

“We try to save lives and our own lives”: nursing work in the COVID-19 pandemic



“Tentamos salvar vidas e nossas próprias vidas”: o trabalho da enfermagem na pandemia da COVID-19

“Intentamos salvar vidas y nuestras propias vidas”: el trabajo de la enfermería en la pandemia del COVID-19

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ABSTRACT

Objective: To understand the implications of working conditions during the COVID-19 pandemic for Nursing professionals.

Method: Qualitative, exploratory, and descriptive study conducted in four hospitals in southern Brazil. A total of 349 records made by nurses and nursing technicians/assistants through an electronic form were selected and submitted to content analysis. Ethical aspects were respected, and the participants consented to the Free and Informed Consent Form.

Results: The increase in work demands and exhaustion were evidenced; the lack of hospital institutional support in assisting infected workers and in view of the need for further testing; and the impacts of the devaluation of Nursing, expressed by feelings of vulnerability and lack of recognition.

Final considerations: The pandemic increased the wear and tear of Nursing with a projection of the lack of structure for crises situations. It is suggested to invest in the emotional and managerial resources of health care teams to better cope with similar health crises in the future.

Descriptors: Nursing, team. Working conditions. COVID-19. Occupational health. Burnout, professional.

RESUMO

Objetivo: Compreender as implicações das condições de trabalho durante a pandemia da COVID-19 para os profissionais de Enfermagem.

Método: Estudo qualitativo, exploratório e descritivo, realizado em quatro hospitais no sul do Brasil. Foram selecionados 349 registros efetuados por enfermeiros e técnicos/auxiliares de enfermagem em formulário eletrônico, submetidos à análise de conteúdo. Os participantes consentiram com o Termo de Consentimento Livre e Esclarecido.

Resultados: Foi evidenciado o aumento das demandas de trabalho e da exaustão; a falta de apoio da instituição hospitalar na assistência aos trabalhadores infectados e diante da necessidade de maior testagem; e os impactos da desvalorização da Enfermagem, expressos pelos sentimentos de vulnerabilidade e falta de reconhecimento.

Considerações finais: A pandemia incrementou o desgaste da Enfermagem com projeção da falta de preparo para situações de crise. Sugere-se investir na formação de recursos emocionais e gerenciais das equipes para o enfrentamento das adversidades considerando novas situações sanitárias similares.

Descritores: Equipe de enfermagem. Condições de trabalho. COVID-19. Saúde ocupacional. Esgotamento profissional.

RESUMEN

Objetivo: Comprender las implicaciones de las condiciones de trabajo durante la pandemia de COVID-19 para los profesionales de Enfermería.

Método: Estudio cualitativo, exploratorio y descriptivo realizado en cuatro hospitales del sur de Brasil. Se seleccionaron y sometieron a análisis de contenido un total de 349 registros realizados por los trabajadores a través de un formulario electrónico. Se respetaron los aspectos éticos y los participantes accedieron al Término de Consentimiento Libre e Informado.

Resultados: Se evidenció el aumento de las exigencias laborales y el agotamiento; la falta de hospital apoyo institucional para ayudar a los trabajadores infectados y en vista de la necesidad de realizar más pruebas; y los impactos de la desvalorización de la Enfermería, expresados por sentimientos de vulnerabilidad y falta de reconocimiento.

Consideraciones finales: La pandemia aumentó el desgaste de Enfermería con proyección de falta de estructura para situaciones de crisis. Es necesario adoptar medidas de apoyo a la salud de los profesionales con miras a prevenir lesiones y valorar a los trabajadores frente a la pandemia.

Descritores: Grupo de enfermería. Condiciones de trabajo. COVID-19. Salud laboral. Agotamiento profesional.

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■ INTRODUCTION

The COVID-19, caused by the SARS-CoV-2 virus, is a highly transmissible acute respiratory syndrome, discovered in China, which spread rapidly worldwide, causing the COVID-19 pandemic⁽¹⁾. Considering that initially there was no consistent information about the virus and its natural history, and that the search for an immediate solution fostered the emergence of dubious treatments and a lot of misinformation⁽²⁾, there was a need for constant adaptations of health care services and frontline professionals for the management and control of the disease⁽³⁾.

In this challenging context, Nursing professionals are protagonists in coping with the pandemic, both in the organization of workflows in health care services and in the direct care of infected patients. The Nursing team's attributions include performing high-risk infection procedures, such as: airway aspiration, bed baths, dressing changes and position changes, among others; which made these professionals highly exposed to a high viral load⁽⁴⁾, even in sectors not intended for the care of victims of the disease, as the detection of the infection often occurred late, when the workers had already in direct contact for days. It is also worth noting concerning these activities the possibility of there being differences in the repercussions of the pandemic regarding the social division of Nursing work between nurses and nursing technicians/assistants, an aspect not yet explored by studies.

This exposure was even greater due to the scarcity of personal protective equipment (PPEs)⁽⁵⁾, a fact that represented a worldwide difficulty at the beginning of the pandemic, since the use of some PPEs was recommended not only for health care professionals, but also for all the population. Data from the Nursing Observatory, prepared by the Federal Nursing Council (*Conselho Federal de Enfermagem* – COFEN), show the impacts of this exposure, pointing out that at the end of the first half of 2022 in Brazil, 63,690 professionals were infected by the disease, and 872 died from this cause⁽⁶⁾.

Work overload has often been associated with Nursing work, being exacerbated in the pandemic by the increase in the number of patients treated and the severity they presented, due to the complications from COVID-19⁽⁷⁾, requiring an increase in the number of work hours and also at the pace that has become more accelerated. Due to this surge in demand, various institutional adaptations were necessary⁽⁸⁾, and consequently, the need to increase the staff.

In order to meet this demand, changes in the logistics of care and in the workflows occurred, such as the increasing the professionals' working hours, rotating between sectors and changes in the composition of teams, either due

health-related absences or because they were professionals of risk group for COVID-19, as well as for emergency hiring. The dissolution of these teams contributed to overloading many professionals, burdening work processes and breaking previously built bonds. Along with these work factors, Nursing professionals also faced, as well as the general population, the feelings resulting from social isolation, which significantly contribute as a stressful factor for the mental health of these workers, who are physically and emotionally exhausted^(5,7,9).

The potential of factors such as misinformation, the risk of infection, frequent changes in workflows, the shortage of PPEs, in addition to uncertainties regarding the duration of the pandemic scenario, as well as the outcome for each professional, contribute to the experiences and working conditions with the possibility of having repercussions not only on the professional life, but also on the personal lives of Nursing workers^(5,10).

Given the above about the effects of the pandemic on health care professionals^(4–5,7–10), it is possible to identify the working conditions during the COVID-19 pandemic as a specificity to be explored with regard to nursing work and given the intensity of the health crisis. The potential of this research is also emphasized due to the gap in the literature on the possible differences in the repercussions of the pandemic regarding social division of Nursing work between nurses and nursing technicians/assistants.

In light of the arguments presented, the following question was asked: what are the repercussions of the COVID-19 pandemic on the work of nursing professionals? To answer this question, the objective of the present study was to understand the implications of working conditions during the COVID-19 pandemic for nursing professionals.

■ METHOD

This is a multicenter study with an exploratory and descriptive design with a qualitative approach, which is part of a matrix project entitled "Working in the COVID-19 Pandemic: impacts on the Mental Health of Nursing workers" (*"Atuação na Pandemia pela COVID-19: impactos na Saúde Psíquica dos trabalhadores de Enfermagem"*). The Consolidated Criteria for Reporting Qualitative Research (COREQ) criteria were followed, which guides qualitative research.

The study was conducted in four tertiary hospitals, reference in the Unified Health System (*Sistema Único de Saúde* – SUS) in Rio Grande do Sul, Brazil. The selection of these hospitals as the study setting was because they are large hospital institutions that to cope with the pandemic, had

important adaptations (such as increasing the number of beds and establishing specific sectors for the hospitalization of confirmed cases of the disease) and were characterized as reference institutions for the treatment of COVID-19 in the southern region.

The research was disseminated through the institutional e-mail provided and authorized by the institutions, and all Nursing workers at the four hospitals were invited to respond to an electronic form (Google Forms), with the access link provided in the same email invitation.

The study population consisted of professionals from the Nursing team (nurses, Nursing technicians and Nursing assistants) working in the health care of the four hospitals during the COVID-19 pandemic, which was the inclusion criterion for the study. Professionals absent from their duties during the period of data collection were excluded. The electronic form included sociodemographic, labor and health questions, and among the respondents (N=845), 353 professionals also spontaneously responded to a statement with an open field, not mandatory, which said: The space below is open for you to register about your professional experience during the pandemic and how you perceive your health at this moment. The final sample of the study consisted of 349 records of professionals from the nursing team, with incomplete records or records that did not respond to the objective of this study was considered as an exclusion criterion (n=4).

Data collection took place from August to October 2020 and the information obtained was submitted to thematic content analysis⁽¹¹⁾, which comprised three phases. The first was a floating and exhaustive reading until the material was impregnated, where the first impressions flowed. The second was the content exploration phase with the construction of categories and reduction of the material to words and speeches, and the third consisted of data interpretation, which were confronted with the literature.

The study complied with the ethical precepts and was approved by the National Research Ethics Commission and by the participating institutions under opinion No.4,152,027.

The Informed Consent Form was sent together with the email invitation and responded anonymously. The data were presented with fragments of participants' responses, which were coded according to their professional category. The participants were identified using the initials NUR for nurses, TE for nursing technicians and ASS for nursing assistants and then numbered according to the order of the responses, ensuring the anonymity of the participants.

■ RESULTS

A total of 349 professionals participated in the study: 182 Nursing technicians (52.15%), 147 nurses (42.12%) and 20 Nursing assistants (5.73%), among whom 304 were female (87.11%). The mean age of the nurses was 44 years old (± 9.34) and of the nursing technicians and assistants was 46 years old (± 9.06). Nurses had an average of 10 years (± 9.84) of time working in the institution, while nursing technicians and nursing assistants had an average of 9 years (± 7.72). Among the four hospitals, 41.26% of the sample belonged to hospital A, 26.65% to hospital B, 19.20% to hospital C and 12.89% to hospital D.

The working conditions experienced by Nursing professionals at the four reference hospitals for COVID-19 cases in southern Brazil could be understood from the categories: (1) Increased work demands and exhaustion; (2) Support from the hospital institution; (3) Devaluation of Nursing.

Increased work demands and exhaustion

The change in the profile and severity of patients, as well as the need to exchange of sectors due to the lack of professionals in the face of leaves and relocations, were described by the research participants as aspects that had an impact on increased work demands and exhaustion.

In the last two months we had other challenges, few days off, working with reduced staff, anyway I believe that there are many professionals at their limit, and I am one of them. (TE 15)

We have a decrease in workers due to the absence of those who belong to the risk group for COVID-19 and sick leave, which increases my length of stay in the hospital, including weekends. (NUR 37)

[...] in addition to the increased demand, the severity of the patients, I have to deal with the emotionally fragile team, overloading more than patient care. (NUR 74)

The work demand has increased, and the profile of patients changed a lot. Many colleagues were assigned to other areas of the hospital, we received new colleagues, but without experience, which also contributed to the increase in the workload, because in addition to my activities, I had to monitor and train these colleagues. Due to several health-related absences, we are working more hours during the week, generating physical and emotional distress. (NUR 136)

Exhaustion was expressed by professionals in both categories, but it was observed that the nurse's managerial concern differed regarding well-being of the team as the core of their surveillance during the pandemic. Thus, it was observed that the social division of work in Nursing between nurses and nursing technicians/assistants added different repercussions of the pandemic, specifically in terms of the care provided and concern for the work team.

Each time a nursing professional has COVID-19, my colleagues, especially nursing technicians, become emotionally unbalanced. So, I need to stop taking care of the patients and take care of the staff. This generates a huge demand for work, beyond the script. (NUR 41)

Very overloaded, I can't provide adequate care to the patient, it frustrates me. [...] I love my profession, I love to care, but it is currently very hard. Praying for it to end. (ASS 14)

The PPEs makes us very tired, both due to the use and the physical effort due to pronating and supinating the patients (maneuver performed to treat acute respiratory conditions) [...] I am very tired and frustrated with this situation that seems to have no end. We are in a battle where at the same time we are trying to save lives and our own lives. (TE 94)

Emotional demands are added to physical work, further intensifying the workload, resulting in fatigue and a feeling of frustration in the face of potential fallibility due to the context experienced.

Support from the hospital institution

Nursing professionals reported a feeling of helplessness on the institution. The statements point to the need for assistance to workers who are infected and symptomatic of COVID-19, as well as psychological support for the teams.

They say they are monitoring for those who are sick. It's all a lie, they didn't give me any feedback. This angers me a lot and shows that employees for the bosses are only useful while they are working a lot, otherwise they are not useful. (NUR 35)

[...] I witnessed colleagues in a panic crisis during the pandemic. Given the situation we are in, hospital directors should provide more or better support to professionals. (TE 92)

Feeling of cheap labor and trivialization of our emotions by the institution. Speech is beautiful but daily life is different! (NUR 73)

The most difficult moment was when I sought help with an absurd headache. I had to listen to the physician say that I had no reason to be there, and I left only with a prescription for dipyrone if necessary and without believing that I had been so mistreated. Seven days later, the test result came out and I had COVID-19. (TE 104)

I was hospitalized for 32 days, 15 days in the ICU [Intensive Care Unit] with COVID-19. I was disappointed with the institution that does not consider the disease as an accident at work. I'm on the front line, I've been between life and death because of my work. (TE 135)

[...] the hospital does not provide assistance with psychologists, talk circles or something. We are being sick taking care of the sick, colleagues experiencing anxiety crises and there is no occupational health support. Our absences will not be due to COVID-19, but due to mental health issues. (TE 153)

An intense feeling of devaluation and helplessness marks the statements of professionals for not identifying care in the institution, something advocated by Nursing.

Moreover, professionals show feelings of frustration and fear due to the lack of screening tests for COVID-19, especially in cases of contact with co-workers or patients who have the disease.

At the beginning of the pandemic, we were worried about caring for patients with COVID-19. Over time we discovered that everyone could have the disease and therefore care should be intense. I believe that we failed a lot by not doing screening tests on asymptomatic patients. Many infections could have been avoided. (NUR 27)

I feel overloaded by managers' lack of interest in doing screening tests on employees! Several colleagues in my sector had COVID-19 and I was never screened [...]. (TE 101)

I feel frustrated by the way in which the institution I work for is organized during the pandemic, causing anguish and a feeling of neglect among professionals, as there is no quick response to tests on employees. (TE 141)

The professionals' perception about the lack of institutional care contributes to the generation of anxiety, anguish and even disbelief regarding workflows and processes.

Faced with reports of lack of support from the institution, Nursing professionals express that peer support and teamwork have helped in coping with adversities.

I noticed the difference in having colleagues who are friends and offer the necessary emotional support in times of fear and weakness. (TE 67)

I've been working 12 hours a day, six days a week since February, so I felt fragile, but with the help of colleagues, family, and friends, I recovered emotionally. (NUR 78)

Although the pace of work is intense, I can count on the support of the team I am part of. Teamwork is essential. (TE 145)

Although institutional support is important, support from peers in the workplace, it is an effective strategy in mitigating negative feelings and emotions resulting from stressful situations. The bond is identified as the great difference, due to the sharing of common experiences. However, with the dismissal of team members to meet the various institutional demands, this support became even more fragile.

Devaluation of Nursing

The (lack of) valuation of the professional category was addressed both in the institutional and public policy contexts, as well as in society, highlighting the importance of recognition in various spheres, especially about recognition through better working conditions, aiming at protection to the health of Nursing professionals.

We do not want tributes in newspapers or media, we want the right to take care of ourselves and also to take care of our family members, being able to undergo a screening test when a patient treated by us is diagnosed with COVID-19 after days in the unit and we don't have effective PPEs [...]. (TE 8)

Period of many uncertainties, very disorganized, with demands that should be better evaluated, lack of valuation for the professionals who are working. (TE 66)

The visibility given to our profession at this time of a pandemic should translate into improvements for our professional category. Discuss working hours and retirement, as well as adequate wages, in short, “heroes” also need to have certain rights guaranteed. (NUR 87)

We professionals are exposing ourselves while the population and government do not value the dimension of risk. I feel like we are all alone in this invisible war. (NUR 129)

The valuation that professionals seek does not only refer to their original institutions but to the national context of the profession. During the pandemic, the precariousness of working conditions has emerged, but long before the health crisis, the fragility of labor issues was already evident.

■ DISCUSSION

Nursing professionals reported emotional and physical exhaustion due to increased demands and work overload generated by the pandemic, bringing as an example the change in the patients' profile, who required increased attention due to the instability and severity of the disease. Corroborating this finding, a research conducted with health care workers in Iran reported that 87% of the participants have the perception of an overwhelming work overload caused by the pandemic, as well as a study with nurses that associated psychic suffering with the increase in the number of patients and the severity of cases, as well as the difficulty of using PPEs and the high mortality rates^(5,10). Likewise, a Brazilian study also points out to the overload and changes in the work pattern demanded by the pandemic⁽⁸⁾.

Difficulties with PPEs were also found among the professionals in this study, which is in line with the high number of infected professionals within the category⁽⁶⁾. This fact leads to a decrease in the number of active professionals, consequently interfering with the need to change scales and sectors of workers, which further contributes to the team's exhaustion and to the feeling that the effort is not being rewarded, since many times they do not receive financial compensation for the extra hours worked⁽⁶⁾. The lack of human and material resources increases the risk and causes physical and psychological overload of professionals, which may result in health complications⁽¹²⁾. These damages are evidenced through the emotional distress that is observed in the statements, reporting the perception of fragility and the unwillingness to go to work, since they feel exhausted.

The findings highlighted a different demand on nurses regarding the increased concern about the emotional effects that the pandemic was bringing to the nursing team as their core of care and attention. It can be inferred, therefore, that this responsibility represented a contributing factor to the exhaustion of nurses in comparison with nursing technicians/assistants according to the analyzed records.

With the aim of reducing the exhaustion of professionals and increasing the number of those actively working in the pandemic, the anticipation of the graduation of students from health courses in Brazil was authorized⁽¹³⁾. However, these newly undergraduate professionals did not have

experience, requiring professionals already working to spend their time training and helping new colleagues in activities, as mentioned by the participants. In a large hospital in China, newly trained professionals also went to assist patients with COVID-19. Then monitoring and training by experienced nurses was organized to reduce the risk of infection and ensure quality in personal safety and in the care provided by inexperienced professionals⁽¹⁴⁾, since that nurses are essential professionals in health education, even that this function may have exacerbated the overload of these professionals⁽¹⁵⁾, contributing to mental fatigue. In the Brazilian scenario, no studies have been found that shows the actions taken with recently graduated professionals entering the health care field during the pandemic.

With the advent of the pandemic, the existing weaknesses in the managerial processes of health care services became more evident. Professionals felt helpless, reporting a lack of institutional support and the lack of mental health support, demonstrating the need to implement this support, a fact that is corroborated by the international literature^(16,17). It is known that the pandemic affected Nursing professionals, who have experienced fear and psychological distress^(9,18). Additionally, studies have shown high levels of anxiety and depression among frontline workers, being more prevalent among females^(19,20), which is the majority group in the current research.

With the aim of minimizing suffering, providing support to mental health and qualifying care, it is essential to maintain adequate working conditions and support interventions centered on the individual, since the stress load is different for each person^(5,12). Intervention measures aimed at valuing and reducing exhaustion should also be implemented, such as reorganizing work hours and increasing financial benefits⁽²¹⁾. Moreover, empathetic listening can be a powerful resource as it identifies vulnerable individuals, mobilizes strategies to reduce stressors and redefine demands, making professionals feel more valued⁽⁷⁾, enhancing their capacity to support peers, in an quick and early manner.

When talking about the support of the hospital institution and the devaluation felt, the participants reported on the lack of testing of asymptomatic professionals who had contact with colleagues and patients positive for COVID-19, knowing that asymptomatic or pre-symptomatic professionals can also be a source of infection. In line with this, a study conducted with health care professionals showed high rates of asymptomatic people with the disease⁽²²⁾. Even though the importance of including continuous screening programs for asymptomatic employees is emphasized, with monitoring of cases and occupational exposure⁽²³⁾, a counterpoint

relates to the impossibility of testing in a broad way and also because there is no consensus on the asymptomatic transmission⁽¹⁸⁾, reinforcing once again the significance of precautionary measures.

Contrary to the lack of support from the hospital institution, teamwork and support from peers were reported by the participants as an important point in this period, being evidenced in research conducted with nurses, that professional collaboration and unity of teams was essential to overcome the pandemic⁽²⁴⁾. Furthermore, social support is also highlighted, which is demonstrated by research conducted in a public hospital, which relates this type of support to lower levels of occupational stress⁽²⁵⁾. The family support revealed in the statements is in line with a study that portrays the families' admiration for the profession, describing it as relevant to society. From the families, it is also noteworthy that during the pandemic, there was more union, respect, generosity and empathy from family members to professionals due to the need for psychological support at that moment⁽²⁶⁾.

The devaluation of Nursing is a well-known and long-standing issue, with this category remaining invisible to both the government and the population. This fact can be affirmed by the inability of the category to get the approval of demands for improving the quality of their work and their health, among these, the minimum wage and a fair working day compatible with the work performed⁽²⁷⁾. These aspects were mentioned by the participants of this study as discouraging factors to continue in the profession, further exacerbated during the pandemic period.

The feeling of vulnerability due to the lack of adequate and safe PPEs, proving the precariousness of work, also brings a feeling of devaluation by the institution. This shortage confirmed the inability of health systems to meet work demands in a safe and appropriate manner⁽⁵⁾. In line with this, research conducted with health care professionals showed that workers often felt insecure about the quality of the PPEs provided, exacerbating the fear of infection and the feeling of helplessness⁽¹⁸⁾.

Participants report feelings of loneliness and helplessness, reinforcing that they are people with feelings and fears and that instead of being applauded and called heroes, they want better working conditions to be discussed. In line with these reports, a study was conducted on the appeals of Nursing in digital media during the pandemic, in which posts emerged about this need for improvements⁽²⁸⁾, due to the population's concern with exposure to the virus of those who were on the line of front in the care for patients with COVID-19⁽⁴⁾, it is essential that discussions about the

appropriate recognition do not end with the pandemic, considering that this professional category is present in the care of human beings throughout its complexity.

The findings of the present study reinforce what is intrinsic to the profession: the work performed under the logic of care. Just as professionals report that work overload has an impact on the difficulty in providing quality care to patients, professionals also want to be cared for by the institution, either when they seek care for themselves or when they are afraid of not being able to offer their relative the care they advocate for patients. This reinforces the need for institutional support, as a way of investment and valuation, something that workers expressed as fundamental to being able to withstand the adversities that arose⁽¹⁶⁾.

In this way, there is a need for a deeper understanding of the profession's history to continue the fight for a recognized and valued Nursing⁽²⁹⁾, debating working conditions, especially regarding working hours and wages, as well as the direction of the category⁽²⁷⁾. It is also essential for Nursing to publish information about its work to have repercussions on the consolidation of the profession as a science and put an end to outdated stereotypes⁽³⁰⁾.

Regarding the limitations of the study, the use of digital media for data collection, which hinders analysis of facial and body expressions and the fact that it is an observational study in which reports based on experiences and sensations refer to the period of data collection, exclusively reflecting the first year of the pandemic.

■ FINAL CONSIDERATIONS

The study reveals the working conditions experienced by Nursing professionals during the COVID-19 pandemic, highlighting stressful and challenging situations. The lack of support from the hospital institution was very present in the analyzed records, as well as the lack of sufficient resources to provide health care in the safest possible way. Therefore, it points out to the need for adequate and consistent support, with the implementation of interventions aimed at the mental health of those who were at the service of the population at this crucial moment.

The data reflect the experiences of professionals who worked in hospital care during the first year of the COVID-19

pandemic, helping to understand the impacts of the pandemic on the working conditions of these professionals and implying advances in practice as it contributes to subsidies for development and implementation of support strategies for their mental and physical health, such as active listening to professionals from the beginning of the installation of the health crisis, to accommodate organizational demands and also experiences that could foster improvements in flows for infected professionals and for testing, for example.

Considering the social division of nursing work between nurses and nursing technicians/assistants, the study revealed, as a potential difference regarding the pandemic repercussions, the increase in nurses' exhaustion in view of the surveillance on the emotional effects of the pandemic on the nursing team while their health care responsibility.

Another potential for innovation from the results of this study is the indication of aspects that deserve immediate investment when a health crisis is installed, revealed by the lack of emotional preparation of the nursing staff to cope with crisis situations, and preparation for the managing adversities on a personal and collective level. These investments can foster a supportive environment in socio-professional relationships and provide support and acceptance among peers amidst diversities, beyond the context of the pandemic. Additionally, it is essential to highlight the possibility of an institutional analysis regarding these aspects, seeking dialogic approaches to professionals, which can constitute post-pandemic learning.

Finally, it is worth noting that despite the devaluation of Nursing reflected in the study, professionals remained at the forefront of care throughout the pandemic, a fact that instigates the fight for improvements in the working conditions of the category, along with recognition and valorization.

Based on the findings presented, possibilities emerge for new investigations aimed at the impact of anticipating the graduation of health care students in Brazil, in view of the health of these professionals, as well as the lessons learned from this experience for the training process. Furthermore, stands out the potential for research on the effects of the pandemic today nowadays, considering the long-term impacts on workers, as well as the organizational legacies.

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