

QUALITY OF LIFE OF HEALTHCARE WORKERS IN THE CONTEXT OF THE COVID-19 PANDEMIC

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Abstract: It can be said that the new coronavirus (COVID-19) has drastically changed the way healthcare professionals work. The study aimed to, analyze, based on scientific literature, the quality of life of health workers in the context of the COVID-19 pandemic. Therefore, it is necessary to analyze how these professionals perceive their working condition, as well as how they cope with the losses caused by COVID-19. This is a theoretical reflection, supported by national and international literature, using the following databases: *Latin American and Caribbean Literature in Health Sciences* (LILACS), Scientific Electronic Library Online (SciELO). It was found that it is necessary to provide conditions so that the work can be carried out properly and achieve its objectives, therefore, it is essential to guarantee the minimum - protecting the lives of health professionals, not only them, but all workers who perform their functions in combating COVID-19. Considering that the perception of health professionals regarding quality of life at work has changed, and now, the main concern revolves around their mental health.

Keywords: Health. Covid-19. Workers. Quality of life.

INTRODUCTION

Work is understood as the result of multiple historical processes modified over the years, which is configured as a central sociological category in society, and which is characterized as an essential element in the constitution of identity, directly affecting the way in which individuals recognize themselves and are recognized. (ANTUNES, 1995; BEKKERS, 2019 VRIES; TUMMER). In Marx's (2006) approach, work is considered an essential activity of the human being, an ontological social division, with the objective of modifying man and nature and producing the goods necessary for human survival.

In the psychological conception, work is characterized by being a central element in the development of self-concept and self-esteem (ZANELLI; SILVA; SOARES, 2010). The centrality assumed by work can be verified based on the level of relevance it assumes in the person's life, at a given moment, including an evaluative factor, which is the measure attributed by the subjects, that is, work is the category that gives rise to the social being (TOLFO; PICCINNI, 2007).

Work is a determining factor in the process of man's satisfaction with his way of life, directly influencing his social behaviors, especially health. Therefore, relating work to quality of life is a fundamental point in understanding man as a social agent.

Bampi et al. (2020), defines quality of life as a human development of social well-being, democracy, human and social rights, encompassing several aspects, including health. In the individual field, it achieves an approach centered on the subject's understanding of their functioning in various areas of life, such as physical, occupational, psychological and social aspects.

The field of promoting quality of life at work advocates respect and appreciation for individual and collective life (SAUER; RODRIGUEZ, 2014). There is no key concept for quality of work life (QWL). However, according to Sampaio (2012, p. 122), there is a "notion of quality of life at work, that is, a 'theoretical umbrella' with practical effects, linked to other organizational factors and those relating to mental health.

There are multiple factors that put the worker's quality of life at risk, whether internal/specific aspects of work or external aspects, for example, a pandemic. In this context, the recent pandemic outbreak caused by SARS-CoV-2 considerably affected health, economic and social structures around the world, changing the dynamics of people's

lives and organizational routines in the various aspects involved in work processes (OLIVEIRA; TOSTA, 2020).

It can be said that the new coronavirus (COVID-19) has drastically changed the way health professionals work, especially those who provide direct care to those infected or who work to contain the spread of the infection. Around the world, doctors, nurses, social workers, biomedical professionals, physiotherapists, among others, have stepped up to meet the high demand for care caused by COVID-19, as well as putting their own health at risk, given that many have been infected, with a considerable number progressing to death (SOUZA E SOUZA; SOUZA, 2020).

In light of this, the question arises: What is the impact on the quality of life of healthcare professionals in the context of the COVID-19 pandemic? Since your workplace represents, in addition to the exercise of your professional functions, a greater risk of morbidity and mortality than in the reality prior to the pandemic. Like this, Evidence shows the immediate impacts of healthcare professionals in the face of COVID-19, starting with mental health. The risk of exposure, contagion by the new coronavirus, implemented quarantine strategies and even social isolation increase conditions such as irritability, anxiety, insomnia, decline in cognitive functions and performance (THE LANCET, 2020).

The study aimed to, analyze, based on scientific literature, the quality of life of health workers in the context of the COVID-19 pandemic. Therefore, it is necessary to analyze how these professionals perceive their working condition, as well as how they cope with the losses caused by COVID-19.

This is a theoretical reflection, supported by national and international literature, using the following databases: *Latin American and Caribbean Literature in Health Sciences*(LILACS), Scientific Electronic

Library Online (SciELO). The descriptors were used: “Health”, “Health Professionals”, “COVID-19”, “Quality of life”. Articles published between 2015 and 2021 were included, provided in full free of charge, in Portuguese and English, with a title or summary referring to the proposed theme. Based on the indexed descriptors, 41 articles were identified, which after refinement, meeting the inclusion criteria listed in the search, resulted in 23 articles. After the selection, the results found were successively recorded, constituting the results based on the authors’ conclusions.

RESULTS AND DISCUSSION

HEALTH AND QUALITY OF LIFE AT WORK

The World Health Organization (WHO) defines Quality of Life (QoL) as the perception of individuals that their needs are being met or that they are being denied opportunities to achieve happiness and self-fulfillment, regardless of their state. physical health or social and economic conditions (WHO, 1998).

França-Limongi (2004) highlights that QoL is related to being healthy, encompassing physical, cultural, spiritual and professional, intellectual and social health. Therefore, companies that aim to be among the best on the market must invest their efforts in people. It is therefore clear that quality of life is a condition of personal and organizational excellence. According to Almeida and Gutierrez (2010), QoL is also understood as the understanding of the person and their position in the cultural context and the context of values to which they are subjected and in relation to their objectives, expectations, standards and concerns, until the ethical and political proportion.

According to Bampi et al., (2020) quality of life can change over the years, in general or

in certain aspects of life. This expression, so studied among scholars from different areas and which increasingly fills space in the social environment and in public policies, does not have a universal definition; therefore, research and approaches on the topic present different definitions, theoretical models and assessment instruments.

The term quality of life is often seen incorrectly, being used as something to be acquired and which only depends on each person to achieve. However, it does not depend solely on individuals, it is necessary to seek means to acquire this quality, which occurs as man perceives and experiences day-to-day life in society, selecting health habits, education, transportation, housing, work and direct participation in policies of your interest. Therefore, the environment provides people with well-being. However, this depends on the culture and historical time of each society, that is, the understanding regarding quality of life, in these circumstances, is relevant and modifiable (PIMENTEL, 2016).

In the labor field, it is presented as the concept of Quality of Life at Work (QWL), an integral understanding that involves living conditions in the work environment developing well-being, health, physical, mental and social safety and qualification to perform job functions. safely and with good use of personal energy. (BAMPI, et al., 2020)

Moretti (2012) understands QWL as a type of thinking that involves people, work and organizations, with professional well-being and organizational effectiveness among its most important aspects. For Aquino and Fernandes (2015), quality of life extends into different forms and facets, thus inserting itself into different fields to check aspects of individuals and the collective.

This way, the constitution of QWL occurs when there is complete institutional and individual understanding, providing well-

being and safety for workers to ensure greater productivity, quality at work and greater satisfaction in family and personal life. According to Carvalho (2016), the discussion about Quality of Life at Work (QWL) began in the 1960s with the attempt of social scientists, union leaders, businesspeople and government officials to improve the organization of work, with the aim of to reduce the negative repercussions of human life.

It is clear, therefore, that working on the issue of quality of life at work does not only come from employers thinking about the well-being of their workers, but also from the observation that employees with a good quality of life at work develop better, present greater motivation to perform their duties and feel confident in achieving their organizational aspirations.

COVID-19 PANDEMIC AND ITS SOCIAL IMPACTS

The Covid-19 pandemic has been producing not only biomedical and epidemiological repercussions on a global scale, but also social, economic, political, cultural and historical repercussions and impacts unprecedented in the recent history of epidemics (LOPES, 2020).

In 2020, the World Health Organization - WHO declared a pandemic caused by the new virus SARS-CoV-2, also called new coronavirus, belonging to the Coronaviridae family, responsible for Coronavirus Disease 2019. The infectious disease is a new disease, different from others caused by Coronavirus, such as severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS). It is a disease with rapid transmissibility between individuals, who may or may not be symptomatic, whose outbreaks can grow quickly and exponentially. (YUEN et al. 2020)

According to Leachi; Ribeiro (2020),

among the most recurrent symptoms of COVID-19, are: fever, cough and bilateral lung involvement, which can be observed in computed tomography images. The authors also emphasize that transmission of the virus occurs through close contact with secretions or excretions from the respiratory tract, especially with salivary droplets from infected individuals, but it can also happen through less common means, namely: blood, feces, vomit and urine.

According to Humrtez et al., (2020) the COVID-19 pandemic is causing enormous damage to communities, individuals and society throughout the world, routine has completely changed, the economy has entered recession, the health system has collapsed, many traditional social, economic and public health security networks. In this direction:

One of the fundamental issues to think about is that, when we say that the pandemic is experienced on a global scale, it does not mean that it is experienced in an equal, homogeneous, universal way. Despite Covid-19 being a disease with standardized biological mechanics, the way in which the disease reveals itself socially is different and depends on a series of issues (SEGATA, 2021)

In other words, the Covid-19 pandemic has implications that go beyond biomedical and epidemiological issues, also causing effects in the social, economic, political, cultural and historical fields. Thus, the pandemic highlighted social inequalities that already existed, perhaps forgotten, covered and unseen. Individuals who are already vulnerable are demonstrably negatively affected in this context, what can be said is that the differences are diverse: in exposure to the virus, in access to diagnosis and treatment, in access to adequate housing, technologies, water and sanitation, appropriate food and nutrition, among others (FIOCRUZ, 2020).

With studies carried out by Fiocruz (2020),

it was found that the enormous impact of the Covid-19 pandemic on society is felt even more strongly and with more serious consequences by certain populations. In favelas, social distancing and the adoption of isolation and quarantine practices are more complicated, both due to population density issues and their economic impacts on a more vulnerable population.

In the emergency context of Covid-19, Brazil presented a political and economic situation marked by austerity, minimization of rights and social protection policies, which caused a humanitarian crisis of alarming proportions. The country did not explore the potential of its public health system and a strong and internationalized scientific community, capable of raising relevant and strategic responses to a pandemic like this (MATTA et al., 2021).

According to Fiocruz (2021), the estimate of infected and dead competes directly with the impact on health systems, with the exposure of vulnerable populations and groups, the economic support of the financial system and the population, people's mental health in times of confinement and fear of the risk of illness and death, access to essential goods such as food, medicine, transport, among others. Furthermore, the need for actions to contain social mobility such as isolation and quarantine, as well as the speed and urgency of testing medicines and vaccines highlight ethical and human rights implications that deserve critical analysis and caution.

It is important to highlight that the pandemic is permeated by political disputes and important narratives, which directly affected the good conduct of the national response. Some economic and social policies, implemented to mitigate the effects of the pandemic, were not entirely sufficient to meet the demands of populations that had long been vulnerable (MATTA et al., 2021).

The arrival of the coronavirus pandemic exposed an invisible problem in Brazil: social inequality. Invisible and serious. In 2020, a study by the Brazilian Institute of Economics, from Fundação Getúlio Vargas (IBGE/FGV), pointed out that the increase in extreme poverty, driven by the disastrous effects of the Covid-19 pandemic on the economy, is expected to further accentuate social inequality in the country. Quite a challenge to watch out for in the coming years.

Currently, according to the Ministry of Citizenship (2021), 95% of Bolsa Família families have migrated to Emergency Aid¹, because the value is more advantageous for the beneficiaries. According to data from November 2020, 12.4 million families, of the total 14.2 million registered with Bolsa Família, were receiving the Aid. And families that were excluded from the program had the possibility of entering this new income transfer program.

Studies by Lopes (2020) explain that the crisis was worsened by the pandemic, but is prior to this event, initiated by a process of health disinvestment provided by deoliberal politics in recent decades and intensified by the current government. Thus, the increase in the number of Covid-19 cases in the country is associated with recurring disastrous interventions by the Bolsonaro government, at one of the most critical moments of the Unified Health System (SUS) and Brazilian society, such as: the overlapping of discourse economic in the face of a historic public calamity; denial-based administrative measures; and Provisional Measure No. 966, of May 13, 2020, which attempted to exempt public agents from civil and administrative liability for acts and omissions in the face of the pandemic (BRASIL, 2021).

The impact of the pandemic on the routines

1. The emergency aid approved by the National Congress and sanctioned by the Presidency of the Republic is a benefit to guarantee a minimum income for Brazilians in the most vulnerable situation during the Covid-19 (new coronavirus) pandemic, as many economic activities were seriously affected by the crisis. (BRAZIL, 2021)

of the world of work is extremely diverse, reproducing and deepening countless forms of inequalities that historically permeate this universe. Thus, the search to understand the current situation in which working subjects find themselves inserted requires, above all, in this first moment, efforts around studies, which present analyzes of the impacts of the Covid-19 pandemic on the lives of health workers, as demonstrated in the following topic.

IMPACTS OF THE COVID-19 PANDEMIC ON HEALTHCARE WORKERS' QUALITY OF LIFE.

Edwards; Tomba; de Blasio (2020), state that, as SARS-CoV-2 spread throughout the world, the importance of public health in characterizing the role of the environment and the work process in the spread of COVID-19 grew, due to the diversity of activities that can cause or facilitate the spread of the virus, as has been seen in previous epidemics and pandemics.

For Baker, Peckham and Seixas (2020), work spaces can play an important role in the spread of the virus and, therefore, analyzing how they are organized is essential for preventing illness. The authors argue that understanding how different occupational groups are exposed to infections and diseases in the workplace can help in obtaining answers and managing the risks related to COVID-19 for public health and, even, future outbreaks of other diseases. infectious.

According to Texeira et al., (2020) the main health problem that affects professionals directly involved in the care of symptomatic patients or those diagnosed with the infection caused by COVID-19 is the risk of acquiring the disease. There is much evidence that indicates the high degree of exposure and

contamination of healthcare professionals by COVID-19.

The gap in this aspect prevents the identification of hotspots for the spread of the new coronavirus associated with different work positions. It is known that the disclosure of infected Brazilian health professionals, as well as deaths caused by COVID-19, has been made by the media and class representatives (SILVA et al., 2020).

According to the Federal Nursing Council (COFEN) and the Oswaldo Cruz Foundation, Brazil recorded the deaths of 5,798 health professionals from March 2020 to February 2021. This is an increase of 25.9% in relation to the same period of 2019, when there were 3,571 deaths. The rise is a direct consequence of the challenges faced by these workers in combating the Covid-19 pandemic.

The data was compiled by Arpen-Brasil (National Association of Natural Person Registrars). According to the study, there is a tendency for even more deaths in 2021. In just 2 months, there were 1,302 deaths among healthcare professionals. If the next few months continue at the same pace, up to 7,812 deaths could be recorded in this group by the end of the year, according to the association's calculations. Below are data on deaths by health professionals by state:

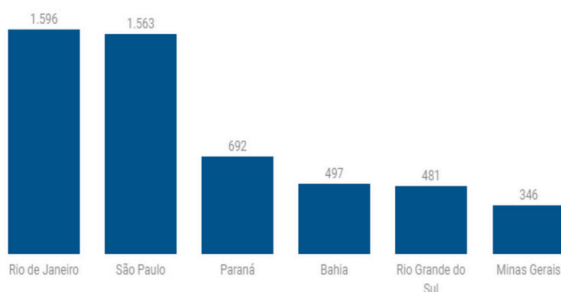


Figure 1- Deaths of healthcare professionals by State from March 2020 to February 2021

Source: (ARPEN-BRASIL, 2021)

Six states are responsible for 89% (5,175) of the total deaths of healthcare professionals.

For the survey, Arpen-Brasil considered 12 health professions: biomedicine, physical education, nursing, pharmacy, physiotherapy, dentistry, psychology, radiology, nutrition, hospital management, aesthetics and cosmetics and biological sciences. Profession is one of the fields filled in on death certificates in Brazilian registry offices. The area most affected by Covid-19 is nursing professionals. They total 1,893 deaths since the beginning of the pandemic, an increase of 32% compared to 2019. In the first two months of 2021, the number of deaths also increased when compared to the same period last year. There were 24% more victims. If the trend continues, it will be 2,200. (ARPEN-BRASIL, 2021)

Corroborating the information cited above, Silva et al., (2020), states that Brazil is the country where the most deaths of nurses due to COVID-19 occur. A study analyzed the profile of health professionals in the State of Amapá affected by COVID-19 between March and May 2020 and found that there is an important portion of health workers who were affected by this disease, a fact that emphasizes the importance of ensuring protection to employees within the hospital and outpatient environment.

In addition to the risk of contamination, according to Lai et al., (2020), in a study with healthcare professionals from hospitals dedicated to caring for patients with COVID-19, in several regions of China, they observed a considerable proportion of healthcare professionals with symptoms of depression, anxiety, insomnia and anguish. Among these professionals, those who suffered most were women, nurses, people living in Wuhan, and healthcare professionals involved in diagnosing, treating, or providing care to patients with suspected or confirmed COVID-19.

In addition to generalized anxiety disorder, there was chronic stress, exhaustion or burnout

among workers due to the intense workload. A situation that tends to get worse, considering the context of possible labor shortages in the event that healthcare professionals become ill or die from COVID-19. Furthermore, scholars on the subject such as Bampi et al. (2020) draw attention to the feeling of helplessness given the severity and complexity of cases due to the lack of beds or life support equipment. Table 1 below presents the feelings most expressed by health professionals in the context of COVID-19, according to the study by Humerez et al. (2020):

ANXIETY	Caused by Lack of PPE; pressure from immediate management; with the news made available by the media.
AMBIVALENCE	On the part of the population (neighbors, friends) who applaud them, but discriminate against them, avoiding contact.
STRESS	People arriving all the time; death like never before.
EXHAUSTION	Emotional exhaustion with the volume of work, added to social isolation.
DEPRESSION	Due to loneliness, separation from families, death of work colleagues, due to the uncertainties generated by the current situation.
FEAR	The risk of becoming infected; of infecting family members.

Table 1-Feelings of Healthcare Professionals in the context of COVID-19

Source: Humerez1; Silva (2020) * Table organized by the authors.

These feelings cited by the authors reaffirm that the context of the pandemic in fact requires greater attention from health workers also with regard to aspects that concern their mental health. There have been recurring reports of increased symptoms of anxiety, depression, loss of sleep quality, increased drug use, psychosomatic symptoms and fear of becoming infected or transmitting the infection to family members. (TEXEIRA, et al, 2020)

There is the fear of being infected, the proximity to the suffering of patients and even their own death, as well as the anguish of family members associated with the lack of medical supplies, in this context, it is almost impossible for professionals not to be affected. All of these factors impact the mental health of workers and even give up on their professional role. In figure 1, Texeira, et al. (2020) present the factors that contribute to psychological suffering innurses, doctors, respiratory therapists, assistants and other healthcare professionals who provide direct care to patients with COVID-19, as shown below:

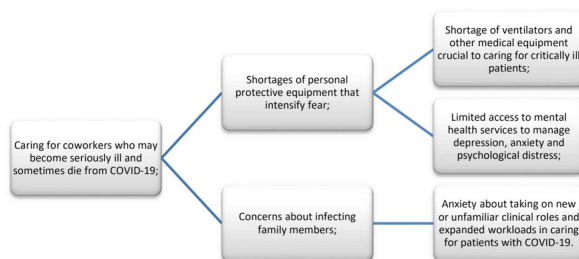


Figure 2-Factors that contribute to nurses' psychological suffering

Source: Teixeira et al.*Data organized by authors.

Silva et al., (2020), highlight that Brazil has weaknesses in its health institutions, whether public or private, including a lack of materials, equipment and professionals. In the current context of the pandemic, it was found that healthcare workers are falling ill within these institutions, and it is understood that this is related to the greater possibility of exposure to the virus, accentuated by the lack of basic protective equipment for the exercise of the profession.

Routinely exposed to the risk of contamination, subjected to precarious working conditions and stressed due to work overload and the dramatic suffering and death of patients and anguish of their families, the huge contingent of professionals and

health workers involved in the fight against COVID-19, including general service staff, stretcher bearers, cleaning, transport and food staff, among others, constitute one of the main problems to attract the attention of public authorities to ensure a minimum of efficiency and effectiveness in tackling the pandemic in the country (TEXEIRA, et al, 2020)

Helioterio et al. (2020) explains that the PPE shortage is worldwide. Currently, markets in several countries compete for personal protective equipment and respirators. In this context, it was predictable that, in times of global disasters, the country would go through periods of shortages and shortages of materials and equipment essential for the safe work of health teams; however, the situation becomes more dramatic and acute when one observes that the country's deficit precedes the crisis situation.

This becomes a central issue, since difficulties in accessing and using adequate PPE contribute to increased exposure to coronavirus among workers, which can contaminate patients, other workers, family members and communities. Ensuring safe conditions for professional practice, with adequate physical barriers provided by PPE, is the starting point, the indispensable condition for work activity. This guarantee cannot be relaxed or improvised under any circumstances. (HELIOTERIO et al.,2020)

Still regarding equipment for healthcare professionals, Texeira et al., (2020) explains that the risk of contamination due to the lack of personal protective equipment (PPE) as well as the anxiety caused by the use of this equipment, in shifts of up to 6 hours uninterrupted in ICUs, in addition to the anxiety experienced at the time of undressing, that is, removing this equipment, has caused intense suffering in these professionals, even leading to absence from work, which further compromises the quality of care provided. the population.

It is a fact that the current scenario of the COVID-19 pandemic requires government actions and strategies aimed at protecting the working class, and also reinforces the need to implement public Social Security in Brazil, through the implementation of public health policies, social assistance, sanitation, housing, social security, food, work and income.

In the context of the COVID-19 pandemic, the need to protect health professionals has become highlighted, but studies are still needed to portray the impacts of this pandemic on the health of these workers (SILVA et al., 2020). Although there is official information on morbidity and mortality from COVID-19 in Brazil, with classifications of sex, age group and geographic region, there are no official stratifications regarding the occupation of infected individuals, which is important information to assess the working conditions of infected professionals.

CONCLUSION

The professional work of health workers is a crucial element in confronting the pandemic, so carrying out this type of work in combating COVID-19 cannot lead to illness and death, on the contrary, the right to existence and execution of work in safe and protected conditions is an objective to be incorporated into actions to combat the pandemic. Therefore, without this link of attention, there is no way to overcome this context of disaster and crisis.

The present study aimed to highlight the impacts of the COVID-19 Pandemic on worker health, consistently already highlighted in the studied literature, such as: depression, stress, exhaustion, anxiety, fear, professional deaths, lack of PPE, among others. In this context, it was found that it is necessary to provide conditions so that the work can be carried out properly and achieve its objectives, therefore, it is essential to guarantee the minimum -

protecting the lives of health professionals, not only them, but all workers who perform their duties in the fight against COVID-19.

Considering that the perception of health professionals regarding quality of life at work has changed, and now, the main concern revolves around their mental health. Therefore, considering that quality of life is related to physical and mental health, many are worried about health professionals who leave an intense and tiring work day, subjected to social isolation.

Therefore, it is necessary to identify what is most burdensome for health professionals, in order to propose strategic actions and public policies, in addition to addressing the problem, causing greater impact and reducing costs with actions that have little effect. Finally, the results found encourage the continuation of the study, as a future research intention, for the acquisition of new knowledge, through larger studies and other pillars that were not addressed in the present study.

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