

# PERCEPTION OF THE PERUVIAN NURSE IN THE CARE OF THE PATIENT WITH COVID-19

## PERCEPCIÓN DEL ENFERMERO PERUANO EN EL CUIDADO DEL PACIENTE CON COVID-19

## PERCEPÇÃO DA ENFERMEIRA PERUANA NO CUIDADO DE PACIENTES COM COVID-19

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**Objective:** to analyze the perception of the nurse on the care of the patient hospitalized by COVID-19 in three Peruvian hospitals. **Method:** Descriptive qualitative analysis study with 47 nurses interviewed between February and June 2021. The Thematic Content Analysis technique was used using the *R pour les Analyses multidimensionnelles de textes et de questionnaires*. **Results:** five thematic classes were identified: 1- Fear of infecting relatives with the COVID-19 virus; 2- Frustration and impotence of nursing professionals; 3- The role of nursing: past, present and future in patient care; 4- Training for the establishment of new protocols and use of Personal Protection Equipment; 5- Painful adaptation process for health professionals. **Final considerations:** the nurse perceived that during the pandemic his work was suffered with shortages of human resources, materials and ethical dilemmas.

**Descriptors:** COVID-19. Nursing Care. Perception. Hospitals. Qualitative Research.

*Objetivo:* analizar la percepción del enfermero sobre la atención del paciente hospitalizado por COVID-19 en tres hospitales peruanos. *Método:* estudio descriptivo de análisis cualitativo con 47 enfermeras entrevistadas entre febrero a junio de 2021. Se utilizó la técnica del Análisis de Contenido Temático con uso del software Interface de R pour les Analyses multidimensionnelles de textes et de questionnaires. *Resultados:* fueron identificadas cinco clases temáticas: 1- Miedo de contagiar a los familiares con el virus de la COVID-19; 2- Frustración e impotencia de los profesionales de enfermería; 3- El papel de la enfermería: pasado, presente y futuro en el cuidado del paciente; 4- Capacitación para

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*el establecimiento de nuevos protocolos y uso de Equipos de Protección Personal; 5- Doloroso proceso de adaptación para los profesionales de la salud. Consideraciones finales: el enfermero percibió que durante la pandemia su trabajo fue sufrido con carencias de recursos humanos, materiales y dilemas éticos.*

*Descriptor: COVID-19. Atención de Enfermería. Percepción. Hospitales. Investigación Cualitativa.*

*Objetivo: analisar a percepção do enfermeiro sobre o atendimento do paciente hospitalizado por COVID-19 em três hospitais peruanos. Método: estudo descritivo de análise qualitativa com 47 enfermeiras entrevistadas entre fevereiro e junho de 2021. Utilizou-se a técnica da Análise de Conteúdo Temático com uso do software Interface de R pour les Analyses multidimensionnelles de textes et de questionnaires. Resultados: foram identificadas cinco classes temáticas: 1- Medo de contagiar os familiares com o vírus da COVID-19; 2- Frustração e impotência dos profissionais de enfermagem; 3- O papel da enfermagem: passado, presente e futuro no cuidado do paciente; 4- Capacitação para o estabelecimento de novos protocolos e uso de Equipamentos de Proteção Pessoal; 5- Doloroso processo de adaptação para os profissionais de saúde. Considerações finais: o enfermeiro percebeu que durante a pandemia seu trabalho foi sofrido com carências de recursos humanos, materiais e dilemas éticos.*

*Descritores: COVID-19. Cuidados de Enfermagem. Percepção. Hospitais. Pesquisa Qualitativa.*

## Introduction

The COVID-19 pandemic interrupted human activities due to the speed with which it appeared, which led to economic, social, health and psychological changes in the world, and in Peru it was no different, despite state efforts to contain the arrival and spread of the virus<sup>(1, 2)</sup>. It was also one of the countries with the highest number of cases and deaths due to the pandemic, making visible the precariousness of the health system, employment, housing and transport conditions. On the other hand, during this period, health professionals, including nurses, have played an important role in the management of care and human resources through the exercise of efficient leadership<sup>(2,3)</sup>.

Nurses played a leading role in showing the capabilities of the profession and its potential in the face of an international health emergency. In this context nursing care was important, personalized, demanding, exhaustive, dedicated and specialized, considering the patient with COVID-19 a pandimensional being focusing on its physical, emotional and spiritual dimensions<sup>(3,4)</sup>.

The vulnerability that nurses have suffered during the pandemic is worrying, because the lack of support and attention has been perceived which interferes with the work process and the quality of patient care. In addition to expressing fear, anxiety, insecurity and uncertainty to face

the future<sup>(4, 6)</sup>, they also presented feelings of guilt, sadness, stress and worry about the contagion presenting positive, negative and empathic attitudes<sup>(3, 4)</sup>.

Similar studies on the subject of study have shown that nurses played a constructive role as frontline health providers, had a public awareness role and provided care to patients<sup>(5)</sup>. In addition, nurses themselves identified different sources for stress development and adopted coping strategies to meet their responsibilities<sup>(6)</sup>.

It has been shown that Peruvian nurses were not prepared emotionally to deal with a pandemic situation due to fear of infection, not knowing how to implement and comply with attentions in these circumstances, so they experienced uncertainties. In this sense, the study becomes relevant, despite the existence of similar studies, In Peru, the pandemic behaved differently due to the measures implemented by government authorities, requiring coordinated work and the readiness of the entire multidisciplinary team to sudden and abrupt changes.

The conjunctural situation, the deficiencies, the challenges and the environment have led to a new role for nursing personnel, the same one that guides the course of the research that in summary form can be reflected in the following question: What is the perception of the Peruvian

nurse in the care of the patient with COVID-19?, with the objective of analyzing the perception of the nurse about the care of the patient hospitalized by COVID-19 in three Peruvian hospitals.

## Method

Exploratory, descriptive study of qualitative analysis carried out in three Peruvian hospitals that treated hospitalized patients with a positive diagnosis of COVID-19. This study followed the Consolidated Criteria for Reporting Qualitative Research (COREQ)<sup>(7)</sup>.

The premises of this investigation were two hospitals located in the city of Lima and a hospital in the city of Trujillo, all located on the coast of Peru. Hospitals are considered highly complex for the care of patients and that during the pandemic were designated, in their entirety, for the care of patients with diagnosis of COVID-19.

The study sample was for convenience and consisted of 47 nurses/nurses who work in care and provide care to adult and elderly patients hospitalized for different medical diagnoses. The inclusion criteria were: to have a minimum of three months experience working in these public hospitals treating hospitalized patients with a diagnosis of COVID-19. The exclusion criteria were nurses who were on holiday or on leave during the collection of information. During the investigation four nurses did not want to participate.

The data collection was carried out between February and June 2021, in which the participants were contacted by telephone and e-mail to then schedule the interviews according to their time availability. The technique used was the interview, which was executed by two nurses trained by the study's principal investigator. The interviews were conducted individually through the application google meet in the participant's home and had an average duration of 40 minutes.

A questionnaire consisting of two sections was used for data collection: the first one with the purpose of obtaining demographic data

such as age, gender, time of experience as a health professional and in the institution.

The second section was composed of questions that addressed the interview being: How has it been for you to care for people with COVID-19 (confirmed or suspicious)? What feelings have you experienced? Were there changes in your work and personal routine with the COVID-19 pandemic? If so, tell me; What do you have to tell us about your experience?, How do you evaluate this moment for Nursing? And what is the role of nursing in this pandemic moment?

Before conducting the interviews, two pilot interviews were conducted in order to validate the questions and verify the scope of the study objective, it is necessary to indicate that these interviews were not included in the final sample. The interviews were conducted in an environment in which the participant will be alone, they were recorded for their future transcription and there was no need to contact the participant for a new interview.

For the analysis of the participants' data, an electronic form from the Microsoft Excel program was used and frequency measurements such as mean and standard deviation (SD) were performed.

The interviews were encoded by letters and numbers starting in NUR1 until NUR47 and were analyzed by the technique of Thematic Content Analysis<sup>(8)</sup> which covered the stages of organization of analysis, coding, categorization, treatment and interpretation of the results. In addition, a textual corpus was created with all the interviews, and the standardization of terms was performed without modification of the context of the interviews and then fluctuating reading of them by the coordinator of the research. It is important to indicate that the identified topics derived from the information were a posteriori of the analysis of the textual body.

Subsequently, the analysis units were selected using the R *pour les Analyses multidimensionnelles de textes et de questionnaires* (IRaMuTeQ). Interface software. Then, the textual database was analyzed using the software and the Reinert method was selected, which generates

the Descending Hierarchical Classification (CJD), since it is an analysis that indicates lexical contexts, associated or not<sup>(9)</sup> with the creation of the dendograma.

The study was presented and approved by the Institutional Committee of Ethics in Research of the Hospital Almenara and Freedom of ESSALUD by Resolution N. 42-IETSI-ESSALUD-2020 and Ethics Committee of the Faculty of Nursing with report number N. 022-2020. All participants gave their informed consent prior to the start of the interview.

## Results

Of the 47 study participants, 90% were female, the average age was 37 (SD = 6.4) years, working time as a nurse was 9.5 (4.2) years and in the institution was 6.3 (SD = 3.1) years.

In relation to textual analysis, the corpus was made up of 47 interviews that were dismembered in 2 696 segments of texts, which had 97 133 occurrences, 7 097 analysable forms, 3 392 words that appear once corresponding

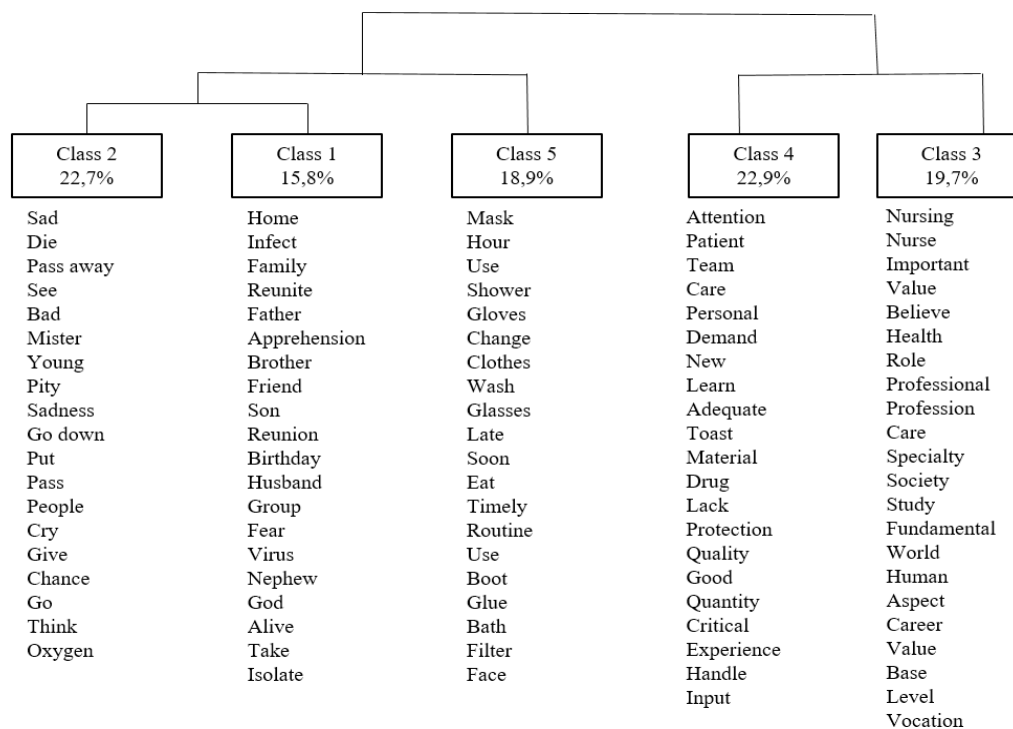
to 47,79% of analyzable forms and 3.49% of occurrences.

On the lexical analysis of textual data, the dendogram was formed that shows the classes formed from the 2 100 segments of analysable texts, which corresponds to a utilization of 77.89% of the data bank formed by the interviews.

In Figure 1 it is possible to identify the division of the textual corpus into two groups being that the first group was formed by 57.4% of the text divided into two subgroups being the first by class 2 (22.7%) and class 1 (15.8%), and the second by class 5 (18.9%). On the other hand, the second group consisted of 42.6% of the text that gave rise to class 4 (22.9%) and class 3 (19.7%).

Analyzing the words that make up the classes, it is observed that the first subgroup (class 1 and 2) the words are directed to the consequences of the COVID-19 and class 5 to the importance of care at home and at work. In contrast, group 2, class 3 and 4, are related to nursing work and care in the hospital environment and its role during the pandemic.

**Figure 1** – analysis and conformation of the classes.



Source: IRaMuTeQ Program

From the figure five thematic classes were created from the highlighted words and the extraction of the section of each class appearing according to the percentage obtained in the dendrogram:

Class one – Fear of infecting family members with the COVID-19 virus

During the pandemic, nurses were afraid to infect relatives and friends with the virus and were expressed in the following speeches:

*I have been very afraid to enter to work and to be in contact actually with patients we are all exposed nurses, doctors expose my family because we would have to return home. (NUR 3)*

*Companions and fear is always because we know that not only do we risk we the greatest fear is to bring the virus to our relatives we will always continue and we will live with this fear I do not think that can be overcome. (NUR 8)*

*The fear and fear of infecting us often affected our family relationships, isolating me from my family was the most difficult thing, but we still struggle with this disease. (NUR 12)*

Class two – Frustration and impotence of nursing professionals

During the beginning of the COVID-19 pandemic, the nurses went through moments that led to frustration of the evolution with the complications already known and the loss of lives, evidenced in the following speeches:

*That some may give them very mild but others really if they enter the hospital and feel what the health staff feels powerless to see people dying young people maybe suddenly there. (NUR 33)*

*To the triage area because there you live a distressing reality because you see patients the complete state in which they arrive [...] as the disease evolves in certain patients developing rapidly it deteriorates then it affects you sometimes psychologically it affects you a lot sometimes it depresses you see people you would like to help but sometimes the means cannot. (NUR 41)*

*There's a list that's really hard to pick because everyone's 30 years old so to speak, and who do you pick? all need ventilation then the situation in the hospital if it has worsened currently. (NUR 50)*

Class three – The role of nursing: past, present and future in patient care

Nursing care is marked by the need and presence of competences that go beyond professional training that extends the field of action, both technically and administratively,

and this certainly includes cognitive skills that go beyond technical training.

*Our role is and will remain fundamental since we are 24 hours with them we are their protective caregivers lawyers and many times their relatives at that time. (NUR 13)*

*If the system hasn't collapsed until today, it's because the nursing team is still resisting. It makes me more proud to be a nurse. I want to start there. Nursing is the mainstay of the health system, without disparaging anyone, but for now the health system is still standing because nursing is doing it, we were the ones who presented ourselves when this pandemic started many services. (NUR 34)*

*Nursing is the pillar of health we are in contact 24 hours with the patient so I think we are a fundamental and important piece in what is health because we are in direct contact nurse patient. (NUR 47)*

Class four – Training for the establishment of new protocols and use of Personal Protection Equipment

During the COVID-19 pandemic there was a great concern for the correct use of the EPPs and the implementation of new protocols motivated by the constant fear of personal and family contamination

*Training for the exclusive care of patients in critical condition by COVID-19 there was and still there is a lot of workload but also a lot of commitment first to adapt to the use of the EPP that many times bother us and injure the skin to work supporting the heat that increases with its use second the flows for the attention is income dress decontamination food and physiological needs everything had to adapt to a schedule we get used mentally and physiologically many times ingest liquids and food outside the proper schedule. (NUR 13)*

*Awareness of the importance of the use of protective equipment the most demanding health measures and broadening the approach not to be framed in a heading or specialty I mean that we are made to adapt to changes that could cause stress at the beginning. (NUR 16)*

*I had to apply biosecurity measures and PPE placement and withdrawal protocols, and it bothered me that others did not comply with COVID-19 protocols and patient care flows. (NUR 17)*

Class five – Painful adaptation process for health professionals.

Concern about constant changes in care protocols and work routines, the process of adapting to the use of rarely used PPE, the need for changes in the day-to-day life of equipment, physical, psychic and emotional wear was certainly painful for health professionals, evidenced in the following discourses:

*From the beginning it has been a little difficult because as I tell you to use that PPE has been very difficult it was fast in less than a week we had to attend the daily trainings that the institution was giving us was done very quickly so we have knowledge and power use them and not be mistaken because that implied that we take care of ourselves and our companions enough uncertainty then for us it was difficult to enter at the beginning 12 hours with that masquerade mask now we have the elastomeric was very frustrating after we talked the shifts because that was also something that worried us and we could not stay 12 hours without leaving that is what was thought in the beginning that is impossible. (NUR 37)*

*What happens is that they give us boots that mistreat you mistreat because they weigh your legs then that you do adapt you buy me insoles for the boots then they are not so heavy so flat so hard if it costs to adapt at the beginning to be taking off the EPP then putting back to go to bathe at dawn there were days when we did not have hot water has been heavy a month or two not in that adaptation. (NUR 38)*

*As I was tired the marks on my face especially the work stress we had and on top with the suit on is a little complicated in my hospital not, but if you heard that if missing. (NUR 42)*

## Discussion

The speeches of the participants exhibit a reality about the suffering and anguish of the nursing professional during the pandemic causing mental health problems, social interaction and work overload.

The discourses extracted in class a manifest the concern that nurses have to infect their relatives. During the pandemic, work overload, low professional appreciation, the scenario of uncertainties, the modifications presented by health authorities required the adoption of measures that modified work routines and social coexistence<sup>(10)</sup>.

The process of caring for patients with COVID-19 caused high levels of stress, anxiety, depression and sleep disturbances in nurses with impact on mental health. In addition, they are concerned and afraid to infect their family members, especially those with chronic diseases and/or older adults who may have developed fatal cases of the virus<sup>(11)</sup>.

The threat of contamination led the nurse to develop feelings of frustration, anxiety and panic, boosted by the anguish and worry experienced during the care process and the death of patients<sup>(12)</sup> which created a scenario of uncertainties and psychic suffering.

Class two showed the nurses' concern at the decompensation of the hospitalized patient with COVID-19 and the difficulties of attending to him, among them having to choose, probably according to priority, which patient needs care. Since the beginning of the pandemic, health professionals had to deal with difficulties in the care of patients due to high workload and the change in the profile of the patient served in intensive care units, different protocols were created, according to newspapers around the world, to prioritize the care of these patients<sup>(13)</sup>.

The development of the pandemic brought nursing professionals a significant increase in coexistence with suffering, which highlighted the need to apply their moral judgment, impacting on the choice of ethical behaviors. However, numerous institutional constraints have violated the choice of this position, which fatally produces negative feelings manifested with the appearance of physical and emotional problems<sup>(14)</sup>.

In addition, in the context of the pandemic, it was identified that professionals were pressured to list priorities of care that inevitably produced traumatic dilemmas when performing triage for the use of equipment such as mechanical fans, which were decisive for maintaining the life of the patient with severe acute respiratory syndrome or affected by COVID-19<sup>(15)</sup>.

Witnessing the worsening clinical condition of patients, the fear of being contaminated and also the insecurity due to the concern for the risk of contaminating the relatives produced the feeling of impotence related to the absence of resources and the inability to manage for lack of the necessary resources.

Class three shows the nurse's role in patient care, considering her past, present and future. The role of the nurse refers to what was, is and will be fundamental in the care of the patient and family.

This visualization of the work of the nurse to the society allowed to be recognized as fundamental force of response to the combat of this, stimulating to face the challenges and to adapt to the new guidelines and conditions, look after themselves and provide the necessary care to the population with dedication, respect and

courage; managing to stand out in the first line of combat, characterized by its assistance skills that allow it to assume leadership in surveillance and health care of the population, as well as prevention and health education, from a holistic dimension of each person<sup>(16)</sup>.

In addition, the nurse was found to be representing the patient, defending his rights and his last wishes expressed, before the family and health personnel acting as well, as a lawyer advising on the therapeutic treatment that benefits her patient most<sup>(17)</sup>.

The different health systems have not managed to contain the pandemic, and as a result of this situation, public health becomes a priority and as health professionals a priority role is assumed with the community, being a basic principle of the public health health system. Nursing professionals are an important pillar in the exercise of health promotion and education, so the exercise of advanced nursing practice is necessary for community work to yield the expected results<sup>(18)</sup>.

On the other hand, further analysis of each of the identified problems is necessary in order to find the right answers for the present time and in future similar scenarios that may arise. The pandemic imposed new working conditions on nursing personnel, which impacted on personal and work issues that are interrelated with the quality of health care<sup>(19)</sup>.

Class four, evidence that in times of pandemic emerged the need for training of new health protocols aimed at strengthening the barrier of protection and safety of health personnel in their workplace. Faced with the presence of harmful factors and the risk of accidents that cannot be eliminated or reduced effectively in the working environment, personal protective equipment (PPE) becomes the main measure of protection against physical factors, for primary prevention.

The correct use of PPE is important to ensure and maintain the safety and health of workers. The training and information required of health personnel on PPE has eased the emotional burden around patient care, reduced the risk of contagion among staff and patients, and lowered health system costs<sup>(20)</sup>.

In this perspective, training promotes successful adaptation to changing ways of caring in times of pandemic. The Pakistani study identified that limited access to PPE and lack of adequate training related to the use of PPE would be at risk of contracting COVID-19<sup>(21)</sup>.

The concern of nurses for training in the exclusive care of patients in critical condition by COVID-19, the correct use of PPE, evidences the responsibility it has with patients affected by this disease, also with the care of itself, of his family and of the work space where he stays for extended periods due to service needs, with work overload among other indicators of risk of illness<sup>(22)</sup>.

On the other hand, the daily use of personal protective equipment resulted in limitations in meeting the physiological needs of nurses, such as food consumption and drink intake<sup>(20)</sup>.

The discourses extracted in class five demonstrate a difficult and painful process of adaptation for health professionals, given that since the appearance of COVID-19, it expanded at an accelerated speed, becoming a pandemic, with an imminent and uncontrolled increase in cases and deaths leading to the collapse of health systems affecting the adaptation of health personnel, especially nurses who expressed feeling overwhelmed and exhausted by the workload, use of protective equipment, stress, depression, sadness, fear of becoming infected and the effort of adapting to a new working environment.

A person's physical and mental health condition cannot be dissociated from his professional activity and the work context, paying attention to the conditions and determinants involved in the relationship between health and work<sup>(23)</sup>. In this context, COVID-19 exposed nurses/s to pressures, overload, wear and tear, greater technical responsibility, facing the unknown and uncertainty with the aim of achieving quality care, among other requirements. In physical health, one of the problems caused by the prolonged use of PPE were dermatologies such as xerosis, desquamation, erythema, itching, pain and dermatitis presented by staff<sup>(22)</sup>.

In this context the health and safety of nurses/nurses as health care providers in the pandemic

by COVID-19, was exposed to problems in addition to physical health problems, emotional and mental contributing to the imbalance in these dimensions, which limited and/or hindered their adaptation to this new situation.

Therefore, it is essential that nursing professionals prepare to face these pandemic situations such as those experienced before the COVID-19, looking for coping strategies to improve their working conditions, physical and mental health. However, that is not enough, as occupational health care involves urgent efforts to protect health related to providing conditions for their safety taking into account their vulnerabilities as a person, and requiring public policies, establishing guidelines for continuing education and investments to prevent, mitigate and/or reverse the current physical, psychological and emotional damage, preserve health and maintain their ability to work through better working conditions<sup>(24)</sup>.

The study shows limitations, being one of them the presentation of speeches by only nursing professionals leaving aside other health professionals who acted during the pandemic. However, it is important to understand the process experienced by nurses in different hospitals with changes in government measures to control the pandemic.

### Final Considerations

The care of the hospitalized patient with COVID-19 in time of pandemic from the perception of the Peruvian nurse occurred in a scenario of uncertainty, lack of human and material resources of the health system, marked many times by ethical dilemmas in prioritizing care for the overload of patients, generating in them frustration and impotence, exhaustion and fear of personal and family contagion.

Adapting to the use of new occupational safety protocols, including PPE, involved physical, psychological and emotional wear and tear due to the prolonged use of PPE, work situations that affect their physical and mental health. Strengthening and updating their professional skills in this area was a priority need in nursing.

The study shows that nurses showed responsibility, commitment and attitude towards

the change that took place during the pandemic, beyond their work challenges. The pandemic demonstrated the shortcomings of the Peruvian health service, which has to be reinforced with new health policies to implement new technologies, encourage health professionals to constant training and psychological support for their workers.

### Collaborations:

1 – conception and planning of the project: Jack Roberto Silva Fhon, Orfelina Arpasi-Quispe and Zoila Esperanza Leitón-Espinoza;

2 – analysis and interpretation of data: Jack Roberto Silva Fhon, Alexandre Pereira dos Santos Neto; Karen Fiorella Fernández-Cueva and Tatiana Lisbeth Díaz-Araujo;

3 – writing and/or critical review: Jack Roberto Silva Fhon, Orfelina Arpasi-Quispe, Gaby Sonia Chavez-Zegarra, Alexandre Pereira dos Santos Neto, Maria del Pilar Gomez-Lujan and Zoila Esperanza Leitón-Espinoza;

4 – approval of the final version: Alexandre Pereira dos Santos Neto, Maria del Pilar Gomez-Lujan and Zoila Esperanza Leitón-Espinoza.

### Conflicts of interest

There are no conflicts of interest

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### References

1. Lossio J, Covid-19 en el Perú: respuestas estatales y sociales. *Hist. Ciência. Saude-Manguinhos*, 2021; 28: (2):581-585. DOI:10.1590/S0104-59702021005000001
2. Blanco-Nistal MM, Tortajada SM, Rodríguez-Puente Z, Puente-Martínez, MT, Méndez-Martínez C y Fernández-Fernández JA. Percepción de los pacientes sobre los cuidados de enfermería en el contexto de la crisis del COVID-19. *Enfermería global*, 2021; 20: (4): 26–60. DOI: 10.6018/eglobal.479441



3. Irigoin J, Constantino F. Percepción de la enfermera sobre los cuidados brindados al paciente con covid-19 en la unidad de cuidados intensivos. *Acc Cietna: para el cuidado de la salud*, 2021; 9(1): 5–17. DOI: 10.35383/cietna.v9i1.662
4. Nascimento VF, Hattori TY, Terças-Trettel ACP. Dificultades y temores de las enfermeras que enfrentan la pandemia de COVID-19 en Brasil. *Rev Hum Med*. 2020; 20(2): 312-333
5. Abuhammad S, AlAzzam M, Mukattash T. The perception of nurses towards their roles during the COVID-19 pandemic. *Int J Clin Pract*. 2021;75(4): e13919. DOI: 10.1111/ijcp.13919
6. Si Zhao, Ping Yin, Lily Dongxia Xiao, Shuang Wu, Mengqi Li, Xiufen Yang, Dou Zhang, Lulu Liao, Hui Feng, Nursing home staff perceptions of challenges and coping strategies during COVID-19 pandemic in China, *Geriatric Nursing*, 2021; 42(4): 887-893, DOI: 10.1016/j.gerinurse.2021.04.024
7. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *Int J Qual Health Care*. 2007; 19(6): 349-57. DOI: 10.1093/intqhc/mzm042
8. Bardin L. *Análise de conteúdo*. 3ra ed. Almedina; 2015
9. Camargo BV, Justo AM. Tutorial para uso do software de análise textual IRAMUTEQ. Universidade Federal de Santa Catarina [internet] 2013 [cited 2022 nov 29]. Available from: <http://www.iramuteq.org/documentation/fichiers/tutoriel-en-portugais>
10. Santos KMR, Galvão MHR, Gomes SM, Souza TA, Medeiros AA, Barbosa IR, Depressão e ansiedade em profissionais de enfermagem durante a pandemia da covid-19: 2021; 25(spe): e20200370. DOI: 10.1590/2177-9465-EAN-2020-0370
11. Gold MS, Sehayek D, Gabrielli S, Zhang X, McCusker C, Ben-Shoshan M. COVID-19 and comorbidities: A systematic review and meta-analysis. *Postgraduate Medicine*; 2020; 132(8): 749–755. DOI: 10.1080/00325481.2020.1786964
12. Fhon JRS, Silva LM, Leitón-Espinoza ZE, Matiello FB, Araujo JS, Rodrigues RAP. Hospital care for elderly COVID-19 patients. *Rev. Latino-Am. Enfermagem*. 2020; 28: e3396. DOI: 10.1590/1518-8345.4649.3396
13. Wachholz A, Dalmolin GL, Silva AM, Andolhe R, Barlem ELD, Cogo SB. Moral distress and work satisfaction: What is their relation in nursing work? *Rev Esc Enferm USP*. 2019; 53: 1-9. DOI: 10.1590/S1980-220X2018024303510
14. World Health Organization. Rational use of personal protective equipment (PPE) for coronavirus disease (COVID-19): Interim guidance. Geneva [internet] 2020. Available from: [https://apps.who.int/iris/bitstream/handle/10665/331498/WHO-2019-nCoV-IPCPPE\\_use-2020.2-eng.pdf?sequence=1&isAllowed=y](https://apps.who.int/iris/bitstream/handle/10665/331498/WHO-2019-nCoV-IPCPPE_use-2020.2-eng.pdf?sequence=1&isAllowed=y)
15. Díaz-Díaz J, González-Puerto Y, Sánchez-García ZT, Pérez-Pérez F, Araña-Hernández Y, Hurtado-Montero G. El rol de Enfermería frente al COVID-19. *Medisur*. 2020; 18(5): e963-967. Disponible en: <http://www.medisur.sld.cu/index.php/medisur/article/view/4751>
16. Sánchez ME, Alemán FSG, Luna JM, Sandoval AEP, Rodríguez MJR, Plascencia-Sánchez JG, et al. Experiencia vivida de Enfermeras al cuidado del adulto mayor en proceso de cronicidad-muerte. *Ene* [internet] 2021 [cited 2022 nov 29] 15(3): 1260. Available from: [http://scielo.isciii.es/scielo.php?script=sci\\_arttext&pid=S1988-348X2021000300004&lng=es](http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S1988-348X2021000300004&lng=es)
17. Velarde-Pacheco Elsa Patricia. Aprendizajes sobre el ejercicio de la enfermería en los tiempos del COVID-19. *Sanus* 2020; 5( 16 ): 00001. DOI: 10.36789/sanus.vi16.273
18. Loyola STC, Medeiros PFÁK, Brito SC, Mesquita XSS, Bezerra MEA. El impacto de la pandemia en el rol de la enfermería: una revisión narrativa de la literatura. *Enferm. Glob*, 2021; 20(63): 502-543. DOI: 10.6018/eglobal.45406
19. Poh LW., Teo I, Tewani K, Tan HK, Yoon S, Sung SC. Understanding the needs of health care workers in Singapore during the COVID-19 outbreak: A qualitative analysis. *American Journal of Infection Control*, 2022; 50(10): 1133-1139. DOI: 10.1016/j.ajic.2022.06.004
20. Hakim M, Khattak FA, Muhammad S, Ismail M, Ullah N, Atiq OM, et al. Access and Use Experience of Personal Protective Equipment Among Frontline Healthcare Workers in Pakistan During the COVID-19 Emergency: A Cross-Sectional Study. *Health Security*, 2021; 19(2): 140-149. DOI: 10.1089/hs.2020.0142
21. Carranza ERF, Mamani-Benito O, Quinteros-Zúñiga D, Caycho-Rodríguez T, Blanco SD. Preocupación por el contagio de la COVID-19, apoyo social en el trabajo y ansiedad como predictores de la depresión en enfermeras peruanas. *Salud Uninorte*,

- 2021; 37(3): 539-539-552. Fuente Académica Plus. DOI: 10.14482/sun.37.3.614.5921
22. Ruback SP, Tavares JMAB, Lins SMSB, Campos TS, Rocha RG, Caetano DA. Stress and burnout syndrome among nursing professionals working in nephrology: an integrative review. *Rev Fund Care Online*. 2018 Jul./Sep.; 10(3):889-899. DOI: 10.9789/2175-5361.2018.v10i3.889-899
23. Erize-Herrera JA, García-Mireles V, Uh-Sánchez I, Felix-Téllez F, Encarnación-Martínez M, Estrada-Aguilar L. Manifestaciones dermatológicas en los profesionales de la salud asociadas al uso de equipo de protección personal para la atención de los pacientes con infección por COVID-19 en los hospitales del área metropolitana de la ciudad de México. *Piel*, 2021; 36(8): 510-515. DOI: 10.1016/j.piel.2020.10.004
24. Lima MAC, Saraiva AR. Daños a la salud de los trabajadores de enfermería debido a la pandemia Covid-19: una revisión integradora. *Enfermería Global*. 2022; 21(2): 517–566. DOI: 10.6018/eglobal.501511

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