

Original

## Psychodynamics of stress related to hospital professional performance during the COVID-19 pandemic

*Psicodinâmica do estresse relacionado à atuação profissional hospitalar durante a pandemia da COVID-19  
Psicodinámica del estrés relacionado con el desempeño profesional hospitalario durante la pandemia de COVID-19*

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### Abstract

**OBJECTIVE:** To analyze, from a work-related perspective, work-related stress in hospital units during the COVID-19 pandemic.

**METHODS:** The population consisted of healthcare professionals working in hospital units. Data were collected through semi-structured interviews and subjected to Bardin's Content Analysis. The following categories of analysis were produced: Work Organization, Working Conditions, Work Relationships, Collective Defense and Resistance Strategies, Pleasure and Recognition at Work. **RESULTS:** The COVID-19 pandemic severely impacted Work Organization, promoting the adoption of organizational arrangements aimed at meeting the growing demand; procedures and work pace are among the most affected aspects, along with Working Conditions; these were further precarious given the scarcity of resources and qualified personnel. Collective Defense and Resistance Strategies emerged with an emphasis on individual coping with stress. Pleasure and Recognition at Work were associated with the feeling of duty fulfilled, providing assistance to seriously ill patients, and observing their recovery.

**CONCLUSION:** Work-related stress during the pandemic is recognized by healthcare professionals and is related to working conditions, relationships, and organizational structure.

**Descriptors:** COVID-19; occupational stress; mental health; occupational health.

#### What is already known on this?

Work-related stress stems from the conditions under which the professionals perform their activities.

#### What this study adds?

These conditions are not limited to the physical environment itself, but extend to the relationships established in that setting and to the collective strategies for defense and resistance to stress.

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### Resumo

**OBJETIVO:** analisar à luz da Psicodinâmica do Trabalho o estresse relacionado ao trabalho em unidades hospitalares durante a pandemia da COVID-19. **MÉTODOS:** a população foi constituída por profissionais da saúde que atuaram em unidades hospitalares. Os dados foram coletados através de entrevista semiestruturada e submetidas a Análise de Conteúdo de Bardin. Foram produzidas as seguintes categorias de análise: Organização do Trabalho, Condições de Trabalho, Relações de Trabalho, Estratégias Coletivas de Defesa e Resistência, O Prazer e Reconhecimento no Trabalho. **RESULTADOS:** a pandemia da COVID-19 impactou severamente na Organização do Trabalho promovendo a adoção de arranjos organizativos objetivando atender à crescente demanda; os procedimentos e o ritmo de trabalho estão entre os aspectos mais afetados juntamente com as Condições de Trabalho; estas foram ainda mais precarizadas dada a escassez de recursos e de pessoal qualificado. As Estratégias Coletivas de Defesa e Resistência emergiram com ênfase no enfrentamento individual do estresse. O Prazer e Reconhecimento no Trabalho estiveram associados ao sentimento do dever cumprido, prestar assistência aos pacientes graves e observar a sua recuperação. **CONCLUSÃO:** o estresse relacionado ao trabalho durante a pandemia é reconhecido pelos profissionais de saúde e está relacionado às condições de trabalho, relações e à estrutura organizacional.

**Descritores:** COVID-19; estresse ocupacional; saúde mental; saúde ocupacional.

### Resumén

**OBJETIVO:** Analizar, desde la perspectiva de la Psicodinámica del Trabajo, el estrés laboral en unidades hospitalarias durante la pandemia de COVID-19. **MÉTODOS:** La población estuvo compuesta por profesionales de la salud que laboraban en unidades hospitalarias. Los datos se recopilaron mediante entrevistas semiestructuradas y se sometieron al Análisis de Contenido de Bardin. Se generaron las siguientes categorías de análisis: Organización del Trabajo, Condiciones de Trabajo, Relaciones Laborales, Estrategias de Defensa y Resistencia Colectiva, Placer y Reconocimiento en el Trabajo. **RESULTADOS:** La pandemia de COVID-19 impactó gravemente la Organización del Trabajo, promoviendo la adopción de mecanismos organizativos para satisfacer la creciente demanda; los procedimientos y el ritmo de trabajo se encuentran entre los aspectos más afectados, junto con las Condiciones de Trabajo; estas se precarizaron aún más debido a la escasez de recursos y personal cualificado. Las Estrategias de Defensa y Resistencia Colectiva surgieron con énfasis en el enfrentamiento individual del estrés. El Placer y el Reconocimiento en el Trabajo se asociaron con la sensación de cumplimiento del deber cumplido, la asistencia a pacientes graves y la observación de su recuperación. **CONCLUSIÓN:** El estrés laboral durante la pandemia es reconocido por los profesionales de la salud y está relacionado con las condiciones laborales, las relaciones y la estructura organizacional.

**Descriptores:** COVID-19; estrés laboral; salud mental; salud ocupacional.

## INTRODUCTION

Work in healthcare is organized to the detriment of the levels of care and the demands presented by the population in a given territory and context. As relationships are established between professionals, the organizational structure of health services, and the care setting, the performance of work activity will be related to the generation of stress.

Considering the scenario established by the COVID-19 pandemic, it is clear that it had repercussions at all levels of healthcare, with emphasis on hospital units that needed to adapt to the growing demand for care. This reorganization modified the conditions of access to services, their care flows, their structure, and even the logistics of using available resources. The need to institute new care and organizational arrangements was underpinned by the waves of the pandemic, the mortality rates, and the number of new cases that reflected the spread of the virus.<sup>(1)</sup>

In this scenario, managers and coordinators of hospital establishments stated that, especially in the years 2020 and 2021, in addition to providing adequate Personal Protective Equipment (PPE), managing the reduced number of professionals, and planning the structuring of the service, there was a need to accommodate many professionals with panic attacks and high levels of stress.<sup>(2)</sup>

Because healthcare professionals working in hospital units were subjected to various stressors, leading them to the point of being unable to perform their work activities; stress management during this period was as important as taking care of their own physical health.<sup>(3)</sup>

Therefore, a context favorable to the development of work-related stress was established given the tensions experienced and the fact that these professionals were dealing with a new disease of global magnitude. Adding to this scenario are the individual and subjective conditions of coping and adapting to work during that period.

The perception of individual and collective risk and concerns about their families raised stress levels among healthcare professionals; approximately 59.2% reported a high perception of risk of becoming infected and bringing the disease home. A direct association was identified between the fear of contagion and high levels of anxiety.<sup>(3)</sup>

This can be explained by the fact that these professionals represented a risk group for contracting COVID-19; direct patient care implied continuous exposure to high viral loads. Exhausting work schedules

and precarious working conditions put these workers at risk of also developing physical and mental illnesses.<sup>(4)</sup>

In this context, it identifies an interaction between environmental factors and working conditions and relationships that amplifies the generation of stress; these factors are part of the Psychodynamics of Work. This concept refers to a scientific analysis of the repercussions of work on workers' mental health. Its methodology was developed by Christophe Dejours in France (in the 1980s) and focuses on investigating how work organization generates pleasure or suffering, as well as the defense mechanisms used in destabilizing circumstances. It is an analytical method guided by the verbal elaboration of the workers themselves, with the aim that they reframe their experiences in the workplace.<sup>(5)</sup>

It is observed that the stress experienced by healthcare professionals during the pandemic period was the subject of several studies that established a more direct relationship between its generation and the working conditions themselves. However, based on the concept of the Psychodynamics of Work, it is inferred that other aspects also have repercussions on the mental health of healthcare professionals. Thus, given the scenario brought about by the pandemic, the following questions were formulated: how can work organization generate both suffering and pleasure for healthcare professionals who worked in hospital units during this period? Which aspects of the Psychodynamics of Work are related to the production of stress during the pandemic period?

Considering the scenario described above, this study aims to analyze, in the light of the Psychodynamics of Work, the production of stress among healthcare professionals who worked in hospital units during the COVID-19 pandemic.

## METHODS

This qualitative study was conducted from August 2023 to February 2024; the population consisted of healthcare professionals, both technical and university-education level, who worked in one of the three hospital units designated as reference centers for the hospitalization of patients diagnosed with COVID-19 in the city of Mossoró, RN. The sample was defined by convenience and comprised 27 professionals. Inclusion criteria were: having worked in hospital care with patients diagnosed with COVID-19 for a minimum period of six months during the years 2021 and 2022. Exclusion criteria were: having worked in alternating time intervals such that the six-month minimum was not continuous. As a strategy to conduct data collection, professionals were approached by the researchers in the services where they were working; an invitation was extended to participate in the study, and once accepted, a time was set for data collection.

Data were collected at times previously agreed upon with the professionals, taking place before or after their shifts at the health services facilities where they were working during that period. The mean duration of the interviews was 30 minutes; a semi-structured interview was used, with the following guiding questions: Did you feel stressed while working during the COVID-19 pandemic? How did stress manifest itself in you during your time at work? How did stress manifest itself in your life outside of work? Participants were identified by pseudonyms abbreviating their professional role (Example: Physical therapist - Physical), plus a number to distinguish professionals of the same category (Example: Physical 1, Physical 2, Nurse 1, Nurse 2). The study included 11 nurses, 14 nursing technicians, 1 pharmacist, and 1 physical therapist. The mean length of service in hospital units during the COVID-19 pandemic was 12 months; some of them worked in up to two employment relationships.

The interviews were recorded (voice recorder) and subsequently transcribed; Bardin's Content Analysis was undertaken so that the construction of the categories was referenced by the model of analysis of the Psychodynamics of Work, structured by Christopher Dejours<sup>6</sup> and comprising the analysis of the Organization of work, Working conditions, Labor relations, Subjective mobilization of the worker through collective strategies of defense and resistance, and Pleasure and recognition at work.<sup>6</sup>

The research was approved by the UERN Ethics Committee (CAAE 59115022.0.0000.5294) through Opinion number 5,497,103.

## RESULTS AND DISCUSSION

The Psychodynamics of Work initially developed as a scientific approach to the adaptation and defense mechanisms applied by workers in the face of situations that generate suffering in the development of their work activities.<sup>(7)</sup> According to the framework proposed by Dejours, and the methodological proposal of this study, the following categories were adopted: Work Organization, Working Conditions

and Labor Relations. Subjective mobilization of the worker, through Collective Defense and Resistance Strategies, Pleasure and recognition at work.<sup>(8)</sup>

### Work Organization

The pandemic modified the constitution and organization of work in hospital establishments with regard to their structures, flows and hierarchical relations.<sup>(9)</sup> Another aspect that impacted the Brazilian Health System was the need to adapt existing structures to meet the growing demand for hospitalization or clinical observation. Gradually, a managerial rationality of available resources was also implemented, whether they were medical-hospital supplies or even beds for hospitalization.<sup>(10)</sup> These repercussions were not limited to structural aspects, even affecting the restructuring of professional staff; this restructuring occurred in a way that leveraged their previous experiences to meet the need to reorganize inpatient units to meet the demand for hospitalization, as emerges in the following statements:

"As I worked here, initially in the clinic, because initially this wasn't an ICU, it was the COVID clinic. So we provided clinical care, but in reality it was a referral center for receiving COVID patients. And then, the need to create an ICU was identified and it was created" (Nurse Tech 13).

"I was on the frontline, in urgent and emergency care. Because I worked in the ICU and I was also part of the team that performed hemodialysis" (Nurse Tech 07).

The implicit emergence of the concept of the multi-skilled worker is noticeable; this worker possesses broad and diverse competencies necessary for the dynamics of organizations. Currently, the expansion of the worker's skill set is encouraged and promoted under the discourse of employability and guaranteed job market stability. However, what was supposedly a benefit for both the worker and the institutions has become yet another source of stress.<sup>(11)</sup>

Because these arrangements, the pandemic extended working hours and intensified the activities carried out, both individually and collectively, as explained below:

"Because we could not step out whenever we were thirsty or hungry. There were patients who stopped several times, so the team had to stay there. And that was stressful, because we did not have a set time to eat or a set time to sleep (Nursing Technician 04)".

This phenomenon could also be observed in the Emergency Care Units, Urgent and Emergency Units, and Intermediate Observation Units; these services were referred to as the "front line" in the fight against COVID-19. Consequently, given this organizational arrangement, several professionals began working on more than one "front line," as illustrated in the following statement:

"I worked in two hospitals in the city, on the front lines, in intensive care units, one specifically for COVID patients and another that treated general and COVID patients simultaneously" (Nurse 02).

Perceptions about the organization of work in the healthcare setting during the pandemic brought to light lived experiences and organizational arrangements adopted to try to compensate for the scarcity of resources and limitations of the existing care network, in the face of an exponential increase in the number of confirmed severe cases. These conditions implied stress resulting from adapting to a context of intensified work and marked by uncertainties regarding its results. The statements below illustrate this perception:

"The stress came after COVID-19. I believe we used all our strength to perform our activities, and after everything passed, we realized how tired and exhausted we were. That's when the stress and anxiety came. (...) The work routine, many sleepless nights, seeing many people dying and asking for help, and often giving our best, but without results" (Physical therapist 01).

"It was very exhausting for us to work and always be dealing with these serious situations. Seriously ill patients, deaths, family members in difficult situations" (Pharmacist 01).

It is observed that the Organization of Work in the hospital environment was reconfigured in the pandemic scenario, also accentuating inequality regarding professional accountability in the face of the challenges imposed by the pandemic, where the demand for assistance was massively directed to those who were on the "front line." This organization intensified some aspects inherent to work in hospital units, as well as the incorporation of new routines and flows in the face of the exponential increase in demand for assistance and hospitalization.

Thus, it is understood that the division of activities inherent to work, the content of tasks, procedures, work pace, the hierarchical system that guides human relations, whether with peers, subordinates, or those who hold leadership positions, is called the Organization of Work; this category also includes the command and power mechanisms involved in its development.<sup>(9)</sup>

### Working Conditions

In the pandemic scenario, working conditions emerged as a stress factor capable of destabilizing labor relations by expressing the institutional limitations that were internalized by professionals, as can be observed in the following statements:

"The stress was due to many factors, right? Inside the ICU, there was a time when sedation was lacking, Fentanyl and Midazolam were lacking, and we were left with our hands on our heads not knowing what to do; it was very stressful inside the ICU" (Nurse Tech 05).

"The shifts were really quite exhausting. We would schedule a rotation, schedule a rest period, but many times it would pass. The day would dawn and we would still be on duty for 24 hours, the day would pass, the night would pass, the next day would dawn, and we often didn't even have time to drink water" (Nurse 11).

Double and triple work shifts are presented as a unique condition for many healthcare professionals; a condition that is already constitutively integrated into the Organization of Work. In the current macroeconomic scenario, these shifts have been normalized over time, which has obscured the changes and impacts resulting from the pandemic on work activity.<sup>(10)</sup>

In hospital units, working conditions during the pandemic were considered precarious, unhealthy, and exhausting for several reasons, which can be summarized as: overcrowding of the service, high risk of contagion, inappropriate adaptation of spaces to admit more patients, and an insufficient number of professionals.<sup>(8)</sup> Considering the mechanisms involved in the spread of Sars-Cov-2, the emphasis on the use of Personal Protective Equipment (PPE) has taken on a discursive character with nuances of individual responsibility regarding the possibility of contamination:

"We were very afraid, very afraid of getting infected, right? There were people who were very phobic because of all the things on them, like the gowns, the goggles that made our vision blurry, so we couldn't see anything" (Nursing Technician 10).

"No, it wasn't stress, I think it was fear. The fear was so great, you know? And the fear wasn't of getting sick. The fear was of bringing the plague home, bringing the virus to my mother, bringing it to my daughter, bringing it to my husband, who all had comorbidities, so that was my fear, I wasn't stressed at all." (Pharmacist 01).

The feeling of fear was widespread worldwide, and healthcare professionals, in a way, could not express it; some people who held leadership and management positions<sup>(10)</sup> passed on this guidance. Healthcare services have an organization and structure characterized by hierarchical relationships and by the development of activities divided among professionals of the same category and between different categories.<sup>(10)</sup> This characteristic of work in the healthcare field can foster organizational dysfunctions and impairments in internal communication, which distance professionals from the purposes of their work, as reported in the following statement:

"I believe that what caused the most stress for us professionals was the incessant work, without breaks, and often without results. We used to say at the beginning that we were just "trying to bail water with a sieve," because we did so much and most of the time the outcome was death" (Nurse 02).

Thus, in light of the Psychodynamics of Work, Working Conditions are understood as the objective conditions of work, such as the physical, chemical, and biological factors inherent to the work environment: lighting, noise levels, odors, handling of products; including the presence of smoke, vapors, dust, bacteria, fungi, as well as hygiene and safety conditions.<sup>(12)</sup>

These conditions may facilitate the worker's adaptation to the work environment or produce effects that hinder physical, emotional, and ergonomic accommodation. The individual's relationship with the work environment in contexts of intense stress produces psychological suffering, which can be understood as the resistance that the individual employs against stressors; this confrontation is experienced as stress that leads to physical and mental exhaustion.<sup>(9)</sup>

Several factors may contribute to the development of work-related stress, such as precarious conditions, insufficient material resources, staffing shortages, rigid organization of activities, intense and/or excessive workload, and the lack of commitment of some workers to collective activities.<sup>(9)</sup>

### **Labor Relations**

The repercussions of the pandemic on the organization of work and working conditions, particularly the intensification of activities and a marked deterioration of working conditions, fostered the establishment of a chaotic context marked by new challenges imposed on hospital units. In general, these contexts are characterized by conflicting labor relations, as discussed below:

"There were countless times when people would say things like, 'Lower your voice or calm down' (...) it was a huge mess. I was called to the director's office because I had responded that way. What had happened was that he had arrived all rude and I had responded in the same way" (Nurse Technician 09).

"The stress was really more related to the dynamics of the work. So, the professional relationships, that moment when we had to develop strategies for approaching people, how we were going to perform the service. So, there were conflicts" (Social Worker 01).

In the field of Psychodynamics of Work, Labor Relations are those that the workers establishes internally with their superiors and with other workers; it also encompasses external relations, which are those established with the providers of the inputs necessary for their activities and with the publics for whom the work activity is directed.<sup>(7,9)</sup>

These relations have direct connections with the Organization of Work and with Working Conditions, so that, considering the nature of hospital institutions and the peculiarity of the pandemic moment, it is considered that health professionals experienced a potentiation of the stressful character of Labor Relations. They can weaken the principles of Patient Safety, particularly communication between professionals.<sup>(3)</sup> These relations came to be considered yet another stressor effect due to the pressure they exerted on health professionals at an atypical time.

### **Collective Defense and Resistance Strategies**

Coping with burnout at work was necessary, and from this perspective, several mechanisms were activated due to the Working Conditions imposed by the pandemic. It is observed that the unique perspective of resistance through the lens of religiosity was the most emphasized by the professionals who participated in this study:

"In the work environment, I tried to remain as serene as possible, since my team depended on me. As a nurse in the ward, I couldn't show my daily frustrations. Most of the time we are seen as the pillar of the team, and this view gives us the obligation to be strong. Religion helped me a lot, and I stopped watching television" (Nurse 02).

"I clung very much to God, a lot of prayer, you know? Asking for strength, asking for strength, not only in my work, but also to pass that on to the families of the people" (Pharmacist 01).

Therefore, the importance acquired by religiosity in the hospital setting stands out as a support mechanism for dealing with the stress experienced daily by healthcare professionals. In addition to religiosity, another identified strategy was rest, offering a repair to the exhausted body due to intense work shifts, as shown in the following statements:

"I just wanted to sleep because we were afraid of infecting other people. We didn't go out to bars, we didn't travel, we didn't need family or friends because we were afraid of passing this disease on to others" (Nurse Tech 11).

"I always tried to stay with my family, which, I think, is the thing that, in my case, I feel is important to me and makes me feel good" (Social Worker 01).

Recognition of Collective Strategies of Defense and Resistance is essential for analyzing work-related stress because, once integrated into an Organization, the individuals are subjected to tensions as they occupy spaces and perform their activities. However, this is not merely a unilateral relationship, as the individual is not entirely passive when faced with situations that generate occupational stress; the worker is also capable of undertaking defense and resistance strategies against the forces that operate on his body, his psyche, his understanding and his ways of existing at work.<sup>(12)</sup>

The development of these strategies is centered on the need to preserve the people in their singular status of being and acting, a condition derived from their history and their ways of reacting to stressful events and factors. Accordingly, these strategies are aimed at adapting the individuals to the work environment and to Work Relations, ensuring their professional performance.<sup>(6,9)</sup>

For the Psychodynamics of Work, Collective Strategies of Defense and Resistance represent the workers' collective efforts to mitigate the destabilizing effects present in the Organization of Work. These strategies represent the intention to "[...] symbolically reverse the internalization of risk – a factor that generates suffering at work – promoting a collective euphemization of perception or even the denial of risk".<sup>(12,8)</sup>

Given the context of the country's Health Care system and its technical, political, and managerial disputes, health professionals already recognize themselves as actors engaged in work that is inherently stress-inducing and that may gradually lead to illness. This awareness prompts them to seek strategies to cope with this stress both individually and collectively, and it may even transform such experiences into a certain sense of pleasure.<sup>(8,12)</sup>

Another aspect that emerged in the participants' statements was, in a certain sense, the denial of the stress experienced during the pandemic. The work shifts led to the physical and mental exhaustion of professionals, such that the failure to acknowledge this stress and these risks became more pronounced than the need for rest:

"I had a thousand things to do, so I didn't even have time to close my eyes. And that was my way of trying to alleviate the stress... I would spend 10 days in a row working and then 12 hours at home" (Nurse Tech 12).

"Actually, the name wasn't entirely 'stress,' but rather... I say this for myself, we experienced more anxiety. We already had that fear of being at home, even if you didn't have symptoms, but due to that stress... We ourselves get tired from having seen that" (Nurse Tech 09).

In this sense, this denial corresponds to reactive defenses that aim to reframe, through their defense mechanisms, the events and factors that produce psychic destabilization in the workers. They consist of adopting strategies in an attempt to harmonize their relationship with work; from another perspective, these strategies acquire an alienating character that can generate stagnation in a potentially stressful context.<sup>(13)</sup>

## Pleasure and Recognition at Work

In the researched scenario, pleasure and recognition were associated with the ideal of caring for a critically ill patients and identifying their improvement:

“The feeling of accomplishment was seeing that we were able to save patients” (Physical therapist 01).

“For me, that was very rewarding. Because we saw improvement in the patient. And that's how it was with many, many patients (...) because many people were grateful for our care” (Nursing Technician 01).

“I feel it was a very challenging moment, but it was something of great importance for my learning, which contributed to the improvement in patient care” (Nursing Technician 11).

Healthcare encompasses a polysemy of demands and care needs that are expressed, most often, in what emerges in the speech of professionals who occupy a position of reference in the healthcare network, as can be observed in the following statements:

“I felt needed. With so many colleagues falling ill with COVID, I felt it was more than an obligation, a duty to be there.” (Nurse 02)

“During the pandemic, I felt that my role as a nursing assistant was paramount. I felt fundamental and had a great responsibility.” (Nurse 03)

“As a healthcare professional, I felt useful given the scenario and the complexity and severity of the disease; professionally, it was a unique experience for my development...” (Physical therapist 01).

In the course of their work, health professionals may experience feelings of pleasure and recognition that represent a symbolic gain, which becomes an important dimension of both satisfaction and suffering. These feelings are also related to the maintenance of what is understood as workers' mental health. Paradoxically, such recognition reflects the possibility of an exchange between suffering and pleasure in the performance of work activities; this exchange supports the production of a subjectivity that escapes the very framework of the Work Organization.<sup>(12)</sup>

There is, therefore, an ambivalence between the creative or pathogenic potential of these experiences, in which the worker makes efforts to transform suffering into something positive for himself. However, in general, these efforts are neutralized by the lack of flexibility within the Work Organization, which prevents individuals from creatively adapting to their environment and working conditions.<sup>(6,7)</sup>

Thus, health work carried out in atypical scenarios, such as the one brought about by the pandemic, can both generate illness and strain and foster the development of effective ways of coping with stress and suffering. It plays a fundamental role in the process of building and consolidating individual identities and shaping collective identities.<sup>(6,9)</sup> According to the professionals interviewed, the pandemic context influenced the construction of professional identity around a model of being and acting:

“At that moment I thought I had forgotten everything, everything. There were days when we didn't see our children, our mothers, our fathers, we didn't see anything, the only thing to do was save whoever needed it at that moment, while our children, father and wife were at home we were trying to save a loved one from someone else” (Nurse Tech 10).

Other studies on nurses' work in hospital units in light of Work Psychodynamics have shown that their work dynamics alternate between cycles of pleasure and suffering.<sup>(13,14)</sup>

In these accounts, one can also observe an increased risk of developing work-related mental disorders during the pandemic; a risk that may reverberate to this day, even if it is not perceived individually or collectively. It is important that hospital units promote listening spaces for workers, aimed at managing stress and other demands related to the promotion of mental health.<sup>(15)</sup>

As a limitation of the study, the absence of physicians among the participants was identified; those contacted during the recruitment period did not make themselves available to participate in the research, citing professional commitments.

## CONCLUSION

The aspects of Work Psychodynamics related to the stress experienced by health professionals working in hospital settings during the COVID-19 pandemic were: Work Organization, Work Relations, and Working Conditions. These aspects were directly affected by the way these institutions were organized to meet the growing demand for care. In turn, Collective Strategies of Defense and Resistance at times acquired an alienating character for these professionals, producing a certain distancing from the lived reality as a means to cope with the stress they faced. Work Organization, Working Conditions, and Work Relations generated stress related to work activity and, paradoxically, produced satisfaction and pleasure associated with that same activity. This outcome stems from the feeling of fulfilling the professional duty to care for patients, always striving for their recovery.

## CONTRIBUTIONS

Concepção ou desenho do estudo: Vieira AN, Costa KFL, Lima DWC. Coleta de dados: Santana RCA, Medeiros Filho JS, Mesa MEM. Análise e interpretação dos dados: Vieira AN, Costa KFL, Lima DWC, Santana RCA, Medeiros Filho JS, Mesa MEM. Redação do artigo ou revisão crítica: Vieira AN, Costa KFL, Lima DWC, Santana RCA, Medeiros Filho JS, Mesa MEM. Aprovação final da versão a ser publicada: Vieira AN, Costa KFL, Lima DWC.

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