and qualified listening channel, with the offer of clear information about the evolution of the pandemic, and that teaches families to recognize the strengths of the family

system and to deal with situations of stress and conflicts, reducing the negative consequences, such as stigma and disagreements arising from this experience. In this sense, it is also relevant the proposition of actions that enable spaces for exchange between families and health professionals, so that they can share healthy strategies for coexistence and control of feelings of uncertainty, fear, anxiety, stress and guilt, so that, supported by competent professionals, they can better overcome such challenges.

AUTHOR'S CONTRIBUTIONS

Study design. Mayckel da Silva Barreto. Angel Braiani Lança Hipolito. Maria Aparecida Lança Hipolito. Fernanda Lise. Cremilde Aparecida Trindade Radovanovic. Sonia Silva Marcon.

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