Table 1 Detailed results of the SERVQHOS survey.

	Much worse (%)	Worse (%)	As expected (%)	Better (%)	Much better (%)	Does not answer (%)
Objective quality						
Biomedical technology	0	0	31.8	240	44.2	1.5
Staff appearance	0	1.5	22.9	22.1	53.4	0
State of rooms and operating theatres	0	3.1	22.5	24	50.4	1.6
Information supplied by doctors	0	0	18.9	22.8	58.3	3.1
Waiting time to be seen (reception)	6.9	13.1	33.8	19.2	26.9	0.8
Ease of arrival at the hospital	0	6.9	42.3	25.4	25.4	0.8
Punctuality (of the surgery)	6.2	19.2	26.9	17.7	30	0.8
Communication with family members	0	8	28.5	23.1	47.7	0.8
Postsurgical guidelines	0	0	16.4	25	58.6	2.3
Subjective quality						
Interest in solving problems	0	0.8	24.6	29.2	45.4	0.8
Doing what they said they would	0	0	20.5	25.2	54.3	3.1
Rapidity	0.8	2.3	33.6	25	38.3	2.4
Readiness to help	0	0.8	21.5	24.6	53.1	0.8
Trust and safety	0	0.8	13.8	25.4	60	0.8
Staff friendliness	0	0.8	13.2	23.3	62.8	1.5
Staff training	0	0	14.1	22.7	63.3	2.3
Personalised treatment	0	0.8	10.9	26.6	61.7	2.3
Comprehension of needs	0	0	16.5	29.9	53.5	3.1
Interest displayed by nursing/surgical instrumentation staff	0	1.6	17.1	21.7	59.7	1.5

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COVID-19 pandemic: Burnout syndrome in healthcare professionals working in field hospitals in Brazil☆

Pandemia de la COVID-19: síndrome de Burnout en profesionales sanitarios que trabajan en hospitales de campaña en Brasil

Dear Editor,

In terms of mental health, the COVID-19 pandemic has raised 2 major challenges: the psychological impact of confinement on the population in general and the mental health impact on health professionals.[1]

The levels of emotional exhaustion of nurses and doctors was reported in studies in France, Italy and Spain. Among the Spanish and Italian health professionals, studies revealed that emotional exhaustion and anxiety attacks were the main symptoms. In Brazil, despite the lack of data, the Federal Board of Nursing (COFEN for its initials in Spanish) reported physical and mental exhaustion as the main symptoms of burnout. The percentage of nurses with high levels of exhaustion was significantly high during the first phase of the COVID-19 pandemic, compared with the previous pandemic period.[2]

Stress, anxiety and depression related disorders may be regarded as normal emotional reactions to a pandemic. In this sense, it is necessary to understand burnout syndrome as a potential problem.[3]

Nurses and doctors are particularly exposed to burnout syndrome risks because their exposure to work is usually

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high, with long working days and a high level of exigency and work overload.[4]

To ensure better care of Brazilians during the COVID-19 pandemic, the Brazilian government, following the worldwide trends, created field hospitals in the main cities of the country. This situation involved enormous efforts to adapt by professionals who were subjected to tough working conditions in an extreme situation. Within this context, many factors may interfere in the quality of patient care and in workloads of the professionals. Among these factors, patient care insecurity stands out, as does the lack of awareness of the pathophysiological aspects of nursing.[1,4]

A recently conducted systematic review underlines that the level of mental health impairment of healthcare professionals who were in frontline teams for COVID-19 ranged between medium to high, highlighting as the main symptoms: anxiety, depression, worry and insomnia, in addition to a high level of stress.[2] Despite the differences in the number of deaths/patients in different countries, burnout syndrome has to be a worldwide preoccupation, since COVID-19 has seriously endangered the health systems and the professionals themselves.

Field hospitals function as relevant support in the fight against the pandemic. However, they require highly qualified professionals to be able to act in extreme situations, such as COVID-19. A study conducted in Romania with 50 resident doctors highlighted that 76% of the population assessed had a high level of emotional exhaustion, depersonalisation and a low rate of personal achievement.[3]

Another factor which leads to great apprehension between nurses and doctors is the number of deaths from COVID-19 among the professionals themselves. According to that reported by the COFEN, Brazil is one of the countries with the highest mortality among nurses from the COVID-19 pandemic. Up until 28th May 2020, there were 157 deaths and over 17,000 confirmed cases. The number is greater than the deaths of nurses in the United States (U.S.A.). According to the National Nurses United, there were 100 deaths in U.S.A.[5]

Poor working conditions, work overload, the feeling of impotence against a new and highly contagious disease are the main factors which have contributed to the decline in mental health of healthcare professionals who work in field hospitals in Brazil and worldwide.

Taking as base the main problems identified in the field hospitals in Brazil, possible solutions could be to: contract nurses and doctors with specific training in catastrophe, invest in training professionals who are frontline workers in COVID-19, improve the infrastructure of field hospitals, adjust working hours and guarantee hours of effective rest.

Lastly, it is of note that the main factors associated with burnout syndrome among healthcare professions working frontline in the fight against COVID-19 is probably directly related to organisation, work structure and the ability to face up to and deal with stressful factors at work. Burnout is therefore a genuine problem which may be apparent in many different ways and cause serious health problems. Government leaders must therefore be aware of the risk to mental health and invest in new studies on this issue, guarantee appropriate working conditions, and offer specific training in order to effectively face the challenges generated by the COVID-19 pandemic.

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