

Fear of me: experiences of health residents in the Covid-19 pandemic

Medo de mim: experiências e vivências de residentes em saúde na pandemia de Covid-19 (resumo: p. 17)

Miedo de mí: experiencias y vivencias de residentes de salud en la pandemia de Covid-19 (resumen: p. 17)

Ricardo Massuda Oyama^(a)

<ricardo.oyama@unesp.br> 

Willian Fernandes Luna^(b)

<willianluna@ufscar.br> 

Eliana Goldfarb Cyrino^(c)

<eliana.goldfarb@unesp.br> 

^(a) Pós-graduando do Programa de Saúde Coletiva (Doutorado), Departamento de Saúde Pública, Faculdade de Medicina de Botucatu (FMB), Universidade Estadual Paulista (Unesp). Avenida Prof. Mário Rubens Guimarães Montenegro, s/n, Campus de Botucatu. Botucatu, SP, Brasil. 18618-687.

^(b) Departamento de Medicina, Universidade Federal de São Carlos. São Carlos, SP, Brasil.

^(c) Departamento de Saúde Pública, FMB, Unesp. Botucatu, SP, Brasil.

The Covid-19 pandemic has affected health professionals, including residents. This study aims to reflect on the impacts of the pandemic on the mental health of residents in the context of medical and multiprofessional residency and the implications for the training process of these professionals. It is a qualitative research study involving interviews conducted with medical and multiprofessional residents, utilizing thematic content analysis. Health residents were at the forefront of confronting the pandemic and are considered vulnerable professionals due to their exposure to the virus and psychological distress, such as fear of illness. They experienced the effects of social distancing, both as a measure to prevent transmission and due to concerns from family members and cohabitants, resulting in feelings loneliness. The study reveals impacts on mental health, highlighting the importance of planning actions to provide and enhance the training of health residents.

Keywords: Internship and residency. Covid-19. Mental health. Fear. Professional training.



Introduction

The first case of Covid-19 reported in Brazil was on February 26, 2020. According to data from the Ministry of Health¹, the country had exceeded 700,000 deaths and more than 37 million confirmed cases of the disease by April 2023.

Pandemics such as Covid-19 have tested the organizational capacity of health systems around the world, including in Brazil, since their rapid transmission and the severity of the cases have exposed the urgent need for investments to strengthen public health. Another characteristic of the Covid-19 pandemic, especially in the first year of its occurrence, was the high number of cases among health professionals, driven by high exposure to patients and a shortage of personal protective equipment (PPE), which aggravated the situation in health services².

The impacts of the pandemic have been innumerable, including on the health training of resident professionals, such as surgical residency programs that had their activities relocated to deal exclusively with Covid-19 cases, indicating a perception of damage to training by residents³.

Undergraduate teaching has also been affected, as in the case of nursing, marked by contradictions regarding the positive and negative repercussions of remote teaching, the absence or reduction of practical activities to test technical skills⁴, or even medical students who have suffered psychological and socio-cultural impacts, showing insecurity and uncertainty with their academic education⁵.

The Covid-19 pandemic has caused the loss of health professionals due to death or leave of absence caused by the virus infection, triggering difficulties in replacing human resources². In this context, health residents - health professionals who have graduated and are training in health services - have played a leading role in frontline work and coping with the pandemic, but have suffered from the transformations imposed by the pandemic⁶.

Residencies in health professions - medical and multiprofessional - demand a dedication to a weekly workload of 60 hours over a period of two years or more, divided between theoretical and theoretical-practical activities. These characteristics are enough to justify physical and emotional exhaustion, which has intensified with the consequences of the pandemic⁷.

Using this issue as a starting point, this article analyzed the impacts of the pandemic on the mental health of health residents, in the context of medical and multiprofessional residency, and the implications for their training processes, at the Botucatu School of Medicine (FMB) of the São Paulo State University (Unesp). The study was justified by the need to understand these impacts, contributing to the historical record of the role played by residents during the pandemic and planning actions that indicate coping strategies in similar situations.



This article focuses on the experiences of health residents during the first year of the pandemic and is part of the first author's master's degree study. The study also sought to identify the repercussions of information and recommendations from state authorities about the Covid-19 pandemic on the work of health professionals; to identify difficulties in the work process perceived by health residents during the Covid-19 pandemic; as well as to identify survival and solidarity strategies in relation to the team and the residents themselves.

Methodology

The study is characterized as a qualitative research, aimed at understanding the phenomena and processes that correspond to the most intimate aspects of human relationships, in other words, their motivations, beliefs, values and attitudes, all those elements that cannot be quantified or measured⁸.

To build the data, we used semi-structured interviews with the help of a script, with the intention of recalling the experience of the beginning of the pandemic in the household, the perceived impacts and their relationship with the information during the pandemic period, as well as a narrative question about a remarkable situation experienced during the pandemic.

The semi-structured interview and the narrative are techniques that complement each other and can be used in qualitative research to deepen knowledge about the same object.

Narratives seek to gain a deeper understanding of the phenomenon being investigated, through the emergence of life stories or situations experienced in everyday life⁹.

Larrosa¹⁰ instrumentalizes this investigation with the concept of experience, defined as "whatever touches us, whatever happens to us", what affects us, what is significant to us, not just a simple passing through of everyday things. Experience cannot be defined as the simple act of being informed, since information alone does not make it possible to learn from an event, in other words, it is not enough to spend all your time trying to be well-informed, as there is no guarantee that the subject will be touched by the information.

Thus, the concepts of narrative and experience were the theoretical guide of the analysis of this research. The interviews were conducted via Skype and Google Meet, and all took place in a single meeting, lasting an average of 50 minutes, from June 2020 to February 2021.

Participants were selected through non-probabilistic snowball sampling, using reference chains based on key informants identified as seeds, who helped the researcher to leverage research contacts. The seeds indicate other people in their network who could take part and the sample is defined and increased¹¹.

The study's seeds were participants nominated by teachers or workers in the health services where the residents did their internships during the pandemic.



There was an intentional selection of participants to ensure diversity, interviewing professionals training in health residencies, in areas that include Primary Health Care (PHC) as a mandatory training field, covering residencies in Family and Community Medicine, Pediatrics and multiprofessional programs in Family Health, Mental Health and Adult and Elderly Health. This was due to the fact that all participants had done their practicum in PHC in 2020 and had been involved in actions and activities aimed at individual and/or collective care related to the pandemic.

Participants were contacted by phone messaging app and invited to take part in the research. Five invitations to take part in the study were declined due to lack of time or interest, and some invitations were not returned. We used the saturation technique to stop data building, as the data obtained proved to be sufficient to answer the research objectives, and further information was not necessary¹².

Table 1. Study participants according to area of residence, year of training, age and gender.

Residences	Residents	R* year	Age	Gender	Professional group
Family and Community Medicine	2	1 R1; 1 R2	26; 29	F	2 Medicine
Pediatrics	3	1 R1; 1 R2; 1 R3	27; 28; 32	M; F; F	3 Medicine
Family Health	4	2 R1; 2 R2	23; 24; 25; 26	M; F; F; M	1 Psychology; 1 Physiotherapy; 1 Nursing; 1 Nutrition
Mental Health	3	2 R1; 1 R2	24; 25; 25	F; M; F	1 Nursing; 2 Psychology
Adult and Elderly Health	2	2 R2	25; 26	M	1 Pharmacy; 1 Psychology

Source: Authors

Subtitle: F – feminine; M – masculine; *R – The next number after the letter R represents the year in residency.

The collected data were transcribed manually and the analysis process followed the methodological procedures proposed by Gomes¹³ for Thematic Content Analysis.

The focus was on the themes present in the participants' statements, which could be represented by a word, phrase or summary, understood as recording units¹³. In this study, we opted to keep the records as complete as possible to guarantee the essence of the narratives and preserve the contextualization of the content, a process of analysis defined as context units¹³.

We began with an exhaustive reading in search of a general understanding, and then went on to soak up all the content. The material was then broken down into parts.



We then moved on to exploring and analyzing the material, a methodological path that helped define categories through the nuclei of meaning, understood as the process of schematizing and dialoguing the selected excerpts in order to understand the broader themes that will help in the elaboration of the analysis¹³.

In the last stage of analysis, a result was obtained through an interpretative synthesis, referring to the hypothesis raised in the research about the impact of the pandemic on the mental health of health residents and on the training process, dialogued with studies that supported our analysis¹³, authors such as Raquel Silva Freire, Felipe Ornell, Carmem Teixeira and collaborators. To ensure the confidentiality of the participants' identities, their names have been changed. The letter R was used to refer to the resident, followed by the year they were in residence. The study was cleared by the Research Ethics Committee of the Botucatu Medical School, according to opinion no. 3.994.204.

Results and discussion

In order to analyze the impacts of the pandemic on the mental health of residents and the implications for the training process, the results are presented in three categories: fear of becoming ill; loneliness in social distancing; mental health during the pandemic.

Category 1. Fear of becoming ill

The residents experienced intertwining affections and emotions in moments of paralysis in the face of the fears caused by the pandemic. Fears of death and of becoming infected and transmitting it to other people were added to the anguish arising from the need and duty to be a health professional and work on the front line.

Fear refers either to a specific object or to no object at all, i.e. fear can be related to a state of readiness and preparedness in the face of real danger or subjective danger¹⁴. In the case of the pandemic, the danger was real and concrete, in the form of infection and the risk of death, and residents had intense insecurity and fear due to the possibility of transmitting the disease to family members and other people they lived with.

The arrival of the new coronavirus in Brazil coincided with the start of the new health residency classes, which take place every year in March. Therefore, the residents were taken by surprise and had to prepare themselves to deal with the seriousness and consequences of a pandemic.

As soon as the health residents joined the services, they were exposed to the risk of contamination with the SARS-COV-2 virus. They experienced different forms of fear, anguish and uncertainty throughout the pandemic, coming face to face with finitude and the fact of being a potential transmitter of the virus.



Everyone was very scared, I don't remember being scared, but I do remember that it was an important thing, that we were going to go through a process of change and that it was simply going to completely change our routine, as health professionals, as well as residents. At first, we had a lot of meetings. It was very tiring, even, to try to align, to try to understand, people were very distressed. Like, every moment, every 20 minutes there was something different, every half an hour there was a new guideline, we'd set up a schedule, and it was nothing like that, everything changes, we're going to do this, the NASF (PHC support group) is going to organize itself in this way, or not, it's nothing like that. So, it was like that, at the beginning, in the first and second week, I really felt this total, general uncertainty. People were really upset, the coordinators of the residency, the managers of the service, the people I had contact with, very distressed, very distressed. But I understood the seriousness, but personally I didn't feel that I was emotionally shaken. Like, that's it, fine, that's what we have for now, come on, we'll adapt and we'll work on it. (Milena, R2, nutritionist in Family Health)

The residents' hurdles in dealing with the risks at the start of the pandemic in mid-March 2020 were mixed with the difficulties of the coordinators of the residencies and the health services in organizing a routine in which they could work safely amid so much anguish that permeated them.

The following narrative shows that, despite maintaining care measures, such as using PPE and social distancing, the fear of becoming infected and transmitting was not under control, as they were constantly close to suspected cases, with the risk of contaminating family members who were not exposed to the virus.

I think I got used to it, I don't know if that's the word, with the day-to-day use of PPE, distancing, taking care, and the neurosis went away, it gradually dissipated, and today, actually two weeks ago, there were two suspects in the Unit, two suspected cases and two more people were removed, so there were four people removed. The four people had their swabs taken and only one tested positive, because her mother also tested positive, so the other three tested negative, but while the results weren't in, I went back into that "oh my god, we're exposed all the time" mode, right? And I lived abroad, so I lived alone, but now that I'm back here I'm living with my parents, so it's a bit scary to bring it up to them. They're distancing themselves, and I'm still working, so it brings a bit of anguish, you know? But I'm managing to cope for now. It's a rollercoaster. Sometimes you freak out, then you get back to normal. (Lavínia, R1, physiotherapist in Family Health)



In the lockdown caused by Covid-19, patients undergoing psychological treatment talked incessantly about fear, especially the fear of death, their own and that of loved ones. In the pandemic, the fear of infection by the virus, this enigmatic enemy of human life, appears almost indistinguishable from anguish, because there is the object that is feared, but where is it? The invisibility of the virus vanishes the object that is feared and at the same time makes it omnipresent, producing the suffocation characteristic of anguish. When fear and anguish become homogenized, lending themselves to an unprecedented affective confusion, subjects react in different ways: with perplexity, denial or astonishment¹⁵.

The fear of the risk of transmission was so intense that residents suffered psychic problems, such as panic attacks and generalized anxiety, due to the fear of developing a serious condition with Covid-19 and having a fatal outcome. Mental illnesses emerged, which in some cases required drug support.

So, it was all very frustrating until the moment I fell ill. I had a panic attack in the Unit, because I was afraid of having Covid. This happened because I started reading reports from doctors, young people who were healthy, like me, who had come down with coronavirus very quickly without us having that explanation. I had sustained tachycardia, needed medication to bring it down, and spent two days away from my residency because of it. Sometimes I feel that my anxiety rises, especially when I put myself in “risk” situations, which is when I do the screening, when I’m there at the screening, this fear of catching the disease, for me it has two parts: it’s the fear of catching the disease and developing something serious, but I think that comes from a much more anxiogenic aspect of my own, rather than anything functional. Of course, it’s a rational fear, I imagine I have coronavirus, but my fear, I think it’s the fear of many doctors I’ve spoken to, is that we get anxious. So, we start from the normal fear, which is having the coronavirus, you start “oh, I’m going to have coronavirus and I’m going to die”, and things that don’t make sense, from rational logic, from medicine. Another fear of mine, the fear of all doctors, is passing it on to a family member. Passing it on to other people. (Carol, R1, Family and Community Medicine doctor)

The fear of death is justified by the high number of deaths in the world. In September 2021, the WHO released data indicating that around 180,000 health professionals had died from Covid-19 worldwide and estimated that in Brazil up to 13,600 health professionals may have died from Covid-19¹⁶.

Usually, health residents are placed into services and begin to experiment the obstacles and dynamics of the work process of other health professionals, which was no different during the pandemic. Reference hospitals for Covid-19 patients pointed out the overload of tasks, fear, stress and insecurity experienced in the workplace¹⁷. They described the increase in the number of health professionals infected with the virus and, consequently, the high number of deaths, as well as the feelings of frustration and impotence at the daily loss of patients and the fear of helplessness in a possible case of infection¹⁷.



It was troubling to work in hospitals, especially in Intensive Care Units (ICUs), since the professionals were now responsible for patients with very serious conditions, and the beginning of residency training presupposes a certain inexperience, making their work more challenging in the pandemic context. They had to adapt quickly to the work process, seeking new knowledge to help with their practices and not succumb to the psychological pressures caused by the pandemic¹⁷.

Category 2. Loneliness and social distancing

Given the high risk of infection and the seriousness of the cases, the short supply of PPE, the lack of knowledge about the natural evolution of the disease and the absence of specific prevention measures, such as vaccines, strategies had to be adopted to contain the spread of the pandemic, mainly by distancing people from each other. This also happened in the workplace, forcing the reorganization of health services in an attempt to avoid crowding, by means of scales and rotation between local staff and residents.

Extended social distancing (ESD) is considered an effective method for reducing morbidity and mortality indicators. It was a strategy implemented by many countries, including Brazil, in an attempt to minimize transmission of the coronavirus and, consequently, avoid overloading services, which could lead to the collapse of the health system¹⁸.

The government's ESD guidelines, coupled with the risk of transmission, led to residents being cut off from their families and loved ones, causing anguish and loneliness. The fact that they were unable to meet their families also meant that it was difficult to get information about the health conditions of family members infected with the virus, accentuating the fear that family members would die while they were away. However, these moments of difficulty also made it possible for colleagues to get closer, as they were going through similar situations.

During the pandemic, my parents contracted Covid in May. My father, mother and sister. As I wasn't going home, I didn't catch it. My father is also in the risk group, he has asthma and ended up going to hospital, but I only found out about that later. I heard they were taking Covid, but they didn't tell me about the complications. I found out when they got better, so it was a very difficult time for me, because in all conscience I would have dropped everything and gone home, to hell with Covid, I have to look after my father and mother. At that moment they made me realize: "What are you going to do there? You can't do anything for them, you don't have a cure, you can give them moral support, but you can also give it from here". It was a moment when they didn't leave me alone. We [residents] ended up strengthening each other, I think this support between us was very important. The feeling that the person isn't well, the conversation. But I think that's what it was like, supporting each other, going beyond being colleagues, becoming a real friendship, supporting each other. (Sofia, R1, Mental Health nurse)



This new organization caused not only a physical distancing, but also an emotional distancing, since each person started to work alone in a residency program, which presupposes interprofessional work. Some didn't see each other, while others didn't recognize each other during the health services, since the masks and PPE disfigured physical features, as well as the sorrows and joys of an encounter.

Another thing that was quite striking for me. There was an obstetrics resident who came to work with me, and since we only wore masks, I'd never seen her face, I couldn't tell who she was, I talked to them all day, they were close friends from the residency, I was there five days a week and we talked about a lot of things and I didn't know their faces. One day one of them asked me to follow her on social media, and I was shocked because I saw her face. I didn't recognize her, I said: "Who is that?". It was a girl who had been working next to me for months. (Celina, R2, Mental Health psychologist)

The residents' routine became exclusively focused on work, and the need to avoid social interaction and physical contact led them to restrict their social circle to their work colleagues, who were also at constant risk from exposure to the virus. Those who lived alone reported having experienced a sense of loneliness, unlike those who shared their homes with other people and were able to share what they were experiencing in the health services.

It was initially everyone, I think not just residents, that people living through the pandemic tended to stay away, avoid contact. For the first few months, it was hospital to home, home to hospital, really no contact, avoiding as much as possible. There was a moment when I felt that exhaustion, that loneliness of only seeing each other at work, just like that. You walk into a prescription room with five or six doctors, who always see each other every day and don't hug, totally different from before, I felt that the opposite happened. There was a phase when the residents, I heard this a lot among them: "oh, we're together every day, it doesn't change anything if we see each other at home now in the evening". So, they started trying to find each other. Personally, as I don't live alone, I live with my boyfriend, I didn't have this issue so much. I think that living alone during the pandemic must have been much more difficult for some people, so I wasn't the person who sought out these groups, but I saw in my colleagues a great need to be together, to be together at other times outside of work. (Beatriz, R3, doctor in Pediatrics)

Those who tried to follow the social distancing guidelines more strictly began to feel the impact on their own mental health, as they had to deal with the contradiction between preserving their lives and not complying with the ESD in order to meet up with friends, triggering reflections such as the following.



Initially, I'd say I didn't feel ill, I didn't feel more anxious, but I had a few outbursts of existential crisis, I felt that this issue of being close to death and disaster made me question myself a lot. I felt that I became more existentialist, more reflective, my analysis revolved around this several times, and what cost my mental health a lot was that I distanced myself a lot from my friends during this period, precisely because I was more focused on doing this distancing. I ended up becoming more isolated, and this affected me a little, because I always wanted to do the things that everyone else was doing, but I still valued social distancing. (Celina, R2, Mental Health psychologist)

Thus, physical distancing also triggered a great deal of emotional distancing, including a very lonely perception of coping with the pandemic, in which everyone tried to do what they thought was best for themselves.

Category 3. Mental health during the pandemic

Health residencies have the characteristic of bringing together health professionals with a desire to learn, putting into practice what they studied in undergraduate courses and specializing in a particular area of activity. During the pandemic, these desires, motivations and expectations clashed with the possibility of contributing to coping with Covid-19, but these professionals also had to deal with constant losses and risks of becoming infected, triggering effects on their own mental health, making it difficult to cope with the adversities arising from the pandemic and in their work as resident health professionals.

Health professionals, including the residents, were required to maintain or expand their tasks in health care during the pandemic, and were susceptible to psychological distress and mental disorders. This condition was even more evident among frontline professionals, with high rates of mental illness¹⁹.

The social role of health professionals has been highlighted by the media, giving them great importance and responsibility when working to tackle the pandemic. However, it is necessary to recognize their singularities as human beings, workers, who also carry their anxieties, fears and concerns.

Faced with this, health professionals sought to meet a socially imposed expectation, reflecting an emotional and physical overload, and this indicated a difficulty in getting in touch with their own emotional suffering, denying their own fear and anguish.

The fact is that health professionals have been educated and trained to deal with the illness of others, and little has been said about their own illness and its fragilities, limitations and finitudes.



It wasn't something that shook me, I think if I had to tell you something about my mental health that shook me during this pandemic, it was seeing some of my colleagues sick, which creates anguish, seeing teachers, friends of friends passing away. Losing work colleagues in a way, but indirectly, because I haven't lost any close colleagues. I think that at the beginning of the pandemic, something that was a bit strong in this sense is that we felt a bit incapable of fighting the virus. (Roberto, R2, doctor in Pediatrics)

It should be considered that the psychic illness of health professionals was also due to the overload of caring for patients in critical condition as a result of complications from Covid-19. Patients arrived at the health services in a variety of conditions, and the evolution of the cases was also very variable, ranging from very early deaths to long-term hospitalizations, causing emotional and physical strain on the professionals.

In order to deal with a crisis situation, health professionals need to be able to take care of their mental health, as physical and mental exhaustion makes it difficult to care for another person and can lead to unsafe conditions for both themselves and those under their care²⁰.

Due to the high number of COVID-19 cases among health professionals, there was a consequently higher number of sick leaves, triggering overload and long working hours for those who remained in their jobs, in addition to the shortage of PPE and the insecurity of working in precarious conditions of resources and infrastructure¹⁹.

Since the fear of infection and transmission of the disease directly affects residents, developing strategies aimed at taking care of their mental health early is important to help them in their work routines, through preventive measures that reduce the risk of infection among health professionals, providing sufficient PPE to protect themselves, control of working hours and professional training¹⁹.

Collective support and care are also important strategies in mental health care, as the following narrative indicates. Solidarity among some residents highlights the importance of being welcomed by other health team professionals, showing concern and responsibility for others, and emphasizes the importance of the bond and trust when being cared for in moments of fragility.

I find it interesting that, within the Unit, sometimes someone is very unwell, having an anxiety crisis, having a crying crisis. Today someone is having a very difficult day, a family member has fallen ill, or another employee has fallen ill. Every health professional I come into contact with is fragile, at times you're better, and your nursing team will be fragile. At other times you're worse, and your colleagues will be there to support you. When I had my crisis, I was very much welcomed by the rest of the team, just as several other people have had crises and been welcomed by the team. So, we have this unity, but it's interesting that everyone is very fragile. (Carol, R1, doctor in Family and Community Medicine)



This statement is reinforced by the following narrative, in which the resident says that he kept an eye out for information about the emotional state of the health team when they were in the workplace, not only because of the pandemic, but also because of the risk of psychological illness among health professionals in an unhealthy working environment.

I didn't take any initiative in this direction, except for the fact that I always try to ask people in the corridors, looking them in the eye, "Hey, are you okay? How are you? How are things?", because at the same time as the pandemic we had cases of suicide inside the hospital, so it was something that really struck me. I don't think it was related to the pandemic, but I've been careful in this sense, to always look people in the eye, to ask them, regardless of how close I am to them, "Hey, bro, are you okay? How are you?", this concern, but I have seen some initiatives on the part of some teachers to set up groups with psychologists with some students, for some teachers, because at the beginning of the pandemic there were some teachers who were very anxious, they were very afraid because they were already working in other municipalities and they saw the seriousness of the cases, especially in children, there have been many cases. So, I saw some teachers panic, so a bit of initiative, of this conversation. (Roberto, R2, doctor in Pediatrics)

There is a need to expand this care network to minimize the impacts of dealing with the pandemic, with individual and collective actions. It is important to plan mental health promotion and protection actions, in order to minimize psychosocial damage in the short and medium term²¹.

Mental health care for health professionals, especially during the pandemic, should be made possible in health services through strategies to promote and prevent illnesses, bringing together trained professionals in the area who can form mental health support teams, including the Psychosocial Care Network²¹. In this way, welcoming and crisis care actions are offered, as well as initial psychological care, either face-to-face or online, structuring a care network aimed at the health of health professionals²¹.



Final considerations

Fear of crowds, fear of loneliness, fear of what was and what could be, fear of dying, fear of living²². (p. 83)

The wear and tear caused by the pandemic brought with it a significant feeling of helplessness in the face of the challenges facing the residents, who, in the midst of so many changes, needed to find their place as health professionals. However, at many moments, they found their professional practices meaningless and, perplexed by fear, they wished they weren't there, they needed to feel protected from danger.

But how could they effectively protect themselves from the virus if there was a shortage of PPE? The world was facing the devastating consequences of Covid-19, and everyone was trying to protect themselves. Those who could should stay at home, that was the motto. It was recommended that people work from home, avoid face-to-face meetings and crowds, cancel classes, close some shops and other services. It was declared that only services considered essential should operate, and all health services were called upon to deal with the pandemic.

And which was the place of residents in the face of these restrictions? They are enrolled in postgraduate programs, so are they students? Are they already trained health professionals, so they should be working on the front line to tackle the pandemic? These are some of the questions that arose at the beginning of the pandemic and which caused dissension among the residents themselves, with the health services and the coordination of the residency programs.

In hindsight, health services and residency programs could have organized themselves more safely in order to arouse residents' interest in tackling the pandemic. Other support services for residents could have been created to minimize the impact on physical and mental health. Strategies would also have been needed to develop technical skills that would make up for the shortcomings in their training and at the same time enable them to care for patients. Perhaps at that time, PHC managers, as well as the coordinators and preceptors of the residencies, understood that the moment required measures to ensure the possible safety of everyone - patients, workers, residents and students - in the face of fear, the unknown and the need to welcome the population, even if this caused frustration for the residents.

Therefore, recognizing health residents as professionals who are in training and who require a different look from other professionals favors the recognition of their fears, anxieties and frustrations, allowing the construction of a training path for the qualified exercise of health care. Bringing back these narratives and experiences has allowed us to understand that "the narrator always draws from experience what he/she narrates; from his/her own experience or from that which he/she has been told. And, in turn, they turn their stories into an experience for those who listen"²³ (p. 201).



Authors' contribution

All authors actively participated in all stages of preparing the manuscript.

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Conflict of interest

The authors have no conflict of interest to declare.

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A pandemia de Covid-19 trouxe impactos aos profissionais de saúde, inclusive aos residentes. O estudo busca analisar os impactos da pandemia na saúde mental de residentes em Saúde no contexto da Residência Médica e Multiprofissional e as implicações no processo formativo desses profissionais. Trata-se de pesquisa qualitativa com entrevistas realizadas com residentes médicos e multiprofissionais e análise temática de conteúdo. Os residentes em saúde atuaram na linha de frente no enfrentamento da pandemia, sendo considerados profissionais vulneráveis devido à exposição ao vírus e ao sofrimento psíquico, como o medo do adoecimento. Sofreram os efeitos do distanciamento social, tanto como atitude para evitar a transmissão como pelos medos de familiares e pessoas de sua convivência, provocando solidão. Surgiram impactos na Saúde Mental, demonstrando necessário planejamento de ações para acolher e favorecer a formação dos residentes em Saúde.

Palavras-chave: Internato e residência. Covid-19. Saúde mental. Medo. Formação profissional.

La pandemia de Covid-19 causó impactos a los profesionales de salud, incluso a los residentes. El objetivo del estudio fue analizar los impactos de la pandemia en la salud mental de residentes de salud en el contexto de la Residencia Médica y Multiprofesional y las implicaciones en el proceso formativo de esos profesionales. Se trata de una investigación cualitativa con entrevistas realizadas con residentes médicos y multiprofesionales, con realización de análisis temático de contenido. Los residentes de salud actuaron en la primera línea del enfrentamiento de la pandemia, siendo considerados profesionales vulnerables debido a la exposición al virus y al sufrimiento psíquico, como el miedo a enfermarse. Sufrieron los efectos de la distancia social, tanto como actitud para evitar la transmisión como por los miedos de familiares y personas de su convivencia, causando soledad. Surgieron impactos en la salud mental, demostrando una necesaria planificación de acciones para acoger y favorecer la formación de los residentes de salud.

Palabras clave: Internado y residencia. Covid-19. Salud mental. Miedo. Capacitación profesional.