

Difficulties of nurses in the mobile emergency care service during the Covid-19 pandemic

Dificuldades dos enfermeiros do serviço de atendimento móvel de urgência durante a pandemia de Covid-19

Dificultades de las enfermeras en el servicio móvil de atención de emergencia durante la pandemia Covid-19

Jessimayra Karine de Jesus Oliveira¹, Maria Fernanda Sampaio Sousa², Eliúde Melo de Aguiar Rodrigues³, Everlânia de Sousa Oliveira⁴,
Maísa Ravenna Beleza Lino⁵, Charles Nonato da Cunha Santos⁶, Matheus Henrique da Silva Lemos⁷

How to cite: Oliveira JKJ, Sousa MFS, Rodrigues EMA, Oliveira ES, Lino MRB, Santos CNC, et al. Difficulties of nurses in the mobile emergency care service during the Covid-19 pandemic. REVISA. 2025; 14(3): 1828-38. Doi: <https://doi.org/10.36239/revisa.v14.n3.p1828a1838>

REVISA

1. State University of Maranhão.
Coroatá, Maranhão, Brazil.
<https://orcid.org/0009-0005-9390-124X>
2. State University of Maranhão.
Coroatá, Maranhão, Brazil.
<https://orcid.org/0009-0007-0024-4813>
3. State University of Maranhão.
Coroatá, Maranhão, Brazil.
<https://orcid.org/0009-0006-5960-4134>
4. State University of Maranhão.
Coroatá, Maranhão, Brazil.
<https://orcid.org/0009-0005-7942-2410>
5. Federal University of Piauí, Teresina,
Piauí, Brazil.
<https://orcid.org/0000-0003-2134-1608>
6. State University of Maranhão.
Coroatá, Maranhão, Brazil.
<https://orcid.org/0009-0006-1192-338X>
7. Federal University of Piauí, Teresina,
Piauí, Brazil.
<https://orcid.org/0000-0002-3554-0141>

Received: 14/04/2025
Accepted: 12/06/2025

RESUMO

Objetivo: Compreender as dificuldades enfrentadas pelos enfermeiros atuantes de um Serviço de Atendimento Móvel de Urgência durante a pandemia. **Método:** Estudo qualitativo, realizado no Serviço de Atendimento Móvel de Urgência do município Coroatá-MA, com um total de 09 enfermeiros. Os dados foram coletados através de um questionário com 18 perguntas, com questões sociodemográficas e profissionais, além de 05 perguntas abertas sobre a temática estudada. A pesquisa respeitou todas as normas éticas vigentes. **Resultados:** Como potencialidades, foi reconhecido a presença de membros altamente qualificados na equipe, mas destacam fragilidades como a escassez de recursos, a falta de equipamentos essenciais e EPIs, a ausência de informações sobre a Covid-19 no início da pandemia e falta de treinamentos. Além disso, enfrentaram falta de humanização e segurança, suporte insuficiente para lidar com a doença, estigma social, preconceito, medo, dificuldades logísticas e, com alguns profissionais, buscando assistência devido a alterações psicológicas e físicas. **Conclusões:** Foram identificados alguns obstáculos enfrentados pelos enfermeiros do atendimento pré-hospitalar móvel durante a pandemia. Isso possibilitou uma reflexão sobre os aprendizados que podem ser extraídos dessa situação atípica e sua aplicabilidade para melhorar o serviço, com o objetivo de mitigar os riscos que podem surgir no futuro em situações críticas semelhantes.

Descritores: Enfermeiros; Serviços Médicos de Emergência; COVID-19.

ABSTRACT

Objective: To understand the difficulties faced by nurses working in a Mobile Emergency Care Service during the pandemic. **Method:** A qualitative study was carried out at the Mobile Emergency Care Service of the municipality of Coroatá-MA, with a total of 09 nurses. Data were collected through a questionnaire with 18 questions, with sociodemographic and professional questions, in addition to 05 open questions on the theme studied. The research respected all current ethical norms. **Results:** The presence of highly qualified team members was recognized as strengths, but weaknesses such as the scarcity of resources, the lack of essential equipment and PPE, the absence of information about Covid-19 at the beginning of the pandemic and lack of training were highlighted. In addition, they faced a lack of humanization and security, insufficient support to deal with the disease, social stigma, prejudice, fear, logistical difficulties and, with some professionals, seeking assistance due to psychological and physical changes. **Conclusion:** Some obstacles faced by nurses in mobile pre-hospital care during the pandemic were identified. This made it possible to reflect on the lessons that can be extracted from this atypical situation and its applicability to improve the service, with the aim of mitigating the risks that may arise in the future in similar critical situations.

Descriptors: Nurses; Emergency Medical Services; COVID-19.

RESUMEN

Objetivo: Comprender las dificultades enfrentadas por las enfermeras que trabajan en un Servicio Móvil de Urgencias durante la pandemia. **Método:** Se realizó un estudio cualitativo en el Servicio Móvil de Atención a Emergencias del municipio de Coroatá-MA, con un total de 09 enfermeras. Los datos fueron recolectados a través de un cuestionario con 18 preguntas, con preguntas sociodemográficas y profesionales, además de 05 preguntas abiertas sobre el tema estudiado. La investigación respetó todas las normas éticas vigentes. **Resultados:** Se reconoció como fortalezas la presencia de miembros del equipo altamente calificados, pero se destacaron debilidades como la escasez de recursos, la falta de equipos esenciales y EPP, la ausencia de información sobre Covid-19 al inicio de la pandemia y la falta de capacitación. Además, se enfrentaron a la falta de humanización y seguridad, a la falta de apoyo para hacer frente a la enfermedad, al estigma social, a los prejuicios, al miedo, a las dificultades logísticas y, en algunos profesionales, a la búsqueda de ayuda debido a los cambios psicológicos y físicos. **Conclusión:** Se identificaron algunos obstáculos enfrentados por las enfermeras en la atención prehospitalaria móvil durante la pandemia. Esto permitió reflexionar sobre las lecciones que se pueden extraer de esta situación atípica y su aplicabilidad para mejorar el servicio, con el objetivo de mitigar los riesgos que puedan presentarse en el futuro en situaciones críticas similares.

Descriptores: Enfermeras; Servicios Médicos de Emergencia; COVID-19.

ORIGINAL

Introduction

In December 2019, health authorities in Wuhan, China, notified the World Health Organization (WHO) of an outbreak of a new type of pneumonia with an unknown etiological agent. It was only in January 2020 that the SARS-CoV-2 virus (Severe Acute Respiratory Syndrome Coronavirus 2), the etiological agent of Covid-19, was identified.¹⁻² According to the WHO, the pandemic caused by COVID-19 (Coronavirus Disease 2019) was considered a high-level public health emergency due to the clinical conditions imposed on infected individuals and the virus's high transmissibility.³

With regard to pre-hospital care, Ordinance No. 1.600/GM/MS, dated July 7, 2011, which revises the National Policy for Emergency Care, establishes the Emergency Care Network (RUE) within the scope of the Unified Health System (SUS), with the Mobile Emergency Care Service (SAMU) as its main component.⁴ Mobile pre-hospital care is characterized by care provided outside the hospital environment, either at the site of an accident or during emergencies at home, with the purpose of delivering quick and effective assistance to patients.⁵ From the nurses' perspective, managerial competencies such as leadership, decision-making related to work processes, communication, planning, and organization are essential for performing their duties.⁶

In this context, the role of nurses as leaders and members of the nursing team was especially prominent in combating the Covid-19 pandemic. These professionals perform specific tasks requiring technical skills and act as key figures in the organization of services, taking the lead in managing supplies and materials—handling everything from requesting, verifying receipt, and distributing them to the appropriate sectors—as well as conducting training for other healthcare professionals on proper handling of such materials.⁷

During the pandemic, the vulnerability of the healthcare system to ensure the protection of professionals caring for infected patients became evident. Most healthcare workers were exposed and faced a high risk of contracting the disease, especially during procedures involving the airways. In addition, they encountered issues such as physical exhaustion, psychological stress, and the insufficiency or negligence of protective measures and healthcare support, which affected different professional categories unequally.⁸

Therefore, with the emergence of the pandemic and the increased number of patients needing care due to Covid-19, pre-hospital care services and professionals had to adapt and restructure their practices to ensure better care for those infected with the virus, while also maintaining services for other illnesses and incidents affecting the population.⁹

In this sense, knowledge about the services provided by SAMU, as well as the difficulties encountered by nurses during the Covid-19 pandemic, is essential for planning future response strategies in the context of pre-hospital care. Thus, this study aimed to understand the challenges experienced by nurses working in the Mobile Emergency Care Service during the Covid-19 pandemic.

Method

This is a descriptive and exploratory study with a qualitative approach. The study was conducted at the Regional Mobile Emergency Care Service (SAMU) of the municipality of Coroatá, located in the state of Maranhão, in the central-eastern region of the state, with an estimated population of 65,788 inhabitants and a territorial area of 2,263.692 km².

The Mobile Emergency Care Service (SAMU) in Coroatá-MA consists of one motorcycle ambulance (Motolância), two Basic Life Support Units (BLSU), and two Advanced Life Support Units (ALSU). In addition, as a regulatory center, the SAMU Regional of Coroatá-MA is responsible for the regulation of decentralized bases in the following municipalities: Anajatuba, Chapadinha, Lima Campos, Peritoró, Rosário, Santa Rita, and Timbiras.

The study population consisted of intervention nurses from SAMU Coroatá-MA with clinical care experience during the Covid-19 pandemic. The service currently has 10 intervention nurses, 1 nurse serving as nursing coordinator, and 1 nurse serving as general director of the service.

Inclusion criteria for the study were: intervention nurses assigned to ALSUs with a minimum of one year of clinical care experience during the Covid-19 pandemic. Exclusion criteria included nurses who did not work in direct intervention during the pandemic, those with less than one year of experience, and those who were on leave during the data collection period.

Data collection took place between April and May 2024. Data were obtained through a questionnaire composed of 13 items related to the sociodemographic and professional characteristics of the intervention nurses at SAMU Coroatá-MA, along with the Free and Informed Consent Form (FICF). In addition, based on the study objectives, 5 open-ended questions addressing the main theme were applied, totaling 18 questions. Respondents were identified using the codes E1 to E9 to ensure compliance with ethical research standards and protect participant identity and privacy.

To understand the meanings and representations in the nurses' statements, the analysis followed the hermeneutic-dialectical approach based on the assumptions of Minayo¹⁰. This method is grounded in praxis and the search for an understanding of reality. In this sense, the hermeneutic-dialectical method aims to expand reflection through comprehension and interpretation, as well as to discuss the perspectives expressed by the nurses regarding the difficulties faced during the Covid-19 pandemic.

The project was registered on the Plataforma Brasil and submitted to the Research Ethics Committee for evaluation of its adherence to ethical research principles, and was approved under opinion number 6.601.953 and CAAE: 75414523.0.0000.5554, in accordance with Resolution No. 466/12 of the Brazilian National Health Council.

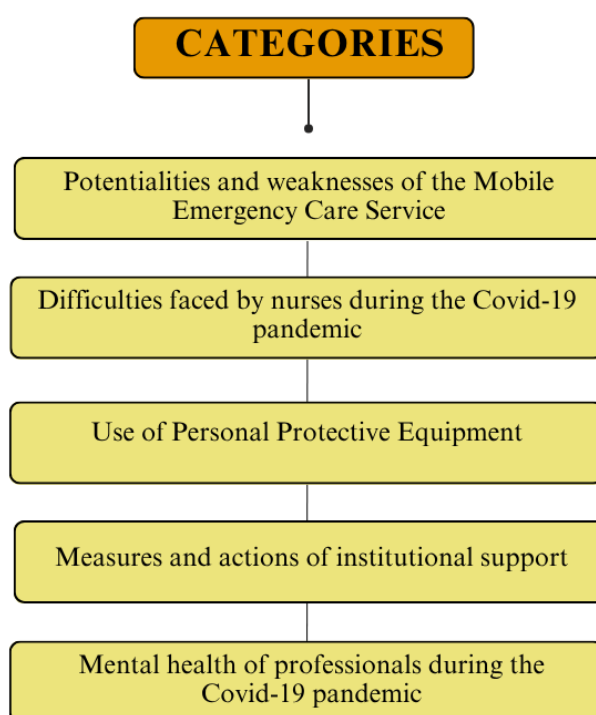
Results

The study included the participation of nine nurses; however, three professionals were excluded for not meeting the inclusion criteria. Among the professionals, there was a predominance of females, with ages ranging from 30 to 39 years. Most participants identified as mixed race (pardo), and the majority were single.

Regarding educational background, all nurses had undertaken courses focused on pre-hospital care. Most held a lato sensu specialization, although only one nurse had a specialization specifically in Urgency and Emergency care. Among the professionals included in the study, most had other employment ties, with a predominant length of professional experience ranging from 11 to 15 years, and pre-hospital care experience between 6 and 10 years.

The results derived from participants' responses were organized into categories, based on the guiding questions of the research instrument. These categories are shown in Figure 01.

Figure 1 – Categories identified in the study. Coroatá, Maranhão, Brazil.



Weaknesses and Potentials of the Mobile Emergency Care Service

Regarding the strengths, a convergent view was observed among the professionals, who acknowledged the presence of highly qualified team members. These professionals continuously sought training in an effort to provide high-quality care.

E2. As strengths, I would highlight the team and technical staff, because there are good, well-trained, and excellent professionals who are capable of delivering proper service to society.

E5. The skilled professionals who strive to compensate for the system's shortcomings, working double shifts to make up for the lack of materials and workforce, demonstrating dedication and competence.

As for the weaknesses, participants reported the scarcity of resources, lack of materials and PPE, absence of information about the disease, insufficient training, and the unavailability of specific supplies for advanced support units. In this context, management was perceived as deficient, failing to maintain proper control over staff activities and the replenishment of essential supplies.

E9. Regarding the weaknesses, the lack of materials, PPE to perform our work, and the insecurity due to lack of information about the disease at the beginning of the pandemic.

E4. The lack of materials and equipment, the medical team's lack of preparation, the structure of the ambulances (which are not adequately equipped for the team), and the lack of training. SAMU functions more like a transportation service rather than the way it should operate.

Challenges faced by Nurses during the Covid-19 pandemic

Regarding the adversities faced during the Covid-19 pandemic, nurses reported a lack of materials, PPE, and adequate training, in addition to a lack of humanization concerning the safety of healthcare professionals. They also highlighted the insufficiency of support when dealing with a new disease about which they had little or no information.

E1. Lack of equipment, PPE, and lack of humanization and concern from management regarding the safety of professionals, because, like it or not, we were on the front lines. We did not receive adequate training to deal with Covid-19, a new disease we were unfamiliar with.

E5. There were difficulties due to lack of materials and lack of proper equipment maintenance, which was critical at a time when devices like infusion pumps, ventilators, and monitors were essential for appropriate care in the mobile ICU. We also faced logistical difficulties, with scheduled transfers experiencing last-minute complications, the mistaken prioritization of less critical patients, and a lack of equity in the system.

Use of Personal Protective Equipment

Regarding PPE use, it was reported that although there was a shortage, materials were never entirely unavailable. However, there were certain restrictions and limitations on specific items. As a result, it was necessary to find alternatives in certain situations to ensure protection for both professionals and patients.

E6. Initially, there was a significant shortage of disposable coveralls, and the available quantity was insufficient to meet demand... Even when some equipment, such as goggles and face shields, became available later, there were still restrictions in distribution, and items like N95 masks remained limited.

E9. During care, the team always wore full protective gear as if they were dealing directly with Covid-19-positive patients, using masks, caps, N95 respirators, coveralls, and face shields. However, we faced difficulties due to the frequent lack of the recommended mask, which caused insecurity when having to reuse the same one several times.

Institutional Support Measures and Actions

There were divergent views regarding the support received, with some professionals stating that they had all the necessary assistance, while others reported that they did not receive such support.

Discussion

The results obtained revealed that, in the context of the Covid-19 pandemic, nurses working in the Mobile Emergency Care Service (SAMU) faced numerous challenges. These professionals constantly deal with precarious working conditions and multiple issues within the healthcare system, such as inadequate infrastructure, shortage of supplies, insufficient staffing, lack of personal protective equipment (PPE), work overload, low wages, and lack of training. Although many of these problems already existed, they were exacerbated during the pandemic. Thus, various institutional, professional, and personal factors contributed to the physical and mental strain experienced by these workers.¹¹

PPE is essential as it provides safety to healthcare professionals exposed to various types of biological, chemical, physical, ergonomic, mechanical, and psychosocial risks. During the pandemic, the mandatory use of this equipment became even more evident to ensure the safety of healthcare workers. In addition to the shortage of supplies, there were often insufficient quantities to meet the accelerated work demand, which compromised the proper use of PPE, especially when attending to critically ill patients.¹²

The novel coronavirus required special precautions to avoid contamination, with social distancing being the primary measure. Reports highlight changes in social interactions and the difficulty in maintaining distance, particularly from family members, which increased the emotional burden on workers. These social adaptations affected the health of SAMU professionals, as they recognized their potential role as vectors of contamination due to daily contact with the population.¹³

According to a study conducted at the Mobile Emergency Care Service (SAMU) in a region of Southern Brazil, during the process of donning and doffing personal protective equipment (PPE), several difficulties were identified. These included a lack of information about procedures, the correct use of PPE, and feelings of insecurity and fear of contamination. The study participants reported having received new care protocols during the pandemic but expressed the need for more practical training, especially due to the risk of contamination during the placement, removal, and cleaning of the equipment and ambulances.¹³

The shortage of human resources, already an issue before the pandemic, became more severe due to staff leaves. The accelerated work pace led to increased physical and emotional strain, a rise in occupational illnesses and medical leaves, and consequently, a higher rate of absenteeism. This further burdened the remaining professionals, highlighting the urgent need for effective managerial actions to ensure adequate staffing in emergency and urgent care units.¹⁴⁻¹⁵ A study conducted in an emergency hospital in Belém-PA regarding good leadership practices from the perspective of nurses emphasized that nurses in managerial positions are responsible for setting goals, clarifying objectives, planning, and acting humanely. They must be able to mediate conflicts, motivate and encourage the team, manage personnel, materials, and costs, and monitor outcomes through indicators. Their duties also include staffing, work schedule planning, decision-making, and involving the team in these decisions. Individually, the nurse must seek continuous learning, be flexible, listen actively, admit mistakes, and set an example for the team.¹⁶

In a study conducted with nurses working at SAMU in the city of Teresina-PI during the pandemic, fear was the predominant feeling due to uncertainty about the morbidity and mortality of the disease and the risk of infecting family members and loved ones. The lack of psychological support from the health institution was also emphasized. Participants reported serious impacts on their mental health, including the need for ongoing psychiatric and psychotherapeutic treatment, as well as symptoms such as anxiety, stress, increased sensitivity, and insomnia. Fear, insecurity, and grief over personal losses were also common experiences among these professionals.¹⁷

It is emphasized that promoting mental health and addressing the needs of healthcare workers must go beyond the peak of the Covid-19 pandemic. It is essential that plans and actions be implemented immediately in Brazil, including screening for depression, suicidal ideation, anxiety, and post-traumatic stress, in addition to ensuring emotional support for these professionals over extended periods, as the negative impacts may persist for months or even years.¹⁸ In this regard, the Psychosocial Care Network (RAPS) becomes a vital ally in supporting healthcare professionals in need of psychosocial assistance during and after the pandemic.¹⁹

However, despite negatively affecting many professionals, for some, the arduous challenge of being on the front lines against a pandemic brought a sense of accomplishment that was both gratifying and fulfilling, strengthening them in their professional journey. Feeling like an integral part of care and recognizing their own importance in helping others transformed suffering into fulfillment through the perceived value of their actions.²⁰

Conclusion

SAMU was an essential service during the Covid-19 pandemic. The main difficulties identified in this study were work overload due to increased care demand, physical and mental exhaustion, and exposure to physical, chemical, biological, ergonomic, and psychosocial risks. Regarding mental health, cases of anxiety, stress, fear, and lack of adequate psychological support from the institution were detected.

In this context, it is expected that this study will contribute to better working conditions for SAMU nurses, enabling them to perform their duties safely and efficiently. It also aims to encourage advancements in training and equipment provision, as well as proper preparation for situations similar to the Covid-19 pandemic, preventing physical and mental strain caused by feelings of insecurity.

Acknowledgment

This study was funded by the authors themselves.

References

- 1.Shereen MA, Khan S, Kazmi A, Bashir N, Siddique R. Covid-19 infection: Origin, transmission, and characteristics of human coronaviruses. J Adv Res. 2020; 24(1): 91-98. Disponível em: <https://www.sciencedirect.com/science/article/pii/S2090123220300540>.
- 2.Strabelli TMV, Uip DE. Covid-19 e o Coração. Arq Bras Cardiol. 2020; 114(4): 598-600. Doi: <https://doi.org/10.36660/abc.20200209>.
- 3.World Health Organization (WHO). Considerations for quarantine of individuals in the context of containment for coronavirus disease (Covid-19): Interim guidance [Internet]. Genebra: WHO; 2020. Disponível em: <https://covid19.evidence.paho.org/handle/20.500.12663/391>
- 4.Ministério da Saúde (MS). Portaria nº 1.600, de 7 de julho de 2011. Reformula a Política Nacional de Atenção às Urgências e institui a Rede de Atenção às Urgências no Sistema Único de Saúde (SUS). 2011. Disponível em: https://bvsms.saude.gov.br/bvs/saudelegis/gm/2011/prt1600_07_07_2011.html
- 5.Araújo AF, Pereira ER, Duarte SCM, Broca PV. Assistência pré-hospitalar por ambulância no contexto das infecções por coronavírus. Rev Bras de Enferm. 2021; 74(1). Disponível em: <https://doi.org/10.1590/0034-7167-2020-0657>.
- 6.Ferracioli GV, Oliveira RR, Souza VS, Teston EF, Varela PLR, Costa MAR. Competências gerenciais na perspectiva de enfermeiros do contexto hospitalar. Enferm Foco. 2020; 11(1). Disponível em: <https://doi.org/10.21675/2357-707X.2020.v11.n1.2254>.
- 7.Silva VGF, Silva BN, Pinto ESG, Menezes RMP. Trabalho do enfermeiro no contexto da pandemia de COVID-19. Rev Bras Enferm. 2021; 74, e20200594. DOI: <https://doi.org/10.1590/0034-7167-2020-0594>.
- 8.Teixeira CFS, Soares CM, Souza EA, Lisboa ES, Pinto ICM, Andrade LR, et al. A saúde dos profissionais de saúde no enfrentamento da pandemia de Covid-19. Ciencia & Saude Col. 2020; 25: 3465-3474. DOI: <https://doi.org/10.1590/1413-81232020259.19562020>.
- 9.Marques LC, Lucca DC, Alves EO, Fernandes GCM, Nascimento KC. Covid-19: cuidados de enfermagem para segurança no atendimento de serviço pré-hospitalar móvel. Texto Contexto Enferm. 2020; 29(20200119). DOI: <https://doi.org/10.1590/1980-265X-TCE-2020-0119>.
- 10.Minayo MCS. Epistemologia e Método. 2009: 1. Rio de Janeiro: Fio Cruz.
- 11.Quadros A, Fernandes MTC, Araujo BR, Caregnato RCA. Desafios da Enfermagem Brasileira no Combate da Covid-19: uma reflexão. Enferm Foco. 2020; 11(1). DOI: <https://doi.org/10.21675/2357-707X.2020.v11.n1.ESP.3748>.

- 12.Silva WM, Santana MCFS. Saúde mental da equipe de enfermagem no contexto da pandemia Covid-19. *Brazilian Journ Health Review*. 2022; 5(2): 6171-6180. Disponível em: [10.34119/bjhrv5n2-193](https://doi.org/10.34119/bjhrv5n2-193).
- 13.Pai DD, Gemelli MP, Boufleuer E, Finckler PVPR, Miorin JD, Tavares JP, et al. Repercussões da pandemia pela COVID-19 no serviço pré-hospitalar de urgência e a saúde do trabalhador. *Esc Anna Nery*. 2022; 25(20210014). DOI: <https://doi.org/10.1590/2177-9465-EAN-2021-0014>.
- 14.Alves SR, Santos RP, Oliveira RG, Yamaguchi MU. Mental health services: perception of nursing in relation to overload and working conditions. *J. res.: fundam. care. online* 2018. Jan./mar. 10(1): 25-29. Doi: 10.9789/2175-5361.2018.v10i1.25-29.
- 15.Góes FGB, Silva ACSS, Santos AST, Ávila FMVP, Silva LJ, Silva LF, et al. Impacto da COVID-19 no trabalho de enfermagem em unidades de urgência/emergência. *Acta Paul Enferm*. 2022; 35: eAPE01977. DOI: <https://doi.org/10.37689/acta-ape/2022AO01977>.
- 16.Silva AGI, Silva FJN, Costa F, Alcântara GC, Costa GF. Boas práticas de liderança do enfermeiro no contexto hospitalar. *Nursing Edição Brasileira*. 2021; 24(276): 5726-5735. DOI: <https://doi.org/10.36489/nursing.2021v24i276p5726-5735>.
- 17.Rocha JTS, Oliveira ALCB, Costa GR, Barbosa NS, Menor GSS, Fernandes MA. Resiliência de enfermeiros do Serviço de Atendimento Móvel de Urgência frente a pandemia da Covid-19. *Contribuciones a las Ciencias Sociales*. 2023; 16(11): 27983-28003. DOI: <https://doi.org/10.55905/revconv.16n.11-193>.
- 18.Dantas ESO. Saúde mental dos profissionais de saúde no Brasil no contexto da pandemia por Covid-19. *Interface-Comunicação, Saúde, Educação*. 2021; 25: e200203. DOI: <https://doi.org/10.1590/Interface.200203>.
- 19.Cruz NMLV, Souza EB, Sampaio CSF, Santos AJM, Chaves SV, Hora RN, et al. Apoio psicossocial em tempos de Covid-19: experiências de novas estratégias de gestão e ajuda mútua no sul da Bahia, Brasil. *APS Rev*. 2020; 2(2): 97-105. Doi: <https://doi.org/10.14295/aps.v2i2.94>.
- 20.Kirby EEF, Siqueira ASA, Cunha DAO, Santiago FB, Neves LML, Beserra VS. Covid-19 e suas influências psíquicas na percepção da equipe de enfermagem da atenção paliativa oncológica. *Rev Min Enferm*. 2021; 25(1). DOI: 10.5935/1415-2762-20210003.

Correspondent Author

Matheus Henrique da Silva Lemos
Federal University of Piauí University Campus
Minister Petrônio Portela. SG - 07. ZIP: 64049-550 -
Ininga. Teresina, Piauí, Brazil.
lemosmhs@gmail.com