

Evidence of organizational support in hospitals in the context of the COVID-19 pandemic: scoping review

Evidências de Suporte Organizacional em hospitais no contexto da pandemia de COVID-19: revisão de escopo

Evidencia de apoyo organizacional en hospitales en el contexto de la pandemia de COVID-19: revisión del alcance



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ABSTRACT

Objective: To map evidence of organizational support for healthcare professionals who worked in hospitals during the pandemic.

Method: This is a scoping review, based on the framework established by *Joanna Briggs Institute* and the PRISMA-ScR protocol, registered in the *Open Science Framework*, under DOI: 10.17605/OSF.IO/2P7B4. Materials that presented evidence of organizational support measures offered to hospital healthcare professionals in the context of the pandemic were included. The databases CINAHL (Ebsco), EMBASE (Elsevier), LILACS (VHL), PubMed (NLM/NCBI), Science Direct (Elsevier), Academic Search Premier (Ebsco), PSYCINFO (APA), SCOPUS (Elsevier), in addition to official websites of leading healthcare institutions with publications on the topic.

Results: After pre-selection of 716 materials, 60 studies were included; whose results addressed the topics: financial support, in-service education, material resources and physical structure, psychological support, the role of leadership, and other institutional support measures.

Conclusion: The pandemic scenario brought advances in relation to organizational support measures adopted in hospital institutions, highlighting the importance of investments in workplace support policies, not only during the pandemic period. Such actions can positively contribute to the provision of safe care for workers and patients.

Descriptors: Hospitals. COVID-19. Organization. Hospital Administration

RESUMO

Objetivo: Mapear evidências de suporte organizacional para profissionais de saúde que atuaram em hospitais no contexto da pandemia.

Método: Trata-se de uma revisão de escopo, baseada no referencial estabelecido pelo *Joanna Briggs Institute* e pelo protocolo PRISMA-ScR, registrada no *Open Science Framework*, sob DOI: 10.17605/OSF.IO/2P7B4. Foram incluídos os materiais que apresentavam evidências de medidas de suporte organizacional oferecidas para profissionais de saúde hospitalar, no contexto da pandemia. Foram consultadas as bases de dados CINAHL (Ebsco), EMBASE (Elsevier), LILACS (BVS), PubMed (NLM/NCBI), Science Direct (Elsevier), Academic Search Premier (Ebsco), PSYCINFO (APA), SCOPUS (Elsevier), além de sites oficiais de instituições de saúde líderes com publicações sobre o tema.

Resultados: Após pré-seleção de 716 materiais, foram incluídos 60 estudos, cujos resultados abordavam os temas: suporte financeiro, educação em serviço, recursos materiais e estrutura física, suporte psicológico, papel da liderança e outras medidas de suporte institucional.

Conclusão: O cenário pandêmico trouxe avanços em relação às medidas de suporte organizacional adotadas em instituições hospitalares, sendo apontada a importância de investimentos em políticas de apoio no ambiente de trabalho, não somente no período pandêmico. Tais ações podem contribuir positivamente para a execução da assistência segura aos trabalhadores e aos pacientes.

Descritores: Hospitais. COVID-19. Organização. Administração Hospitalar.

RESUMEN

Objetivo: Mapear evidencia de apoyo organizacional a los profesionales de la salud que trabajaron en el contexto de la pandemia.

Método: Se trata de una revisión de alcance, basada en el marco establecido por *Joanna Briggs Institute* y el protocolo PRISMA-ScR, registrado en *Open Science Framework*, bajo el DOI: 10.17605/OSF.IO/2P7B4. Se incluyeron materiales que presentaban evidencia de las medidas de apoyo organizacional ofrecidas a los profesionales de la salud hospitalaria en el contexto de la pandemia. Se consultaron las bases de datos CINAHL (Ebsco), EMBASE (Elsevier), LILACS (VHL), PubMed (NLM/NCBI), Science Direct (Elsevier), Academic Search Premier (Ebsco), PSYCINFO (APA), SCOPUS (Elsevier), además de sitios web oficiales de instituciones sanitarias líderes con publicaciones sobre el tema.

Resultados: Después de una preselección de 716 materiales, fueron incluidos 60 estudios, cuyos resultados abordaron los temas: apoyo financiero, educación en servicio, recursos materiales y estructura física, apoyo psicológico, el papel del liderazgo y otras medidas de apoyo institucional.

Conclusión: El escenario de pandemia trajo avances en relación a las medidas de apoyo organizacional adoptadas en las instituciones hospitalarias, destacando la importancia de las inversiones en políticas de apoyo en el lugar de trabajo, no sólo durante el período de pandemia. Tales acciones pueden contribuir positivamente a brindar atención segura a trabajadores y pacientes.

Descriptores: Hospitales. COVID-19. Organizaciones. Administración Hospitalaria

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■ INTRODUCTION

Organizational support refers to the adoption of practices and the implementation of organizational structures, aimed at promoting the efficient functioning of services to achieve institutional objectives from the perspective of its users and workers⁽¹⁻³⁾. In the hospital setting, the concept of organizational support is not different. It is understood that operational processes aim to develop and optimize workflows, ensuring efficient patient care and maintaining quality standards⁽²⁻⁴⁾.

By implementing strategies for emotional, logistical, organizational, educational, and financial support, hospitals create a healthy, safe, and productive work environment⁽⁵⁻⁷⁾. This approach not only benefits healthcare professionals, but also improves the quality of patient care and the resilience of the organization as a whole⁽¹⁻³⁾.

Organizational support emerges focused on moderating variables to promote the well-being and better performance of workers in the organizational context⁽⁸⁻¹⁵⁾. The field of Organizational and Work Psychology brings the concept of organizational support relating the professionals' outcomes in the workplace, and emphasizes that commitment, quality of life, and motivation influence several aspects of the physical and mental health of workers^(5,16). Some authors highlight that organizational support minimizes stressful situations and emotional exhaustion at work, influencing how workers perform^(9,17-18).

It is known that during the COVID-19 pandemic, healthcare workers experienced a stressful and exhausting work environment, where various organizational support strategies were critical to the well-being of healthcare professionals. However, studies indicate that the pandemic brought innovative coping strategies, such as shift management using Artificial Intelligence (AI) tools through algorithms, which allowed optimizing shift scheduling, ensuring a balanced distribution of the workload and minimizing burnout. The coordination of these strategies allowed organizations to face challenges more effectively, seeking lasting improvements in the work environment⁽¹⁹⁻²⁰⁾.

The COVID-19 pandemic brought many demands to healthcare organizations in the face of emerging challenges. The organizational support strategies implemented not only helped to face the crisis, but also established new practices, transforming the healthcare sector in the long term. The continued integration of these organizational support practices implemented during this period can lead to a more resilient, efficient workplace that is focused on the well-being of healthcare professionals⁽¹⁹⁻²²⁾. Therefore, this study had as its guiding question: What was the evidence of organizational support for healthcare professionals in the hospital during the COVID-19 pandemic?

The hypothesis suggests that institutional support strategies were established, such as training and qualification regarding new processes for screening and admitting patients with suspected or confirmed COVID-19, new approaches to patient care such as infection control and isolation procedures, emotional support for workers, as well as adaptations of physical structure and resizing of staff that can be adopted not only in crisis situations, but also in the daily practice of hospital organizations. Thus, the general objective of this study was to map evidence of organizational support for healthcare professionals who worked in hospitals during the COVID-19 pandemic.

■ METHOD

This is a scoping review based on the methodological framework developed by the Joanna Briggs Institute (JBI), which identifies this type of study as a mapping review or scoping study, since it aimed to map evidence of organizational support for health professionals who worked in hospitals during the pandemic. To conduct and report this review it was used the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension or Scoping Reviews (PRISMA-ScR)⁽²³⁾.

The review was conducted according to the following stages: development of the study guiding question, identification of relevant literature, selection of material, data extraction, synthesis and grouping of results, discussion and, finally, dissemination⁽²³⁾.

Before this review, searches were made to identify studies on the theme and similar reviews, and the research protocol was developed. This review was registered in the Open Science Framework (OSF), under protocol DOI: 10.17605/OSF.IO/2P7B4.

To guide the study, a research question was developed based on the PCC strategy, in which P refers to the Population (healthcare professionals), C to the Concept (organizational support) and C to the Context (hospitals). Thus, the defined guiding question was: What was the evidence of organizational support for healthcare professionals in the hospital area during the COVID-19 pandemic?

The selection criteria included documents that presented information, in their results, about the adoption of hospital organizational support measures for healthcare professionals working in hospitals in the context of the COVID-19 pandemic, published in any language. Studies that did not meet the objective or guiding question, and texts unavailable in full in electronic media, websites/electronic portals with restricted access or research projects were excluded.

The evaluation by the Research Ethics Committee was not required, since this investigation does not involve human

beings, according to Brazilian Resolutions 466/12 and 510/16. However, all articles used were duly cited.

The selection of studies occurred between September and October 2022, with publications from March 2020 to September 2022. Health sciences descriptors (DECS) in English, or medical subject headings (MESH) were used for searches in the Public Medical Literature Analysis and Retrieval System Online (PubMed), plus the Boolean operator AND and using quotation marks in compound terms and keywords.

Indexed journals were searched in widely recognized databases in the scientific dissemination field, through the portal of the Coordination for the Improvement of Higher Education Personnel (*Coordenação de Aperfeiçoamento de Pessoal de Nível Superior* - CAPES) and the Virtual Health Library (VHL), in the Public Medical Literature Analysis and Retrieval System Online (PubMed); Science Direct, Scopus and Embase, which are databases from Elsevier; Cumulative Index to Nursing and Allied Health Literature (CINAHL) Academic Search Premier, Psycho Info. The websites consulted were "Institute for Healthcare Improvement (IHI)", "International Labor Organization (ILO)", "National Health Surveillance Agency (*Agência Nacional de Vigilância Sanitária* - ANVISA)", "Ministry of Health", "World Health Organization (WHO)", and "Google Scholar".

For the selection of studies, the descriptors and keywords "Organizational Support", "perceived organizational support", "Hospitals", "COVID-19" were used, which were combined by using the Boolean operators AND and/or OR to construct the search strategies, considering the specificity of each database and search sites (Appendix 1), and with the search strategies customized for each database.

After applying the search strategies with the support of a qualified professional, the stages of reading and selecting the materials were conducted, with double-blind analysis in Rayyan®. In cases of disagreement between the two researchers, a third researcher was consulted for analysis and resolution.

To ensure the quality and transparency of this article writing, the guidelines contained in the Preferred Reporting Items for Systematic reviews and Meta Analyses extension for Scoping Reviews (PRISMA-ScR) checklist were followed⁽²³⁾

After the searches, the references were located in EndNote web® and exported to the Rayyan®, selection platform, after the exclusion of duplicate materials. The selection was made based on the reading of titles and abstracts, followed by the full-text reading of the articles. The references of the selected materials that met the inclusion criteria were also included. After this stage, the data were extracted using an instrument developed by the researchers, in an Excel®, spreadsheet, based on the JBI instrument, covering the following variables:

database, title, author, year, country, abstract, method and supporting evidence categorized.

■ RESULTS

The pre-selection identified 716 materials. Of these, 522 studies were located through the databases. After excluding duplicates detected by EndNote Web® (139), 383 potentially eligible materials were retrieved. Additionally, 194 studies were identified from other methods, such as citations, websites, and health organizations, as presented through PRISMA-ScR, shown in Figure 1.

After reading the titles and abstracts, 308 articles were selected. Finally, after reading the full texts, a total of 60 articles were obtained from all consulted sources. Chart 1 presents the 60 selected studies, published between 2020 and 2022, with 43% in 2021, and most studies having been published in the United States (28.3%).

Regarding organizational support, information was identified that was grouped according to content similarities among the findings, organized through the following themes: financial support (10%); in-service education (40%), also addressing care protocols as an example of support for professional performance; material resources and physical structure (43.33%); psychological support (26.66%); other institutional support measures (35%); role of leadership (51.66%), as shown in Chart 2.

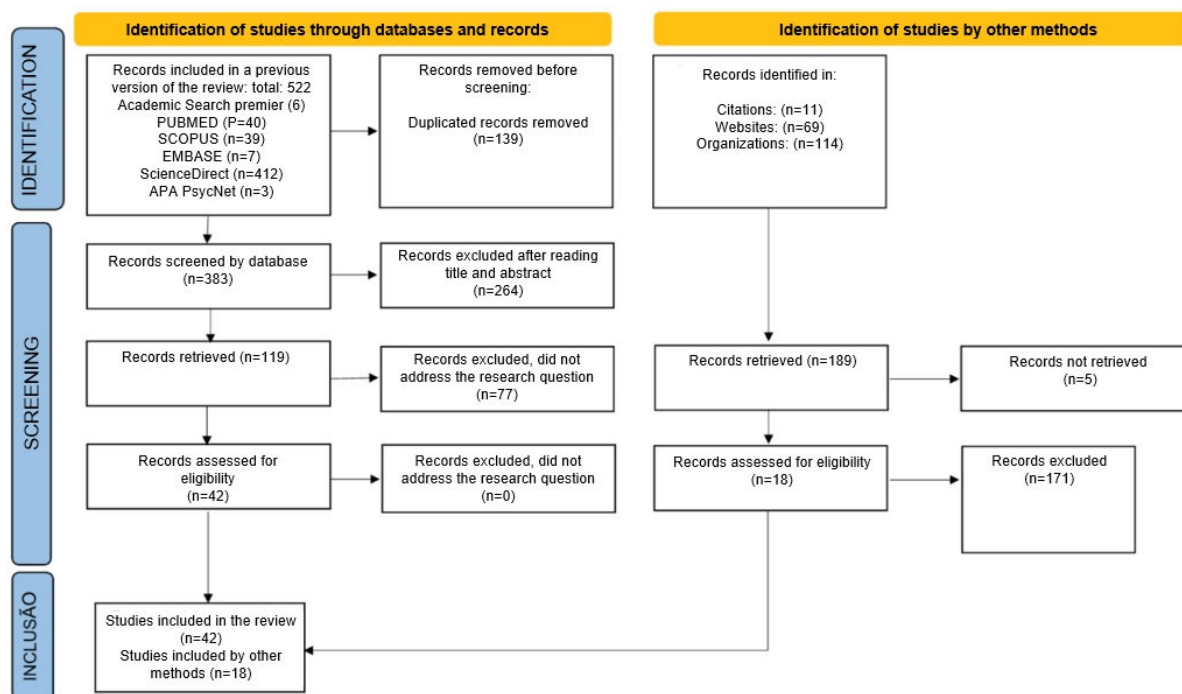
■ DISCUSSION

The analysis of the findings reveals a post-pandemic scenario in a global context, characterized by many adaptations and improvements in organizational support for healthcare professionals, when compared to the pre-pandemic setting. The relevance and international applicability of the strategies stand out, with most of the included studies being of international origin. The findings were grouped into categories that will be discussed below.

Financial Support

The precarious remuneration of nursing workers and the working hours that contribute to other employment relationships are characteristics of these workers. During the pandemic, it was observed that some healthcare professionals were the only ones contributing to the support of their families, due to the layoffs of relatives who also contributed to the household income. This situation motivated many professionals to seek double or triple work shifts.

Figure 1 – Flowchart of distribution of the number of articles found, excluded, and selected by databases, according to PRISMA-ScR and JBI recommendations⁽²³⁾. São Paulo, Brazil, 2023



Records removed via EndNote Web

**Records removed through selection made by researchers

Chart 1 – Articles included in the scoping review, considering: authors, country, database, objectives and method. São Paulo, Brazil, 2023.

Authors	Year/Country/ Database	Objectives	Method
Khoo et al. ⁽²⁴⁾	2021/China/ Scopus	To investigate the mental well-being of healthcare workers, identifying risk and protective factors.	Qualitative
Kranenburg et al. ⁽²⁵⁾	2021/Netherlands/ Scopus	To identify factors that benefit the vitality and resilience of healthcare workers during the pandemic.	Qualitative
Thude et al. ⁽²⁶⁾	2021/Denmark/ Scopus	To understand how Danish nurses dealt with organizational changes in their workplace.	Qualitative
Mohammed et al. ⁽²⁷⁾	2021/United Kingdom/ Science D.	To assess the impact of COVID-19 on stress, anxiety, depression and sleep disorders among nurses.	Systematic review
Andersen et al. ⁽²⁸⁾	2021/USA/ Science D.	Increase nurse resilience and determine the most effective interventions.	Quasi-experimental

Chart 1 – Cont.

Authors	Year/Country/ Database	Objectives	Method
Celano et al. ⁽²⁹⁾	2022/USA/ Science D.	Not applicable.	Editorial
Edmonson et al. ⁽³⁰⁾	2022/USA/ Science D.	Not applicable.	Editorial
Franco, Christie ⁽³¹⁾	2021/USA/ Science D.	To identify the impact of Self Compassion for Healthcare Communities on staff resilience and well-being.	Quasi-experimental
Gifford et al. ⁽³²⁾	2022/ Netherlands/ Science Direct	To identify challenges in recruiting staff to provide care during COVID-19.	Qualitative
Graham et al ⁽³³⁾	2021/UK/ Science.	Not applicable.	Editorial
Hallgren et al ⁽³⁴⁾	2022/Sweden/ ScienceD.	To understand nurses' work experiences.	Qualitative
Manbir, et al ⁽³⁵⁾	2021/India/ Science D.	Not applicable.	Editorial
Covner et al ⁽³⁶⁾	2021/USA/ Science Direct	To investigate the personal and contextual factors associated with nurses' psychological functioning.	Cross-sectional
Maben et al. ⁽³⁷⁾	2022/United Kingdom/ Science Direct	To examine the impacts of the pandemic on the psychosocial and emotional well-being of nursing staff.	Qualitative
Mellins et al. ⁽³⁸⁾	2020/USA/ Science Direct	To describe a support program for emotional well-being and increasing professional resilience.	Qualitative
Middleton et al. ⁽³⁹⁾	2021/Australia/ Science Direct	To investigate mental health, coping and organizational commitment among managers.	Cross-sectional
Morgan et al. ⁽⁴⁰⁾	2022/USA/ Science Direct	To guide decision-making on health system policies and programs.	Scoping review
Peck, Sonnen ⁽⁴¹⁾	2021/USA/ Science D.	To describe the impacts of COVID-19 on nurses.	Cross-sectional
Romano et al. ⁽⁴²⁾	2022/Canada/ Science D.	To evaluate the results of organizational intervention.	Qualitative

Chart 1 – Cont.

Authors	Year/Country/ Database	Objectives	Method
Sangal et al. ⁽⁴³⁾	2021/USA/ Science Direct	To identify the relationship between perceptions of support, communication and stress reduction among professionals.	Mixed
Son, Lee, Jang. ⁽⁴⁴⁾	2022/South Korea/ Science Direct	To identify the impact between stress at work and perceived organizational support.	Cross-sectional
Sullivan et al. ⁽⁴⁵⁾	2022/USA/ Science D.	To analyze research regarding team burnout.	Review
Xu et al. ⁽⁴⁶⁾	2021/Sweden/ Science D.	To explore the psychosocial experiences of nurses.	Review
Zaghini et al. ⁽⁴⁷⁾	2021/Italy/ Science Direct	To verify the influence of a proactive organizational approach and work-related stress.	Mixed
Zhao, Ahmed, Faraz. ⁽⁴⁸⁾	2021/Italy/ Science Direct	To observe the influence of an inclusive leadership style on psychological distress.	Cross-sectional
Ali et al. ⁽⁴⁹⁾	2020/USA/ Pubmed	To investigate stressors and coping strategies.	Cross-sectional
Ali et al. ⁽⁵⁰⁾	2022/USA/ Pubmed	To investigate the impact of organizational support on nurses' stress levels and psychosocial responses.	Cross-sectional
Capone et al. ⁽⁵¹⁾	2022/Italy/ Pubmed	To examine the relationships between physicians' well-being, organizational support and engagement.	Cross-sectional
Doo, Choi ⁽⁵²⁾	2022/South Korea/ Pubmed	To investigate the influence of work on depression, resilience and organizational trust.	Cross-sectional
Du et al. ⁽⁵³⁾	2022/China/ Pubmed	To explore the role of perceived organizational support in occupational stress and insomnia among nurses.	Cross-sectional
Hossny et al. ⁽⁵⁴⁾	2022/Egypt/ Pubmed	To explore organizational support perceived by managers.	Qualitative
Latimer, Otis ⁽⁵⁵⁾	2022/USA/ Pubmed	To assess the influence of organizational support and moral distress on nurses.	Cross-sectional exploratory
Mai et al. ⁽⁵⁶⁾	2021/Germany/ Pubmed	To formulate recommendations for health promotion.	Mixed

Chart 1 – Cont.

Authors	Year/Country/ Database	Objectives	Method
Zeng et al. ⁽⁵⁷⁾	2021/China/ Pubmed	To explore the influence of organizational support on professionals' work.	Cross-sectional
Zhan et al. ⁽⁵⁸⁾	2022/China/ Pubmed	To investigate factors associated with compassion fatigue.	Cross-sectional
Zhou et al. ⁽⁵⁹⁾	2022/China/ Pubmed	To examine the effects of work stressors, social support and organizational support on well-being.	Cross-sectional
Afsar et al. ⁽⁶⁰⁾	2021/Turkey/ Google Scholar	To determine the perceptions of work stress and organizational support of healthcare professionals.	Descriptive and cross-sectional
Daneshvar et al. ⁽⁶¹⁾	2021/Germany, Iran/ Google Scholar	To determine the main sources of anxiety among professionals and examine the interaction between variables.	Mixed
Carvalho et al. ⁽⁶²⁾	2022/Brazil/ Google Scholar	To identify difficulties and potentialities related to the organizational climate.	Qualitative
Zhang et al. ⁽⁶³⁾	2021/China/ Google Scholar	To investigate the effect of resilience between organizational support and fatigue.	Cross-sectional
Bredicean et al. ⁽⁶⁴⁾	2021/Romania/ Embase	To assess psychological distress associated with work-related experiences.	Cross-sectional
Cyr et al. ⁽⁶⁵⁾	2021/Canada/ Embase	To identify risk and protective factors for burnout, and the impact of these factors on PTSD, anxiety and depression.	Cross-sectional
Wójcik et al. ⁽⁶⁶⁾	2022/Poland/ Embase	To examine how work demands and resources affected burnout among Polish nurses.	Cross-sectional
Asiri et al. ⁽⁶⁷⁾	2022/Arabia/ CINAHL	To assess perceived organizational support by nurses.	Cross-sectional
Jiang et al. ⁽⁶⁸⁾	2021/China/ CINAHL	To explore work-related stress experiences related to pandemic prevention and control.	Qualitative
Şanlıöz, Sağbaş, Sürücü ⁽⁶⁹⁾	2022/Turkey/ Academic Search P.	To investigate the role of perceived organizational support in the relationship between engagement and work performance.	Survey

Chart 1 – Cont.

Authors	Year/Country/ Database	Objectives	Method
ILO ⁽⁷⁰⁾	2021/Switzerland/ Site	To raise awareness of the need for a resilient system.	N/A
ILO ⁽⁷¹⁾	2021/Switzerland/ Site	To document workers' protests on their working conditions during the pandemic.	N/A
ILO ⁽⁷²⁾	2022/Switzerland/ Site	To promote commitment to integrated policy action to improve health and well-being.	N/A
Donkers et al. ⁽⁷³⁾	2021/Netherlands/ Citation	To assess levels of moral distress and ethical climate.	Mixed
Middleton ⁽⁷⁴⁾	2020/Australia/ Citation	To present evidence on care management.	Review
Giusti et al. ⁽⁷⁵⁾	2020/Italy/ Citation	To identify the prevalence of psychological distress.	Quantitative
Hines et al. ⁽⁷⁶⁾	2021/USA/ Citation	To quantify the experience of moral harm and distress.	Longitudinal
Jizheng et al. ⁽⁷⁷⁾	2020/China/ Citation	To investigate mental health and guide interventions.	Cross-sectional
Martínez et al. ⁽⁷⁸⁾	2020/Spain/ Citation	To identify how COVID-19 affected professionals.	Cross-sectional
Muller et al. ⁽⁷⁹⁾	2020/Not available/ Citation	To identify and evaluate available research on the impact of the pandemic on mental health of professionals.	Systematic review
Dogan, Oguzhan. ⁽⁸⁰⁾	2020/Turkey/ Citation	To determine the relationship between support and stress at work.	Cross-sectional
Adams, Walls ⁽⁸¹⁾	USA/ Citation	Not applicable.	Editorial
Labrague, De Los Santos ⁽⁸²⁾	2020/Philippines/ Citation	To examine the influence of resilience, social support and organizational support in reducing anxiety in nurses.	Cross-sectional
Arnetz et al. ⁽⁸³⁾	2020/USA/ Citation	To explore perceptions of stress during the pandemic.	Cross-sectional

Chart 2 – Summary of organizational support categories. São Paulo, Brazil, 2023.

Category	Evidence
<i>Financial Support</i>	Implementation of salary bonus policies for overtime, breaks, days off, and vacations. Sufficient number of workers ⁽²⁵⁾ .
	Accessibility to assistance and extra resources, increased workforce, improved working conditions ^(19, 26) .
	Partnerships with companies to provide housing for healthcare workers, additional payments, paid medical leave, insurance resources, salary adjustments, and monitoring of financial needs ^(36, 40) .
	Financial support, services, and access to COVID-19 medications for health care workers and their families ^(24, 61) .
<i>In-service Education</i>	Training and access to experienced staff, and proper handling of PPE, online self-learning ^(26, 34, 36, 47, 53–54, 56–57, 59, 62, 64–65, 67, 70, 75, 82) .
	Theoretical and communication skills training, feedback channels, access to experts ^(61, 68, 83) .
<i>Material Resources</i>	Purchase of food, parking, replacement of materials and equipment, work phones with email function ^(24–26, 55) .
	Availability of separate triage rooms for suspected and positive cases, equipped ambulances and morgues ⁽⁴⁷⁾ .
	Adequate materials, personal protective equipment and physical structure ^(34, 37, 41, 44, 47, 54–55, 60–62, 67–70, 72; 74–75, 80, 83–84) .
<i>Psychological Support</i>	Collaborative mental/spiritual health circles with a licensed mental health professional and a chaplain ⁽²⁹⁾ .
	Guidelines for coping with the pandemic, provision of practical support information/workshops on self-care, meditation apps, training in resilience strategies ^(24–25, 27–28, 31, 38–39, 42, 45, 47, 57, 63, 76) .
	Female-sensitive interventions addressing specific mental health needs ⁽⁴⁰⁾ .
	Psychoeducational debriefing groups, individual psychotherapy hotlines, focus groups, access to digital platforms via smartphones, meditation programs, relaxation rooms, massage ^(26–27, 30, 47, 49, 53, 58–59, 61, 63–64, 69, 71, 74–75, 77, 81–82) .
<i>Other Institutional Support Measures</i>	Promotion of a culture of personal growth and professional appreciation ^(28, 67, 72) .
	Practices for discussion and reflection with teams regarding ethical issues, social conditions, working conditions, and adaptations to work conditions ^(30, 33, 54–56, 70, 83) .
	Strengthening the workforce, flexible working and rest hours, post-work rewards, and addressing professionals' physical needs ^(35, 60–62, 67–70, 72, 74–75, 80) .
	Social or peer support, virtual or in-person social networks ^(24–25, 36–38, 43, 46, 51, 61–66, 69, 71, 82) .
	Providing resources for those with dependents on site, such as daycare or shelter ⁽⁴⁰⁾ .

Chart 2 – Cont.

Category	Evidence
<i>Role of Leadership</i>	Providing recognition, support, and concern for the well-being of the team, fostering team spirit (25–27,32,50,53,59–61,83).
	Promoting rapid and effective communication, with necessary information for self-care (27,43,54, 61–62,70,73,81,83).
	Contributing to the creation of a healthy and safe work culture (28,80).
	Providing protective supplies, accommodations, financial rewards, professional training, and psychological intervention provided by hospitals; flexibility in shifts (46,54,63–64,67–68,75,81–82).
	Participative approach (47–48,80).
	Promoting appropriate coaching programs for managers to enable healthy leadership behavior (56).

When analyzing the aspects related to financial support, it was identified that only 11.6% of the studies addressed the topic.

The implementation of salary bonus policies and the definition of limits for overtime, breaks, days off and vacations are strategies that help to avoid excessive worker involvement and maintain sufficient personal distance at work⁽²⁵⁾. Other elements of support from the organization, such as adequate staffing⁽²⁷⁾, access to help from other workers and material resources, both regarding the work performed and logistical and organizational issues, allowed nurses to act quickly to optimize their performance, without restrictions from the organization⁽²⁶⁾.

Financial support stands out as a facilitator in maintaining the workforce during the pandemic, where sectors were expanded, and due to the increase in the number of workers on leave, preventing overload and workplace accidents, as well as potential errors related to care.

Regarding exposure and risk of infection to others, economic assistance was indicated as a strategy to reduce morbidity and transmission of the disease, based on partnerships with companies, to provide hotel rooms with discounts to healthcare professionals, allowing them to isolate without putting at risk pregnant family members, the elderly, and children. Additionally, paid medical leave, salary adjustments, and other financial support measures for those affected by the illness were considered fair compensatory actions⁽⁴⁰⁾.

In-service Education

In the context of the pandemic, the in-service education process was essential to ensure the safety of both workers and patients during nursing care, preventing harm and accidents. In this sense, training and guidance on specific procedures regarding the profile of COVID-19 patients and the support of experienced teams with specialized knowledge in the area helped nurses feel safe and comfortable during the pandemic, with a view to reducing or preventing psychological distress⁽²⁶⁾.

Different protective factors against burnout, such as training, continuing education, supervision, recognition and continuous feedback were highlighted in these specific circumstances of the COVID-19 pandemic⁽⁶⁴⁾, since changes in protocols based on official health agency guidelines posed a challenge for institutions to monitor and disseminate information to their workers⁽⁶⁸⁾.

Effective communication through discussion groups, as an educational tool, enabled the dissemination and updating of information in an agile and effective manner, identifying doubts and questions^(68,78), in addition to topics relevant to the moment experienced, contributing to a sense of security⁽²⁶⁾. This strategy also fosters interaction between teams, with discussions about the work process, care provided, suggestions for workplace adaptations, as well as an open dialogue, favoring the building of trust among peers and cooperation between health teams.

In this regard, the institutions developed in their training topics related to care, proper use of personal protective equipment (PPE), prevention and protection actions for patients and workers, as well as guidelines regarding extra-hospital environment, such as handling the clothing of workers at home⁽⁸¹⁾.

Training and education emerged as pillars of the management of the pandemic, as the lack of information about personal protective equipment is associated with higher levels of anxiety related to COVID-19⁽⁵⁴⁾.

However, as in other organizational areas, professionals working in education adapted their approach, innovating with digital tools to train admitted workers, since admissions had a growing increase to support bed contingency, in as well as teaching and on-site guidance activities.

Material Resources and Physical Structure

In this category, personal protective equipment (PPE) was considered an essential resource, since COVID-19 was spreading rapidly, was highly transmissible, and potentially fatal on patients who had not been immunized until then. The scarcity of equipment and the low quality of the material provided to workers made them more vulnerable to the virus when exposed to it.

Conceptually, PPE is solely intended to protect workers from the risk factors present in their workplace. Gloves, masks, aprons, among others, do not change the risk factors present, nor do they prevent the performance of dangerous actions. They only minimize the effects or consequences of a possible accident at work or prevent the onset of diseases⁽⁸⁴⁾.

In Brazil, PPE must be available, according to certifying agencies, the National Health Surveillance Agency (*Agência Nacional de Vigilância Sanitária* - ANVISA) and the Regulatory Norms (NRs) of the Ministry of Labor and Employment, and the employers of public or private institutions are required to provide and guarantee quantities, besides offering training for the proper handling, use and proper disposal⁽⁸⁵⁾.

Considering the need to protect healthcare workers and the issues related to PPE shortages, the rational use of this equipment is essential to minimize impacts, especially regarding workers' illness⁽⁸⁶⁾.

Other resources were essential in the pandemic, such as the expansion of hospital beds, human resources (staffing), equipment and supplies, such as monitors, ventilators, infusion pumps, among others, in addition to monitoring oxygen consumption and availability⁽⁸⁷⁾.

The use of PPE by nursing workers has always been a concern and challenge for healthcare and occupational safety teams. Despite being available, adherence to PPE use is related, in analyses of workplace accidents, among other aspects, especially to the use of protective glasses. Among the lessons learned from the COVID-19 pandemic is the hope for increased adherence to PPE usage among these workers.

Psychological Support

The COVID-19 pandemic highlighted and intensified challenges already present in the hospital environment, emphasizing the need for psychological support for healthcare professionals. Work overload, uncertainties regarding virus containment, constant changes in protocols and the lack of personal protective equipment not only increased levels of stress and anxiety, but also significantly impacted the mental health of these workers⁽⁸⁸⁾. In response, various initiatives were implemented to mitigate these impacts, although the effectiveness and scope of these actions remain debatable.

Studies reveal that these professionals presented higher levels of stress, anxiety, depression, burnout and post-traumatic stress disorder, and emphasize the need to strengthen prevention strategies and psychological support⁽⁸⁸⁻⁹²⁾.

Adaptive methods, such as the use of digital platforms for psychological care, have proven to be fundamental for making access to mental health services more flexible during a time of social distancing. The effectiveness of these platforms, although promising, varies greatly depending on the reality and needs of different hospital settings.

Conversation groups and debriefings were used as a method of psychological support, especially in stressful and traumatic situations, such as during the COVID-19 pandemic. Research has shown that these interactions provided a space for participants to express their emotions, as well as to be heard and feel validated regarding their experiences. These sessions allowed participants to share their experiences, the experiences of others, and find strategies to cope with stress, anxiety, and feelings of helplessness⁽⁹³⁻⁹⁴⁾.

The analyzed studies also brought self-care measures and a safe and healthy organizational environment as a way of promoting the mental health and well-being of workers. The guidelines, initiatives, and methods implemented in the workplace have the power to affect various aspects of professional life, including the health and well-being of workers⁽⁹⁵⁾.

In a study conducted in Portugal, the adoption of regular practices to promote mental health, such as engaging in physical activity, relaxation practices, and maintaining social connections, resulted in a notable decrease in stress, anxiety, and symptoms of depression among nurses during the COVID-19 pandemic⁽⁹⁶⁾. However, the implementation of these practices is still inconsistent, and their effectiveness may vary depending on the local context and the specificities of each health team.

Despite the significant damage to the mental health of healthcare professionals during the COVID-19 pandemic, interventions conducted by hospital institutions are still scarce. In the studies included in this review, 51.6% presented measures and actions for psychological support for professionals, aiming to reduce the impact of mental distress. This disparity indicates the urgent need for more consistent and comprehensive policies to ensure that all professionals have access to the necessary support, especially in times of crisis.

Other Institutional Support Measures

In addition to the measures already mentioned, it was necessary to create a category for other strategies that did not meet the criteria to be grouped into the other categories.

Effective teamwork significantly contributed to improving patient experience and outcomes⁽⁹⁷⁾, as well as promoting improvements in communication, collaboration, and organizational effectiveness among healthcare professionals⁽⁹⁸⁾. During the COVID-19 pandemic, communication has become a key element in sustaining professional interactions, helping to build trust among colleagues, encouraging collaboration and cooperation among healthcare teams^(99–100) and reducing anxiety⁽¹⁰¹⁾.

Other identified support measures recognized the complexities of healthcare professionals' personal and professional lives. Social support provided by management and colleagues resulted in a significant reduction in emotional exhaustion levels among healthcare professionals during the COVID-19 pandemic⁽¹⁰²⁾.

Other mapped resources were adequate conflict management, reward systems, flexible working hours policies, and recognition systems that highlight individual and team achievements. These aspects can positively contribute to enhancing worker satisfaction and well-being through practices and values that promote healthy environments.

These findings suggest that a comprehensive and integrated approach to institutional support can significantly benefit healthcare organizations. Incorporating elements

of teamwork, effective communication, social support, and flexibility in work practices not only improves the well-being of healthcare professionals but also promotes organizational resilience, which is essential to face future crises.

Leadership

Effective leadership emerged as a critical factor in organizational support during the pandemic, highlighted in 53.33% of the reviewed studies, having a positive and significant impact on employee well-being. The results of this review align with studies that reinforce that leaders and healthcare institutions have a crucial role in providing support to professionals in the area, especially during times of crisis^(103–105).

During the COVID-19 pandemic, effective leadership played a crucial role in crisis management. The role of the leader is highlighted as a fundamental link between the team and the institution, providing a safe work environment for professionals^(106–107). The findings corroborate studies that reaffirm that leadership as essential for team motivation, practice improvement, and needs identification^(108–110).

After analyzing the role of leadership in organizational support for healthcare professionals, the results showed aspects of transformational leadership as essential in this context. This style has been associated with positive outcomes, such as greater job satisfaction, employee retention, patient safety, collaboration, resilience, personal motivation, and better health outcomes^(111–113). This information emphasizes the importance of training leaders in crisis management and emotional support skills, ensuring a more cohesive and effective response in future emergencies.

Limitations of the study include the exclusion of the Cochrane database due to unavailability during the search stage of this research.

CONCLUSION

The results of this study elucidated important aspects regarding the evidence of organizational support measures, considering the expectations and needs of healthcare workers in a hospital environment during the pandemic period.

In this scenario, organizational support was demonstrated through in-service education, provision of material resources and PPE, mental health support, and leadership characterized by transformational management. Communication was also considered a relevant tool for providing team support. All these elements contributed significantly to care quality and worker well-being.

As recommendations, it is considered essential to maintain the supply of inputs and physical structure adequate to care demands, ensuring safe assistance for both workers and service users. The importance of in-service education is highlighted to train teams on the use of PPE and other preventive measures, providing a healthy work environment. Preparing leaders emerges as a fundamental strategy to manage institutional support measures in crisis scenarios, aiming to positively contribute to identifying team needs and the feasibility of meeting them.

In this sense, although these approaches were, in general, reactive and emergency, they brought learnings in certain team support practices, which can be seen as advancements compared to the pre-pandemic scenario. However, for these improvements to be consolidated and generate lasting impacts in the workplace, it is crucial that healthcare institutions continue to invest in support measures that contribute to well-being at work, not only in times of crisis, but also in the everyday lives of healthcare workers.

REFERENCES

- Eisenberger R, Huntington R, Hutchison S, Sowa D. Perceived Organizational Support. *J Appl Psychol*. 1986;71(3):500-7. <https://doi.org/10.1037/0021-9010.71.3.500>
- Eisenberger R, Fasolo P, Davis-LaMastro V. Perceived organizational support and employee diligence, commitment, and innovation. *J Appl Psychol*. 1990;75(1):51-9. <https://doi.org/10.1037/0021-9010.75.1.51>
- Hayton JC, Carnabuci G, Eisenberger R. With a little help from my colleagues: a social embeddedness approach to perceived organizational support. *J Organ Behav*. 2012;33:235-49. <https://doi.org/10.1002/job.755>
- Torres ARA, Chagas MIQ, Moreira ACA, Barreto ICHC, Rodrigues EM. O adoecimento no trabalho: repercussões na vida do trabalhador e de sua família. *SANARE* [Internet]. 2013 [cited 2023 Nov 29];10(1). Available from: <https://sanare.emnuvens.com.br/sanare/article/view/142>
- Formiga NS, Freire BGO, Batista PFA, Estevam ID. Suporte organizacional e autoestima em funcionários de organizações públicas e privadas no Brasil. *Psicologia.pt* [Internet]. 2017 [cited 2023 Nov 29]. Available from: https://www.psicologia.pt/artigos/ver_artigo.php?suporte-organizacional-e-autoestima-em-funcionarios-de-organizacoes-publicas-e-privadas-no-brasil&codigo=A1142&area=d8
- Kurtessis JN, Eisenberger R, Ford MT, Buffardi LC, Stewart KA, Adis CS. Perceived organizational support: a meta-analytic evaluation of organizational support theory. *J Manage*. 2017;43(6):1854-84. <https://doi.org/10.1177/0149206315575554>
- Chong H, White RE, Prybutok V. Relationship among organizational support, JIT implementation, and performance. *Ind Manag Data Syst*. 2001;101(6):273-81. <https://doi.org/10.1108/EUM0000000005576>
- Formiga N, Fleury LFO, Souza MA. Evidências de validade da escala de percepção de suporte organizacional em funcionários de empresa pública e privada. *Est Inter Psicol*. 2014;5(2):60-7. <https://doi.org/10.5433/2236-6407.2014v5n2p60>
- Formiga NS, Freire BGO, Estevam ID, Fleury LFO, Souza MA. La influencia del apoyo organizacional en el autoconcepto profesional en trabajadores de organizaciones públicas y privadas. *Eureka (Asunción)* [Internet]. 2018 [cited 2023 Nov 29];15(1):1-15. Available from: <https://docs.bvsalud.org/biblioref/2018/06/885121/eureka-15-1-13.pdf>
- Leveson L, Joiner TA, Bakalis S. Managing cultural diversity and perceived organizational support: evidence from Australia. *Int J Manpow*. 2009;30(4):377-92. <https://doi.org/10.1108/01437720910973061>
- Suazo MM, Stone-Romero EF. Implications of psychological contract breach: a perceived organizational support perspective. *J Manag Psychol*. 2011;26(5):366-82. <https://doi.org/10.1108/02683941111138994>
- Mishra SK. Linking perceived organizational support to emotional labor. *Pers Rev*. 2014;43(6):845-60. <https://doi.org/10.1108/PR-09-2012-0160>
- Neves P, Eisenberger R. Perceived organizational support and risk taking. *J Manag Psychol*. 2014;29(2):187-205. <https://doi.org/10.1108/JMP-07-2011-0021>
- Astuty I, Udin U. The effect of perceived organizational support and transformational leadership on affective commitment and employee performance. *J Asian Fin Econ Bus*. 2020;7(10):401-11. <https://doi.org/10.13106/JAFEB.2020.VOL7.N010.401>
- Caesens G, Marique G, Hanin D, Stinglhamber F. The relationship between perceived organizational support and proactive behaviour directed towards the organization. *Eur J Work Organ Psychol*. 2016;25(3):398-411. <https://doi.org/10.1080/1359432X.2015.1092960>
- Kalidass A, Bahron A. The relationship between perceived supervisor support, perceived organizational support, organizational commitment and employee turnover intention. *Int J Bus Adm*. 2015;6(5):82-89. <https://doi.org/10.5430/ijba.v6n5p82>
- Baran BE, Shanock LR, Miller LR. Advancing organizational support theory into the twenty-first century world of work. *J Bus Psychol*. 2012;27(2):123-25. <https://doi.org/10.1007/s10869-011-9236-3>
- Tamayo M R, Tróccoli BT. Exaustão emocional: relações com a percepção de suporte organizacional e com as estratégias de coping no trabalho. *Estud Psicol*. 2002;7(1):37-46. <https://doi.org/10.1590/S1413-294X2002000100005>
- Costa ADSMD, Paiva EL, Gomes MVP, Brei VA. Impactos da COVID-19 nas organizações. *Rev Adm Empres*. 2020;60(6). <https://doi.org/10.1590/S0034-759020200602>
- Peixoto ALA, Vasconcelos EF, Bentivi DRC. Covid-19 e os desafios postos à atuação profissional em psicologia organizacional e do trabalho: uma análise de experiências de psicólogos gestores. *Psicol Cienc Prof*. 2020;40:e244195. <https://doi.org/10.1590/1982-3703003244195>
- Organização Mundial da Saúde (OMS). Folha informativa sobre COVID-19 [Internet]. 2022 [cited 2023 Nov 29]. Available from: <https://www.paho.org/pt/covid19>
- Machado AV, Ferreira WE, Vitória MAÁ, Magalhães Júnior HM, Jardim LL, Menezes MAC, et al. COVID-19 e os sistemas de saúde do Brasil e do mundo: repercussões das condições de trabalho e de saúde dos profissionais de saúde. *Ciê Saúde Coletiva*. 2023;28(10):2965-78. <https://doi.org/10.1590/1413-812320232810.10102023>
- Peters MDJ, Godfrey C, McInerney P, Munn Z, Tricco AC, Khalil H. Chapter 11: Scoping Reviews (2020 version). In: Aromataris E, Munn Z, editores. *JBIM Manual for Evidence Synthesis*. JBI; 2020. <https://doi.org/10.46658/JBIMES-20-12>
- Khoo VPH, Ting RS-K, Wang X, Luo Y, Seeley J, Ong JJ, et al. Risk and protective factors for the mental wellbeing of deployed healthcare workers during the COVID-19 pandemic in China: a qualitative study. *Front Psychol*. 2021;12. <https://doi.org/10.3389/fpsyg.2021.773510>

25. Kranenburg LW, De Veer MR, Oude Hengel KM, Kouwenhoven-Pasmooij TA, De Pagter APJ, Hoogendijk WJG, et al. Need for support among healthcare professionals during the COVID-19 pandemic: a qualitative study at an academic hospital in the Netherlands. *BMJ Open*. 2022;12:e059124. <https://doi.org/10.1136/bmjopen-2021-059124>
26. Thude BR, Primdahl J, Jensen HI, Elkjær M, Hoffmann E, Boye LK, Specht K. How did nurses cope with the fast, comprehensive organisational changes at Danish hospital wards during the COVID-19 pandemic? an interview study based on nurses' experiences. *BMJ Open*. 2021;11:e049668. <https://doi.org/10.1136/bmjopen-2021-049668>
27. Mohammed AM, Mohammed AS, Badriya AL. Prevalence of stress, depression, anxiety and sleep disturbance among nurses during the COVID-19 pandemic: a systematic review and meta-analysis. *J Psychosom Res*. 2021;141. <https://doi.org/10.1016/j.jpsychores.2020.110343>
28. Andersen S, Binder RM, Sweatt L, Song H. Building nurse resilience in the workplace. *Appl Nurs Res*. 2021;59:151433. <https://doi.org/10.1016/j.apnr.2021.151433>
29. Celano T, Harris S, Sawyer AT, Hamilton T. Promoting spiritual well-being among nurses. *Nurse Lead*. 2022;20(2):188-92. <https://doi.org/10.1016/j.mnl.2021.08.002>
30. Edmonson C, Anest P, Gogek J. A profession disrupted: looking back to go forward. *Nurse Lead*. 2022; 20(3):281-85. <https://doi.org/10.1016/j.mnl.2022.02.010>
31. Franco PL, Christie LM. Effectiveness of a one day self-compassion training for pediatric nurses' resilience. *J Pediatr Nurs*. 2021;61:109-14. <https://doi.org/10.1016/j.pedn.2021.03.020>
32. Gifford RE, Baan FCV, Westra D, Ruwaard D, Zijlstra FRH, Poesen LT, et al. There and back again. Examining the development of employee commitment during a prolonged crisis. *SSM - Qual Res Health*. 2022;2:100053. <https://doi.org/10.1016/j.ssmqr.2022.100053>
33. Graham RNJ, Woodhead T. Leadership for continuous improvement in healthcare during the time of COVID-19. *Clin Radiol*. 2021;76(1):67-72. <https://doi.org/10.1016/j.crad.2020.08.008>
34. Hallgren J, Larsson M, Kjellén M, Lagerroth D, Bäckström C. Who will do it if I don't? Nurse anaesthetists' experiences of working in the intensive care unit during the COVID-19 pandemic. *Austral Crit Care*. 2022;35(1):52-8. <https://doi.org/10.1016/j.aucc.2021.11.003>
35. Manbir K, Priyanka S, GJ N, Pradeep B. Burnout during the COVID-19 pandemic: time to ponder. *Braz J Anesthesiol*. 2021;71(2):190. <https://doi.org/10.1016/j.bjane.2020.10.017>
36. Covner C, Haveis VH, Devanter NV, Yu G, Glassman K, et al. The psychosocial impact on frontline nurses of caring for patients with COVID-19 during the first wave of the pandemic in New York City. *Nurs Outlook*. 2021;69:744-54. <https://doi.org/10.1016/j.outlook.2021.03.019>
37. Maben J, Conolly JA, Abrams R, Rowland E, Harris R, Kelly D, et al. You can't walk through water without getting wet' UK nurses' distress and psychological health needs during the COVID-19 pandemic: a longitudinal interview study. *Int J Nurs Stud*. 2022;131:104242. <https://doi.org/10.1016/j.ijnurstu.2022.104242>
38. Mellins CA, Mayer LES, Glasofer DR, Devlin MJ, Albano AM, Nash SS, et al. Supporting the well-being of health care providers during the COVID-19 pandemic: the Cope Columbia response. *Gen Hosp Psychiatry*. 2020;67:62-9. <https://doi.org/10.1016/j.genhosppsych.2020.08.013>
39. Middleton R, Loveday C, Hobbs C, Almasi E, Moxham L, Green H, et al. The COVID-19 pandemic: a focus on nurse managers' mental health, coping behaviours and organisational commitment. *Collegian*. 2021;28(6):703-8. <https://doi.org/10.1016/j.collegian.2021.10.006>
40. Morgan R, Tan HL, Oveisi N, Memmott C, Korzuchowski A, Hawkins K, et al. Women healthcare workers' experiences during COVID-19 and other crises: a scoping review. *Int J Nurs Stud Adv*. 2022;4:100066. <https://doi.org/10.1016/j.ijnsa.2022.100066>
41. Peck JL, Sonney J. Exhausted and burned out: COVID-19 emerging impacts threaten the health of the pediatric advanced practice registered nursing workforce. *J Pediatr Health Care*. 2021;35(4):414-24. <https://doi.org/10.1016/j.pedhc.2021.04.012>
42. Romano D, Weiser N, Santiago C, Sinclair C, Beswick S, Espiritu R, et al. An organizational approach to improve staff resiliency and wellness during the COVID-19 pandemic. *J Med Imaging Radiat Sci*. 2022;53(4 Suppl):S93-S99. <https://doi.org/10.1016/j.jmir.2022.06.011>
43. Sangal RB, Bray A, Reid E, Ulrich A, Liebhart B, Venkatesh AK, et al. Leadership communication, stress, and burnout among frontline emergency department staff amid the COVID-19 pandemic: a mixed methods approach. *Healthcare*. 2021;9(4):100577. <https://doi.org/10.1016/j.hjdsi.2021.100577>
44. Son YJ, Lee H, Jang SJ. Work stress and perceived organizational support on young Korean nurses' care for COVID-19 patients. *Collegian*. 2022;29(5):748-754. <https://doi.org/10.1016/j.collegian.2022.05.009>
45. Sullivan D, Sullivan V, Weatherspoon D, Frazer C. Comparison of nurse burnout, before and during the COVID-19 Pandemic. *Nurs Clin North Am*. 2022;57(1):79-99. <https://doi.org/10.1016/j.cnur.2021.11.006>
46. Xu H, Stjernsward S, Glasdam S. Psychosocial experiences of frontline nurses working in hospital-based settings during the COVID-19 pandemic: a qualitative systematic review. *Int J Nurs Stud Adv*. 2021;3:100037. <https://doi.org/10.1016/j.ijnsa.2021.100037>
47. Zaghini F, Fiorini J, Livigni L, Carrabs G, Sili A. A mixed methods study of an organization's approach to the COVID-19 health care crisis. *Nurs Outlook*. 2021;69(5):793-804. <https://doi.org/10.1016/j.outlook.2021.05.008>
48. Zhao F, Ahmed F, Faraz NA. Caring for the caregiver during COVID-19 outbreak: does inclusive leadership improve psychological safety and curb psychological distress? cross-sectional study. *Int J Nurs Stud*. 2020;110:103725. <https://doi.org/10.1016/j.ijnurstu.2020.103725>
49. Ali H, Cole A, Ahmed A, Hamasha S, Panos G. Major stressors and coping strategies of frontline nursing staff during the outbreak of Coronavirus Disease 2020 (COVID-19) in Alabama. *J Multidiscip Healthc*. 2020;13:2057-68. <https://doi.org/10.2147/JMDH.S285933>
50. Ali H, Fatemi Y, Ali D, Hamasha M, Hamasha S. Investigating frontline nurse stress: perceptions of job demands, organizational support, and social support during the current COVID-19 Pandemic. *Front Public Health*. 2022;10:839600. <https://doi.org/10.3389/fpubh.2022.839600>
51. Capone V, Borrelli R, Marino L, Schettino G. Mental well-being and job satisfaction of hospital physicians during COVID-19: relationships with efficacy beliefs, organizational support, and organizational non-technical skills. *Int J Environ Res Public Health*. 2022;19(6):3734. <https://doi.org/10.3390/ijerph19063734>
52. Doo E-Y, Choi S. Effect of nurses' work experiences in a COVID-19 unit on depression: mediation effect of resilience and moderated mediation effect of organizational trust. *Front Public Health*. 2022;10:897506. <https://doi.org/10.3389/fpubh.2022.897506>

53. Du J, Liu Z, Zhang X, Shao P, Hua Y, Li Y, et al. Occupational stress and insomnia symptoms among nurses during the outbreak of COVID-19 in China: the chain mediating effect of perceived organizational support and psychological capital. *Front Psychiatry*. 2022;13:882385. <https://doi.org/10.3389/fpsy.2022.882385>
54. Hosny EK, Morsy SM, Ahmed AM, Saleh MSM, Alenezi A, Sourour MS. Management of the COVID-19 pandemic: challenges, practices, and organizational support. *BMC Nurs*. 2022;21(196). <https://doi.org/10.1186/s12912-022-00972-5>
55. Latimer AL, Otis MD, Mudd-Martin G, Moser DK. Moral distress during COVID-19: the importance of perceived organizational support for hospital nurses. *J Health Psychol*. 2023;28(3):279-92. <https://doi.org/10.1177/13591053221111850>
56. Mai T, Todisco L, Schilder M, Franke V, Ristau J. The situation of nurses in hospitals during the second wave of the COVID-19 pandemic: an online survey. *Pflege*. 2022;35(2):104-13. <https://doi.org/10.1024/1012-5302/a000846>
57. Zeng Z, Wang X, Bi H, Li Y, Yue S, Gu S, Xiang G. Factors that influence perceived organizational support for emotional labor of Chinese Medical Personnel in Hubei. *Front Psychol*. 2021;12:684830. <https://doi.org/10.3389/fpsyg.2021.684830>
58. Zhan Y, Liu Y, Chen Y, Liu H, Zhang W, Yan R, et al. The prevalence and influencing factors for compassion fatigue among nurses in Fangcang shelter hospitals: a cross-sectional study. *Int J Nurs Pract*. 2022;28(5):e13054. <https://doi.org/10.1111/ijn.13054>
59. Zhou T, Xu C, Wang C, Sha S, Wang Z, Zhou Y, et al. Burnout and well-being of healthcare workers in the post-pandemic period of COVID-19: a perspective from the job demands-resources model. *BMC Health Serv Res*. 2022;22. <https://doi.org/10.1186/s12913-022-07608-z>
60. Afsar F, Erdogan H, Ibrahimoglu O, Saylan B, Koksall O. Job stress and organizational support perceptions of healthcare professionals during COVID-19. *Gevher Nesibe J Med Health Sci*. 2021;6(14). <https://doi.org/10.46648/gnj.275>
61. Daneshvar E, Otterbach S, Alameddine M, Safikhani H, Sousa-Poza A. Sources of anxiety among health care workers in Tehran during the COVID-19 pandemic. *Health Policy Plan*. 2022;37(3):310-21. <https://doi.org/10.1093/heapol/czab136>
62. Carvalho EMP, Brito CLM, Villas MBP, Muniz GC. Dificuldades e potencialidades relacionadas ao clima organizacional dos servidores de enfermagem de um hospital público. *NTQR*. 2022;13:e642. <https://doi.org/10.36367/ntqr.13.2022.e642>
63. Zhang N, Xu D, Li J, Gong Z. Effect of perceived organizational support on fatigue of Chinese Nurses during the COVID-19 Pandemic: resilience as a mediator. *Int J Mental Health Prom*. 2021;23(2):243-54. <https://doi.org/10.32604/IJMH.2021.015487>
64. Bredicean C, Tamasan SC, Lungeanu D, Giurgi-Onu C, Stoica IP, Panfil AL, et al. Burnout toll on empathy would mediate the missing professional support in the COVID-19 Outbreak. *Risk Manag Healthc Policy*. 2021;14:2231-44. <https://doi.org/10.2147/RMHP.S300578>
65. Cyr S, Marzil MJ, Marin MF, Tardif JC, Guay S, Guertin MC, et al. Factors associated with burnout, post-traumatic stress and anxiety-depressive symptoms in healthcare workers 3 months into the COVID-19 Pandemic: an observational study. *Front Psychiatry*. 2021;12:668278. <https://doi.org/10.3389/fpsy.2021.668278>
66. Wójcik G, Wontorczyk A, Barańska I. Job demands, resources and burnout among Polish nurses during the late wave of COVID-19 Pandemic: the mediating role of emotional labor. *Front Psychiatry*. 2022;13:931391. <https://doi.org/10.3389/fpsy.2022.931391>
67. Asiri NA, Alqahtani MS, Alqashanin MM, Mozher A, Alqarni AS, Benjamin LS, et al. Nurses' Perception of Organizational Support during COVID-19 Pandemic. *Middle East J Nurs*. 2022;16(1):3-11. <https://doi.org/10.5742/MEJN.2022.9378016>
68. Jiang Z, Wang S, Shen Z, Zhao X, Wang F, Chen Y, et al. Nurses' experience of work stress related to COVID-19 regular prevention and control in China: a qualitative study. *J Nurs Manag*. 2022;30(2):375-83. <https://doi.org/10.1111/jonm.13528>
69. Şanlıöz E, Sağbaş M, Sürücü L. The mediating role of perceived organizational support in the impact of work engagement on job performance. *Hosp Top*. 2023;101(4):305-18. <https://doi.org/10.1080/00185868.2022.2049024>
70. International Labour Organization. Anticipate, prepare and respond to crises: Invest now in resilient OSH systems - World Day for Safety and Health 2021 Report [Internet]. 2021 [cited 2023 Nov 29]. Available from: <https://reliefweb.int/report/world/anticipate-prepare-and-respond-crises-invest-now-resilient-osh-systems-world-day-safety>
71. International Labour Organization. Labour protests during the pandemic: the case of hospital and retail workers in 90 countries [Internet]. 2022 [cited 2023 Nov 29]. Available from: <https://doi.org/10.54394/WEVN1114>
72. International Labour Organization (ILO). The gender pay gap in the health and care sector: a global analysis in the time of COVID-19 [Internet]. 2022 [cited 2023 Nov 29]. Available from: https://www.ilo.org/wcmsp5/groups/public/-/dgreports/-/dcomm/-/publ/documents/publication/wcms_850909.pdf
73. Donkers MA, Gilissen VJHS, Candel MJJM, van Dijk NM, Kling H, Heijnen-Panis R, et al. Moral distress and ethical climate in intensive care medicine during COVID-19: a nationwide study. *BMC Med Ethics*. 2021;22(1):73. <https://doi.org/10.1186/s12910-021-00641-3>
74. Middleton R, Alananzeh I, Ellwood L. Implications for COVID-19: a systematic review of nurses' experiences of working in acute care hospital settings during a respiratory pandemic. *Int J Nurs Stud*. 2020;111:103637. <https://doi.org/10.1016/j.ijnurstu.2020.103637>
75. Giusti EM, Pedrolì E, D'Aniello GE, Stramba Badiale C, Pietrabissa G, Manna C, et al. The psychological impact of the COVID-19 outbreak on health professionals: a cross-sectional study. *Front Psychol*. 2020;11:1684. <https://doi.org/10.3389/fpsyg.2020.01684>
76. Hines SE, Chin KH, Glick DR, Wickwire EM. Trends in moral injury, distress, and resilience factors among healthcare workers at the beginning of the COVID-19 Pandemic. *Int J Environ Res Public Health*. 2021;18(2):488. <https://doi.org/10.3390/ijerph18020488>
77. Jizheng H, Feng HM, Ake R, Xiaoping Z. Investigação sobre a saúde mental da equipe médica em hospitais designados para o tratamento da nova pneumonia por coronavírus. *CMAJCN*. 2020;38(03):192-5. <https://doi.org/10.3760/cma.j.cn121094-20200219-00063>
78. Martínez-López JÁ, Lázaro-Pérez C, Gómez-Galán J, Fernández-Martínez MDM. Psychological impact of COVID-19 emergency on health professionals: burnout incidence at the most critical period in Spain. *J Clin Med*. 2020;9(9):3029. <https://doi.org/10.3390/jcm9093029>
79. Muller AE, Hafstad EV, Himmels JPW, Smedslund G, Flottorp S, Stensland SØ, et al. The mental health impact of the COVID-19 pandemic on healthcare workers, and interventions to help them: a rapid systematic review. *Psychiatry Res*. 2020;293:113441. <https://doi.org/10.1016/j.psychres.2020.113441>

80. Dogan S, Oguzhan YS. Organizing role of sense of self on perceived organizational support to effect on job stress. *Int J Econ Soc Res* [Internet]. 2020 [cited 2023 Nov 29];16(1):219–32. Available from: <https://dergipark.org.tr/tr/download/article-file/1082864>
81. Adams JG, Walls RM. Supporting the health care workforce during the COVID-19 Global Epidemic. *JAMA*. 2020;323(15):1439–40. <https://doi.org/10.1001/jama.2020.3972>
82. Labrague LJ, De Los Santos JAA. COVID-19 anxiety among front-line nurses: predictive role of organisational support, personal resilience and social support. *J Nurs Manag*. 2020;28(7):1653–61. <https://doi.org/10.1111/jonm.13121>
83. Arnetz JE, Goetz CM, Arnetz BB, Arble E. Nurse reports of stressful situations during the COVID-19 Pandemic: qualitative analysis of survey responses. *Int J Environ Res Public Health*. 2020;17(21):8126. <https://doi.org/10.3390/ijerph17218126>
84. Chan JF, Yuan S, Kok K, To KK, Chu H, Yang J, et al. A familial cluster of pneumonia associated with the 2019 novel coronavirus indicating person-to-person transmission: a study of a family cluster. *Lancet*. 2020;395(10223):514–23. [https://doi.org/10.1016/s0140-6736\(20\)30154-9](https://doi.org/10.1016/s0140-6736(20)30154-9)
85. Ministério do Trabalho e Emprego. NR 06 – Equipamento de Proteção Individual – EPI [Internet]. Brasília: Ministério do Trabalho e Emprego; 2022 [cited 2023 Nov 29]. Available from: <https://www.gov.br/trabalho-e-emprego/pt-br/acesso-a-informacao/participacao-social/conselhos-e-orgaos-colegiados/comissao-tripartite-partitaria-permanente/arquivos/normas-regulamentadoras/nr-06-atualizada-2022-1.pdf>
86. Saraiva SEM, Ricarte EC, Coelho JLG, Souza DF, Feitosa FLS, Alves RS, et al. Impacto da pandemia pelo Covid-19 na provisão de equipamentos de proteção individual. *Braz J Develop* [Internet]. 2020 [cited 2023 Nov 29];6(7):43751–62. Available from: <https://ojs.brazilianjournals.com.br/ojs/index.php/BRJD/article/view/12731/10688>
87. Laselva CR. Ações Técnicas e Gerenciais da Enfermagem no Hospital Israelita Albert Einstein para Atender na Pandemia da COVID-19. *Enferm Foco*. 2020;11(1):185–11. <https://doi.org/https://orcid.org/0000-0001-8285-9633>
88. Fournier A, Laurent A, Lheureux F, Ribeiro-Marthoud MA, Ecarnot F, Binquet C, et al. Impact of the COVID-19 pandemic on the mental health of professionals in 77 hospitals in France. *PLoS ONE*. 2022;17(2):e0263666. <https://doi.org/10.1371/journal.pone.0263666>
89. El-Hage W, Hingray C, Lemogne C, Yroni A, Brunault P, Bienvenu T, et al. Les professionnels de santé face à la pandémie de la maladie à coronavirus (COVID-19): quels risques pour leur santé mentale? *L'Encephale*. 2020;46(3S):S73–S80. <https://doi.org/10.1016/j.encep.2020.04.008>
90. Trumello C, Bramanti SM, Ballarotto G, Candelori C, Cerniglia L, Cimino S, et al. Psychological adjustment of healthcare workers in Italy during the COVID-19 pandemic: differences in stress, anxiety, depression, burnout, secondary trauma, and compassion satisfaction between frontline and non-frontline professionals. *Int J Environ Res Public Health*. 2020;17(22):8358. <https://doi.org/10.3390/ijerph17228358>
91. Della Monica A, Ferrara P, Dal Mas F, Cobiaichi L, Scannapieco F, Ruta F. The impact of COVID-19 healthcare emergency on the psychological well-being of health professionals: a review of literature. *Ann Ig*. 2022;34(1):27–44. <https://doi.org/10.7416/ai.2021.2445>
92. Pishel V, Polyvianai A, Pinchuk I, Myshakivska O, Thornicroft G, Hanlon C. Mental health of healthcare workers during COVID-19 pandemic in Ukraine: proceeding of the Shevchenko Scientific Society. *Medical Sci*. 2022;66(1). <https://doi.org/10.25040/ntsh2022.01.12>
93. Rock LK, Rudolph JW, Fey MK, Szyld D, Gardner R, Minehart RD, et al. “Circle Up”: workflow adaptation and psychological support via briefing, debriefing, and peer support. *NEJM Catalyst*. 2023;1(5). <https://doi.org/10.1056/CAT.20.0240>
94. Dohrn J, Ferng YH, Shah R, Diehl E, Frazier L. Addressing mental and emotional health concerns experienced by nurses during the COVID-19 pandemic. *Nurs Outlook*. 2022;70(1):81–8. <https://doi.org/10.1016/j.outlook.2021.07.009>
95. Henke RM. Supporting workforce mental health during the pandemic. *Am J Health Promot*. 2022;36(7):1213–5. <https://doi.org/10.1177/08901171221112488a>
96. Pinho L, Correia T, Sampaio F, Sequeira C, Teixeira L, Lopes M, et al. The use of mental health promotion strategies by nurses to reduce anxiety, stress, and depression during the COVID-19 outbreak: a prospective cohort study. *Environ Res*. 2021;195:110828. <https://doi.org/10.1016/j.envres.2021.110828>
97. Carlson B, Graham R, Stinson B, LaRocca J. Teamwork that affects outcomes: a method to enhance team ownership. *Patient Exp J*. 2022;9(2):94–8. <https://doi.org/10.35680/2372-0247.1723>
98. Cıraklı M, Celik Y, Beylik U. The importance and benefits of effective teamwork in health care: a literature survey. *Health Care Acad J*. 2015;2(3):140. <https://doi.org/10.5455/sad.2015131452108477>
99. Lancaster EM, Sosa JA, Sammann A, Pierce L, Shen W, Conte MC, et al. Rapid response of an academic surgical department to the covid-19 pandemic: implications for patients, surgeons, and the community. *J Am Coll Surg*. 2020;230(6):1064–73. <https://doi.org/10.1016/j.jamcollsurg.2020.04.007>
100. Rodrigues MENG, Belarmino AC, Custódio LL, Gomes ILV, Ferreira Júnior AR. Communication in health work during the COVID-19 pandemic. *Invest Educ Enferm*. 2020;38(3). <https://doi.org/10.17533/udea.iee.v38n3e09>
101. Bhagat SH, Borkar T. A survey on change in communication between healthcare professionals and patients before and during Coronavirus Disease-19 Pandemic. *J Health Manag*. 2023;25(3):448–57. <https://doi.org/10.1177/09720634221121999>
102. Özkan E, Yeşilirmak S, Yılık P. COVID-19 Sürecinde Sağlık Çalışanlarının Algıladıkları Sosyal Desteğin Duygusal Tükenme Üzerindeki Etkisi. *Cumhuriyet Üniversitesi İktisadi ve İdari Bilimler Dergisi*. 2022;23(4):879–90. <https://doi.org/10.37880/cumuiibf.1099175>
103. Adeyemo OO, Tu S, Keene D. How to lead health care workers during unprecedented crises: a qualitative study of the COVID-19 pandemic in Connecticut, USA. *PLoS ONE*. 2021;16(9):e0257423. <https://doi.org/10.1371/journal.pone.0257423>
104. Greco E, Graziano EA, Stella GP, Mastrodascio M, Cedrone F. The impact of leadership on perceived work-related stress in healthcare facilities organisations. *J Organ Change Manag*. 2022;35(4/5):734–48. <https://doi.org/10.1108/JOCM-07-2021-0201>
105. O'Donovan R, McAuliffe E. A systematic review of factors that enable psychological safety in healthcare teams. *Int J Qual Health Care*. 2020;32(4):240–50. <https://doi.org/10.1093/intqhc/mzaa025>
106. Kerse G, Çakici AB, Deniz V. Health-oriented leadership's impact on the well-being of healthcare workers: assessment with a mediated model. *Upravljenets*. 2022;13:49–66. <https://doi.org/10.29141/2218-5003-2022-13-5-4>
107. Pretto Bão AC, Candaten AE, Monteiro DR, Amestoy SC. Liderança de enfermeiros no enfrentamento à COVID-19 em um hospital na região sul do Brasil. *Rev Baiana Enferm*. 2022;36. <https://doi.org/10.18471/rbe.v36.37761>
108. Smith T, Fowler-Davis S, Nancarrow S, Ariss SMB, Enderby P. Leadership in interprofessional health and social care teams: a literature review. *Leadersh Health Serv (Brad Engl)*. 2018;31(4):452–467. <https://doi.org/10.1108/LHS-06-2016-0026>

109. Harrington A. Understanding effective nurse leadership styles during the COVID-19 pandemic. *Nurs Stand*. 2021;36(5):45–50. <https://doi.org/10.7748/ns.2021.e11601>
110. Daly J, Jackson D, Anders R, Davidson PM. Who speaks for nursing? COVID-19 highlighting gaps in leadership. *J Clin Nurs*. 2020;29(15-16):2751–2. <https://doi.org/10.1111/jocn.15305>
111. Burton I. A philosophy of transformational leadership may be the optimal approach for enhanced outcomes in healthcare and physiotherapy settings: a narrative review. *Sport Rxiv*. 2021. <https://doi.org/10.31236/osf.io/vcjdz>
112. Yulianti M, Setyadi D, Mintarti S, Pasinringi SA, Sari N. How transformational leadership and organizational citizenship behavior influence organizational resilience during COVID-19 pandemic: a cross-sectional study at hospital in East Kalimantan, Indonesia. *Int J Health Sci*. 2022;6:1403–14. <https://doi.org/10.53730/ijhs.v6nS6.10731>
113. Kiziloglu M. The effect of transformational leadership on organizational learning and innovation during COVID-19. *J Bus Res Turk*. 2022. <https://doi.org/10.20491/isarder.2022.1388>

APPENDIX 1 – Search strategies used in the databases

CINAHL (Ebsco)	TI (“organizational support” or “perceived organizational support”) OR AB (“organizational support” or “perceived organizational support”) AND (MH “Hospitals”) OR TI (Hospital OR hospitals OR “medical ward”) OR AB (Hospital OR hospitals OR “medical ward”) AND (MH “COVID-19 Pandemic”) OR TI “covid-19 pandemic” OR AB “covid-19 pandemic” OR TI ((covid-19 or coronavirus or 2019-ncov or sars-cov-2 or cov-19 AND pandemic)) OR AB ((covid-19 or coronavirus or 2019-ncov or sars-cov-2 or cov-19 AND pandemic))
EMBASE (Elsevier)	(‘organizational support’ OR ‘perceived organizational support’/exp OR ‘perceived organizational support’) AND (hospital OR hospitals OR ‘medical ward’) AND ‘coronavirus disease 2019’/exp AND ‘pandemic’/exp AND [embase]/lim NOT ([embase]/lim AND [medline]/lim)
LILACS (BVS)	(perception OR percepcao OR percepcion) AND (mh:(“Pessoal de Saúde”)) AND (“organizational support” OR “institutional support” OR “suporte organizacional” OR “suporte institucional”) AND (year_cluster:[2020 TO 2022])
PubMed (NLM/NCBI)	PUBMED:(“organizational support”[Text Word] OR “perceived organizational support”[Text Word]) AND (“hospital”[Text Word] OR “hospitals”[Text Word] OR “medical ward”[Text Word]) AND (“covid 19”[MeSH Terms] OR “covid 19”[All Fields] OR “sars cov 2 infection”[All Fields] OR “sars cov 2 infection”[All Fields] OR (“covid 19”[MeSH Terms] OR “covid 19”[All Fields] OR “sars cov 2 infections”[All Fields]) OR “2019 Novel Coronavirus Disease”[All Fields] OR “2019 Novel Coronavirus Infection”[All Fields] OR “2019 ncov disease”[All Fields] OR “2019 ncov disease”[All Fields] OR “2019-nCoV Diseases”[All Fields] OR “covid 19 virus infection”[All Fields] OR “covid 19 virus infection”[All Fields] OR “COVID-19 Virus Infections”[All Fields] OR “Coronavirus Disease 2019”[All Fields] OR “coronavirus disease 19”[All Fields] OR “coronavirus disease 19”[All Fields] OR “Severe Acute Respiratory SyndromeCoronavirus 2 Infection”[All Fields] OR “SARS Coronavirus 2”[All Fields] OR “COVID 19 Virus Disease”[All Fields] OR “2019 ncov infection”[All Fields] OR “2019 ncov infection”[All Fields] OR “2019-nCoV Infections”[All Fields] OR (“covid 19”[MeSH Terms] OR “covid 19”[All Fields] OR “covid19”[All Fields]))
Science Direct (Elsevier)	(“organizational support”) AND (hospital) AND (covid-19 OR coronavirus OR 2019-ncov OR sars-cov-2 OR cov-19) AND (Pandemic) na etiqueta de busca “Find articles with these terms” e seleção dos anos 2020 – 2022
Academic Search Premier (Ebsco)	AB (“organizational support” OR “perceived Organizational support”) OR TI (“organizational support” OR “perceived Organizational support”) AND AB (hospital or hospitals or hospitalised or ward or “medical ward”) OR TI (hospital or hospitals or hospitalised or ward or “medical ward”) AND AB (covid-19 OR coronavirus OR 2019-ncov OR sars-cov-2 OR cov-19) OR TI (covid-19 OR coronavirus OR 2019-ncov OR sars-cov-2 OR cov-19) AND AB (Pandemic OR pandemics) OR TI (Pandemic OR pandemics)

APPENDIX 1 – Cont.

CINAHL (Ebsco)	TI (“organizational support” or “perceived organizational support”) OR AB (“organizational support” or “perceived organizational support”) AND (MH “Hospitals”) OR TI (Hospital OR hospitals OR “medical ward”) OR AB (Hospital OR hospitals OR “medical ward”) AND (MH “COVID-19 Pandemic”) OR TI “covid-19 pandemic” OR AB “covid-19 pandemic” OR TI ((covid-19 or coronavirus or 2019-ncov or sars-cov-2 or cov-19 AND pandemic)) OR AB ((covid-19 or coronavirus or 2019-ncov or sars-cov-2 or cov-19 AND pandemic))
PSYCiNFO (APA)	((IndexTermsFilt: (“COVID-19”)) OR (Keywords: (COVID 19) OR Keywords: (“SARS-CoV-2 Infection”) OR Keywords: (“SARS CoV 2 Infection”) OR Keywords: (“SARS-CoV-2 Infections”) OR Keywords: (“2019 Novel Coronavirus Disease”) OR Keywords: (“2019 Novel Coronavirus Infection”) OR Keywords: (“2019-nCoV Disease”) OR Keywords: (“2019 nCoV Disease”) OR Keywords: (“2019-nCoV Diseases”) OR Keywords: (“COVID-19 Virus Infection”) OR Keywords: (“COVID 19 Virus Infection”) OR Keywords: (“COVID-19 Virus Infections”) OR Keywords: (“Coronavirus Disease 2019”) OR Keywords: (“Coronavirus Disease-19”) OR Keywords: (“Coronavirus Disease 19”) OR Keywords: (“severe Acute Respiratory Syndrome Coronavirus 2 Infection”) OR Keywords: (“SARS Coronavirus 2 Infection”) OR Keywords: (“COVID-19 Virus Disease”) OR Keywords: (“COVID 19 Virus Disease”) OR Keywords: (“COVID-19 Virus Diseases”) OR Keywords: (“2019-nCoV Infection”) OR Keywords: (“2019 nCoV Infection”) OR Keywords: (“2019-nCoV Infections”) OR Keywords: (COVID19)) OR (title: (COVID 19) OR title: (“SARS-CoV-2 Infection”) OR title: (“SARS CoV 2 Infection”) OR title: (“SARS-CoV-2 Infections”) OR title: (“2019 Novel Coronavirus Disease”) OR title: (“2019 Novel Coronavirus Infection”) OR title: (“2019-nCoV Disease”) OR title: (“2019 nCoV Disease”) OR title: (“2019-nCoV Diseases”) OR title: (“COVID-19 Virus Infection”) OR title: (“COVID 19 Virus Infection”) OR title: (“COVID-19 Virus Infections”) OR title: (“Coronavirus Disease 2019”) OR title: (“Coronavirus Disease-19”) OR title: (“Coronavirus Disease 19”) OR title: (“severe Acute Respiratory Syndrome Coronavirus 2 Infection”) OR title: (“SARS Coronavirus 2 Infection”) OR title: (“COVID-19 Virus Disease”) OR title: (“COVID 19 Virus Disease”) OR title: (“COVID-19 Virus Diseases”) OR title: (“2019-nCoV Infection”) OR title: (“2019 nCoV Infection”) OR title: (“2019-nCoV Infections”) OR title: (COVID19)) OR (abstract: (COVID 19) OR abstract: (“SARS-CoV-2 Infection”) OR abstract: (“SARS CoV 2 Infection”) OR abstract: (“SARS-CoV-2 Infections”) OR abstract: (“2019 Novel Coronavirus Disease”) OR abstract: (“2019 Novel Coronavirus Infection”) OR abstract: (“2019-nCoV Disease”) OR abstract: (“2019 nCoV Disease”) OR abstract: (“2019-nCoV Diseases”) OR abstract: (“COVID-19 Virus Infection”) OR abstract: (“COVID 19 Virus Infection”) OR abstract: (“COVID-19 Virus Infections”) OR abstract: (“Coronavirus Disease 2019”) OR abstract: (“Coronavirus Disease-19”) OR abstract: (“Coronavirus Disease 19”) OR abstract: (“severe Acute Respiratory Syndrome Coronavirus 2 Infection”) OR abstract: (“SARS Coronavirus 2 Infection”) OR abstract: (“COVID-19 Virus Disease”) OR abstract: (“COVID 19 Virus Disease”) OR abstract: (“COVID-19 Virus Diseases”) OR abstract: (“2019-nCoV Infection”) OR abstract: (“2019 nCoV Infection”) OR abstract: (“2019-nCoV Infections”) OR abstract: (COVID19))) AND ((Keywords: (“organizational support”) OR Keywords: (“perceived organizational support”) OR (title: (“organizational support”) OR title: (“perceived organizational support”)) OR (abstract: (“organizational support”) OR abstract: (“perceived organizational support”)))) AND ((IndexTermsFilt: (“HOSPITALS”)) OR (Keywords: (hospital) OR Keywords: (hospitals) OR Keywords: (“medical ward”)) OR (title: (hospital) OR title: (hospitals) OR title: (“medical ward”)) OR (abstract: (hospital) OR abstract: (hospitals) OR abstract: (“medical ward”))))
SCOPUS (Elsevier)	(TITLE-ABS-KEY-AUTH (“organizational support” OR “perceived organizational support”)) AND (TITLE-ABS-KEY-AUTH (hospital OR hospitals OR “medical ward”)) AND (TITLE-ABS-KEY-AUTH (covid-19 OR coronavirus OR 2019-ncov OR sars-cov-2 OR cov-19) AND TITLE-ABS-KEY-AUTH(pandemic))

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