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PROFISSIONALIDADE MÉDICA DURANTE A PANDEMIA DA COVID-19: ANÁLISE DE NARRATIVAS EM CIRCULAÇÃO NO ESPAÇO PÚBLICO

PHYSICIANS' PROFESSIONALITY DURING THE COVID-19 PANDEMIC: ANALYSIS OF NARRATIVES CIRCULATING IN THE PUBLIC SPHERE

PROFESIONALISMO MÉDICO DURANTE LA PANDEMIA DE COVID-19: ANÁLISIS DE NARRATIVAS EN CIRCULACIÓN EN EL ESPACIO PÚBLICO

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RESUMO

Introdução: A gestão da pandemia de COVID-19 suscitou desafios aos médicos, devido à complexidade da situação.

Objetivo: Compreender a profissionalidade médica durante os confinamentos da pandemia de COVID-19 em Portugal, bem como a sua relação com a identidade e o reconhecimento, a partir de narrativas de médicos divulgadas no espaço público, num período em que os profissionais enfrentaram situações-limite inéditas.

Métodos: Com base na investigação qualitativa, realizou-se um levantamento das narrativas de médicos em jornais de grande tiragem, nos quais apresentam testemunhos das suas experiências, preocupações, prioridades e responsabilidades profissionais, durante o período temporal dos dois confinamentos. Foi realizada análise de conteúdo temática desses textos.

Resultados: As narrativas dos médicos, centradas na experiência da pandemia, nomeadamente nos desafios e nas controvérsias, permitem vislumbrar dimensões estruturantes da sua profissionalidade, como a missão, a competência profissional, a ética e a deontologia, a responsabilidade social, as condições de trabalho, o reconhecimento, bem como as emoções e os desafios. Essas dimensões da profissionalidade médica estão ligadas à construção da identidade profissional.

Conclusão: Conclui-se que, durante a pandemia, os médicos da linha da frente foram confrontados com situações-limite inéditas na sua vida profissional, que geraram múltiplos desafios, mas que tudo fizeram para gerir com profissionalismo. O discurso que partilham no espaço público, num momento de crise, é um património comum que estrutura a profissionalidade médica e a identidade profissional.

Palavras-chave: médicos; profissionalidade médica; reconhecimento; identidade profissional; imprensa

ABSTRACT

Introduction: The management of the COVID-19 pandemic posed challenges for physicians due to the complexity of the situation.

Objective: To understand medical professionalism during the COVID-19 pandemic lockdowns in Portugal, as well as its relationship with identity and recognition, based on physicians' narratives disseminated in the public sphere, during a period in which professionals faced unprecedented extreme situations.

Methods: Drawing on qualitative research, a survey of physicians' narratives published in widely circulated newspapers was conducted, in which they present testimonies of their experiences, concerns, priorities, and professional responsibilities during the period of the two lockdowns. A thematic content analysis of these texts was carried out.

Results: Physicians' narratives, focused on the experience of the pandemic, particularly its challenges and controversies, make it possible to identify structuring dimensions of their professionalism, such as mission, professional competence, ethics and deontology, social responsibility, working conditions, recognition, as well as emotions and challenges. These dimensions of medical professionalism are linked to the construction of professional identity.

Conclusion: It is concluded that, during the pandemic, frontline physicians were confronted with unprecedented extreme situations in their professional lives, which generated multiple challenges, but which they sought to manage with professionalism. The discourse they share in the public sphere, at a moment of crisis, constitutes a shared asset that shapes medical professionalism and professional identity.

Keywords: physicians; medical professionalism; recognition; professional identity; press

RESUMEN

Introducción: La gestión de la pandemia de COVID-19 planteó desafíos a los médicos debido a la complejidad de la situación.

Objetivo: Comprender la profesionalidad médica durante los confinamientos de la pandemia de COVID-19 en Portugal, así como su relación con la identidad y el reconocimiento, a partir de narrativas de médicos difundidas en el espacio público, en un período en el que los profesionales se enfrentaron a situaciones límite inéditas.

Métodos: Basado en la investigación cualitativa, se realizó un relevamiento de las narrativas de médicos en periódicos de gran tirada, que presentan testimonios de sus experiencias, preocupaciones, prioridades y responsabilidades profesionales durante los dos confinamientos. Se llevó a cabo un análisis de contenido temático de estos textos.

Resultados: Las narrativas de los médicos, centradas en la experiencia de la pandemia, en los desafíos y controversias, permiten identificar dimensiones de su profesionalidad, como la misión, la competencia profesional, la ética y deontología, la responsabilidad social, las condiciones de trabajo, el reconocimiento, las emociones y desafíos. Estas dimensiones de la profesionalidad médica están vinculadas a la construcción de la identidad profesional.

Conclusión: Durante la pandemia, los médicos de primera línea se enfrentaron a situaciones límite inéditas en su vida profesional, que generaron múltiples desafíos, pero que procuraron gestionar con profesionalidad. El discurso que comparten en el espacio público, en un momento de crisis, constituye un patrimonio común que estructura la profesionalidad médica y la identidad profesional.

Palabras clave: médicos; profesionalismo médico; reconocimiento; identidad profesional; prensa

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INTRODUCTION

This study aims to understand medical professionalism, as well as its relationship with identity and recognition, based on physicians' narratives disseminated in the public sphere during the COVID-19 pandemic lockdowns in Portugal, a period in which healthcare professionals faced unprecedented and complex extreme situations. The emergence of SARS-CoV-2 in December 2019 led the Portuguese government to declare successive states of emergency and impose mandatory lockdowns. The present qualitative study focuses on this period. The study of physicians' professionalism and professional identity is particularly relevant due to the limited research on the topic, especially in a particularly difficult moment in their professional lives. During the lockdowns, physicians were confronted with unprecedented extreme situations that disrupted the normal functioning of their professional, social, family, and personal lives, exposing them to conditions such as risk, uncertainty and lack of knowledge, shortage of resources, healthcare system overload and collapse, and scientific, physical, emotional, and ethical challenges, as well as anxiety, stress, extreme fatigue, and professional suffering (Pinto et al., 2023).

From a theoretical perspective, medical professionalism refers to the way healthcare professionals demonstrate and construct their practice, drawing not only on clinical competence but also on communication skills, as well as adherence to the ethical code, with the aim of embodying the core values of their profession: excellence, humanism, responsibility, and altruism (Cornett et al., 2023). Medical professionalism has been associated with improved clinical practice due to its close connection with enhanced doctor-patient relationships, patient satisfaction, healthcare professionals' job satisfaction, and even health outcomes.

At the same time, professionalism involves adherence to ethical principles of practice, effective interactions with patients and their significant others, effective interactions with other healthcare professionals, reliability, and autonomy in committing to the improvement of one's skills. Finally, the *Guidelines for Professionalism, Licensure and Personal Conduct* (ABFM, 2022) state: "Medical professionalism is a belief system in which group members ('professionals') declare ('profess') to one another and to the public the shared competency standards and ethical values they commit to uphold in their work, as well as what the public and individual patients can and should expect from medical professionals" (§2). This establishes a social contract.

Society generally recognizes physicians' self-regulation, autonomy, and adequate remuneration, yet expects them to prioritize patients' interests above their own, maintain standards of competence and integrity, and consistently demonstrate reliability to patients, colleagues, and the wider public. Medical professionalism is related to how physicians perceive themselves within their profession and how this influences their attitudes and behaviours (Cornett et al., 2023). Thus, professionalism is shaped both by physicians' self-perceptions and by the perspectives of external social actors. It is therefore intrinsically linked to recognition and influenced by constantly evolving socioeconomic, cultural, and professional factors.

Recognition involves being valued by others, being essential for identity formation and social justice. In a professional context, recognition is associated with public perception and feedback from relevant stakeholders, influencing both identity and the practice of medical professionalism. This article analyses medical professionalism, focusing particularly on how it is expressed in physicians' narratives disseminated in the public sphere during the pandemic, aiming to understand its interdependence with professional identity and recognition.

1. THEORETICAL FRAMEWORK

Medical professionalism, identity, and recognition

Medical professionalism is widely explained in the pivotal text by Wynia et al. (1999). The authors outline the concept of medical professionalism, emphasising three essential elements: dedication to medical service, public advocacy of values, and the negotiation between these values and others in society. Dedication implies a moral commitment to both individual and public health, prioritising these over personal or financial interests. Physicians are expected to continue providing care even in adverse situations, such as during epidemics. This commitment is crucial to maintaining public trust and avoiding perceptions that physicians are driven solely by financial gain, which could undermine that trust. Public advocacy of medical values involves making explicitly communicating these medical values through public actions, such as speeches, public statements, or the dissemination of ethical codes. This is essential since the physician-patient relationship is grounded in a shared understanding of vulnerability and respect for human life. Public recognition of these assumptions ensures that patients and society understand physicians' ethical commitments, which transcend personal interests and entail a collective responsibility (Swick, 2000). Negotiating these medical values with broader societal values is inevitable and is part of a "social contract" between physicians and society. This process balances societal expectations with the defence of fundamental medical values, avoiding paternalistic behaviour and ensuring that patient care remains centred on their needs and preferences. However, this balance is delicate, as market pressures, deteriorating working conditions, intense competition, or crisis situations can threaten the quality of care by promoting practices that isolate physicians rather than fostering collaboration. Physicians thus bear the responsibility of navigating these demands while safeguarding essential health values.

Professional identity is shaped during medical training and is (re)constructed throughout professional experience (Cruess et al., 2019). Socialisation in the workplace is a key dimension in identity construction (Johnston, 2012). The profession provides a central framework for structuring identity, functioning as a space for interaction and socialisation. Professional identity, in this sense,

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involves belonging to a group or category that enables both recognition by others and self-identification. Identity construction is a continuous, dynamic process encompassing initial and continuous training and professional experience (Cruess et al., 2019). Professional identity construction is embedded in power relations and influenced by culture and individual agency (Flores & Day, 2006). Additionally, it incorporates its own language, codes of conduct, specialised knowledge, and acts as an organising device of experiences, resulting from social interaction among professionals.

Identity is therefore directly linked to recognition. Personal fulfilment and social justice depend on three forms of recognition: affective, legal, and social (Honneth, 2009). This process involves both self-recognition and mutual and institutional recognition (Ricoeur, 2004), which is fundamental for the development of personal and professional identities. In the professional field, recognition is associated with the public perception of practice and feedback from key stakeholders (Freidson, 1988), being essential to ensure fair working conditions and respect for the dignity of individuals. Thus, medical recognition is multifaceted (Cruess et al., 2019), involving a domain of specialised knowledge, social legitimacy, and public trust, founded on scientific, technical, and ethical competencies that underpin the authority of the medical profession.

The medical profession in managing the pandemic

The management of the COVID-19 pandemic presented numerous challenges for healthcare professionals worldwide, including in Portugal (Adisaputri & Ungar, 2023; Delardas et al., 2022). The surge in demand for healthcare services placed immense pressure on the healthcare system, exposing its shortcomings, such as the shortage of material and human resources (Teixeira et al., 2020). Healthcare professionals, especially physicians, faced heavy workloads and public scrutiny during this crisis, leading to ethical dilemmas regarding the allocation of scarce resources, including hospital beds and ventilators, which impacted their well-being and professional responsibilities (Robert et al., 2020). The shortage of personal protective equipment (PPE), such as masks and gloves, further exacerbated the challenges, exposing physicians to additional risks. Some studies indicate that the most prevalent risk factors included inadequate use of PPE, work overload, and direct contact with potentially infected patients (Sant'Ana et al., 2020). Furthermore, the constantly evolving information about COVID-19 led to frequent changes in guidelines and protocols, making communication with the public more complex (Matos & Craveiro, 2022). Misinformation and resistance from some segments of society to preventive measures further complicated the work of physicians, who, besides managing clinical pressure, were also required to clarify doubts and educate the public (Moreno et al., 2020).

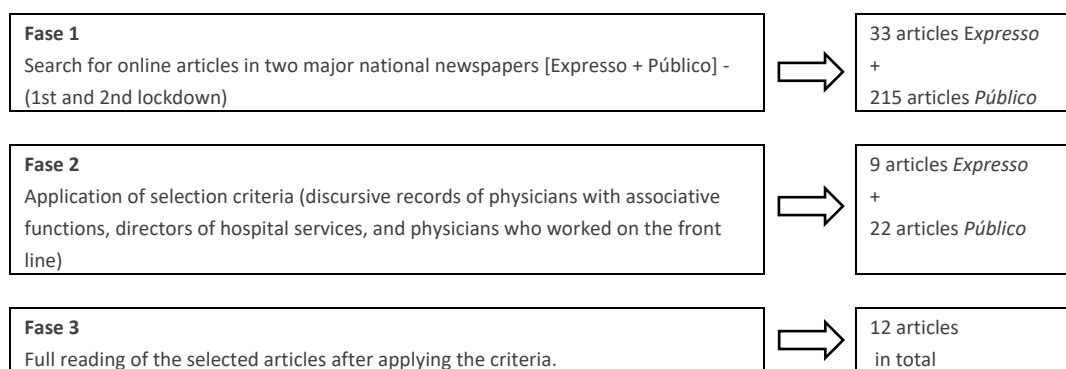
The pandemic also led to significant fatigue and stress among healthcare professionals. Prolonged exposure to adverse working conditions, coupled with ethical dilemmas and extended working hours, resulted in chronic stress, anxiety, depression, and burnout (Dickey et al., 2021). The high level of uncertainty and need to distance themselves from their families also contributed to a profound psychological impact (Gupta et al., 2020). Research highlights that the adverse working environment and high death tolls deeply affected physicians' mental health and well-being, leading to an increased incidence of emotional disorders such as exhaustion and post-traumatic stress disorder (Fernandez et al., 2021; Hamama et al., 2022). Thus, the COVID-19 pandemic not only exposed the fragilities of healthcare systems but also highlighted the immense efforts of healthcare professionals in containing the spread of the virus and caring for patients, even under extreme conditions, leaving a lasting impact on their physical and mental health (Soares et al., 2022).

2. METHODS

The qualitative research we conducted sought to understand the phenomenon under study in its complexity (Amado, 2017). The study was based on physicians' narratives disseminated in the national press, concerning their professional experience during the most difficult periods of the pandemic, the lockdowns. During this period, physicians experienced extreme situations in their professional lives. Focusing on narratives produced and publicly disseminated proved particularly relevant for understanding how they approached their professionalism and professional identity.

Criteria were established for selecting the texts (Table 1): articles featuring testimonies from frontline physicians, hospital department heads, and members of medical associations during the two lockdowns were included. Texts on early-career physicians, retired physicians, or those who had been COVID-19 patients, as well as those with limited representation of medical discourse on pandemic practices, were excluded. The content analysis identified categories such as work overload, the emotional impact of the pandemic, ethical dilemmas, and adverse working conditions, among others. From these categories, it was possible to infer how physicians perceived their roles and how the public health crisis influenced their professional identities and the social recognition of their work.

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Figure 1 – Procedures for the corpus selection

The research adhered to the ethical principles outlined by the Portuguese Society of Educational Sciences (Sociedade Portuguesa de Ciências da Educação, 2020) and was approved by the Ethics Committee of the Institute of Education, University of Lisbon.

2.1. Sample

The documentary corpus was composed of articles from the two highest-circulation newspapers in Portugal that published the most extensive news reports on healthcare services during the period under analysis: the weekly *Expresso* and the daily *Público*. Texts published during the COVID-19 lockdowns were analysed to capture the experiences, challenges, and responsibilities reported by physicians, with the aim of revealing their perceptions of professionalism. The research covered the period from March 21, 2020, to May 3, 2021, in *Público*, resulting in a total of 31 articles from both *Expresso* and *Público* (Table 2). It was decided to restrict the empirical data to the period of the lockdowns, as these were considered the most problematic moments in the management of the pandemic, unprecedented extreme situations: the first, due to the lack of knowledge about the virus and the disease and the absence of medication; the second, due to the breakdown of the National Health Service and the high mortality rate. This allowed us to understand the content of physicians' narratives publicly disseminated through the media during these unprecedented extreme situations they experienced.

Table 2 - List of documents analysed, published in the *Expresso* and *Público* newspapers (chronological order)

Source	Date	Title	Type
<i>Expresso</i>	21/03/2020	"Daily life in an Intensive Care Unit in Porto." [O dia a dia numa Unidade de Cuidados Intensivos no Porto.]	Opinion Article
<i>Público</i>	27/03/2020	"I am entitled to a mask for the entire shift. By the middle of it, it is soaked." Lockdown Diary, 10. [Tenho direito a uma máscara para todo o turno. A meio, fica ensopada". Diário da Quarentena, 10.]	Opinion Article
<i>Público</i>	04/04/2020	"All hands-on deck!" Lockdown Diary, 18. [All hands-on deck!" Diário da Quarentena, 18.]	Opinion Article
<i>Público</i>	16/05/2020	"Public health doctors want to be paid for extra hours. ARS says they already receive a supplement." [Médicos de saúde pública querem receber horas extras. ARS diz que já têm suplemento]	Report
<i>Expresso</i>	23/05/2020	"Internal medicine in the NHS's response to COVID-19." [A medicina interna na resposta do SNS à covid-19.]	Opinion Article
<i>Público</i>	27/06/2020	"We, doctors, ask for your help. With your help, there will be fewer COVID patients." [Nós médicos, pedimos que nos ajudem. Porque com a vossa ajuda haverá menos doentes com covid]	Opinion Article
<i>Expresso</i>	04/07/2020	"In the early days, I went to Guincho. No one was there, a strong wind, and I needed to breathe." [Nos primeiros tempos, ia para o Guincho, não estava lá ninguém, uma ventania, mas eu precisava respirar.]	Interview
<i>Público</i>	16/01/2021	"Healthcare professionals: from heroes to victims of the pandemic." [Profissionais de saúde: de heróis a vítimas da pandemia]	Opinion Article
<i>Público</i>	19/01/2021	"We are refusing patients." [Estamos a recusar doentes]	Report
<i>Público</i>	19/01/2021	"The system has already collapsed." [O sistema já entrou em ruptura]	Report
<i>Público</i>	19/01/2021	"Total madness." [A loucura total]	Report
<i>Expresso</i>	05/02/2021	"The next ten days will be the most challenging of my 36 years as a doctor." [Os próximos dez dias serão os mais desafiantes dos meus 36 anos de médico.]"	Interview

Source: Created by authors (access to the articles by subscription).

2.2. Data analysis

Data processing was based on thematic content analysis (Bardin, 2011), without the use of digital tools. Using an inductive approach, after a full reading of the narratives, categories and subcategories were identified to systematise the overall set of topics addressed and their relationships within the text. The following categories and subcategories emerged: mission, ethics and

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deontology (treat, care, compassion, humanization), working conditions (resources, policy guidelines, (de)confinement criteria), professional experience, knowledge and skills (activities, experience, knowledge, autonomy, responsibility, work capacity, anticipation, planning, organisation, training, action plans, coordination, etc.), scientific knowledge (research, credibility), family and social life, psychophysical state, emotions and feelings (fear, anxiety, exhaustion, extreme fatigue, disappointment, well-being, right to rest), and professional recognition and identity. Content analysis examined the themes addressed and their interrelationships, revealing certain trends regarding physicians who disseminated their narratives in the public sphere and their perceptions of their professionalism, recognition, and identity. Therefore, a qualitative thematic analysis was used to present the results (Clarke & Braun, 2017). This flexible and systematic method identifies and interprets patterns (themes) in qualitative data through six phases: familiarization, coding, theme generation, review, definition, and reporting. It emphasises meaning-making and the active role of the researcher, allowing adaptability in the analytical process.

3. RESULTS

The first lockdown in Portugal occurred during a period of significant uncertainty and concern, characterised by the rapid spread of COVID-19, limited knowledge about the disease, the absence of effective treatments, and a shortage of protective equipment for healthcare professionals. This initial phase allowed for relatively effective control of transmission chains, preventing the overburdening of the National Health Service (NHS) and reducing mortality rates. Physicians highlighted the lack of resources and the urgent need for organisational changes to address the pandemic. Their actions were marked by the implementation of substantial changes and collaboration with other professionals, demonstrating a structured and responsible response. In a scenario where scientific knowledge was scarce, these physicians drew on their previous experiences and engaged in information exchange with international colleagues to ensure the best possible care. The ethical dimension of their work, grounded in the Hippocratic Oath, guided their actions in this challenging context. Their narratives emphasised their dedication in adverse situations and the importance of a strengthened NHS. These accounts describe the experience of navigating a chaotic environment with increasing pressure, focusing on their mission to provide quality healthcare.

Physicians used their testimonies to advocate for better working conditions and resources, focusing on the value of professional qualifications and dedication, while emphasising the need for rest and adequate working conditions. Additionally, their narratives centred on the difficulties encountered and the emotions experienced during this critical period, highlighting their essential role in managing the pandemic and calling for recognition and improved working conditions. They also sought to raise public awareness about preventive measures and the collective responsibility for public health. Moreover, physicians expressed frustration regarding the lack of political support, as they were under significant pressure to ensure public health. They also discussed the emotional and physical impact of the pandemic, voicing concerns for their own safety and that of their families. Many rejected the label of "heroes," emphasising that their work was a professional duty, not a heroic act.

The second lockdown occurred when the COVID-19 vaccination campaign had already commenced, and physicians had more knowledge about the virus and its treatment. However, political decisions did not align with experts' recommendations, leading to a situation where the NHS became overwhelmed and struggled to manage the rising number of cases. Unlike the first lockdown, transmission chains were not under control, resulting in increased mortality. Physicians' narratives during this period continued to reflect the challenges faced, but there was a stronger emphasis on criticising the government and advocating for solutions to improve the situation. Physicians spoke of their mission and efforts to maintain the quality of care, while also expressing emotional and physical exhaustion due to overwork and adverse conditions. The situation required physicians to operate under Disaster Medicine guidelines, prioritising triage and immediate care. Although they strived to expand hospital capacity, this effort led to a decline in the quality of care provided. The weaknesses of the NHS were exposed, revealing a lack of resources and personnel. Exhaustion and moral distress were also common among physicians, with many feeling unable to sustain the workload over extended periods without compromising their own health. Proposals to enhance the NHS included investments in resources, structured planning to increase bed and equipment availability, mobilisation of professionals, and the use of all available means. Physicians criticised the government's inaction, which seemed to prioritise economic and political concerns over public health. Some physicians also highlighted the need for appropriate and safe measures for lifting restrictions.

Professional recognition was a less prominent theme in the second lockdown narratives. While only a few physicians expressed pride in their profession, others lamented the lack of recognition and compensation for the risks they faced. The shift from widespread recognition during the first lockdown to a sense of devaluation in the second reflects the persistent pressure on healthcare professionals, highlighting the need for renewed attention to their working conditions and well-being.

Based on this analysis, the following key concepts related to the dimensions of medical professionalism are presented, along with themes derived from the analysed testimonies (Table 3).

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Table 3 - Content analysis of physicians' narratives

Dimension of Professionalism	Description	Quotations	Keywords
Mission	The mission of physicians, regardless of their role, centres on patient care and the delivery of high-quality, humanised healthcare. Their efforts aim to save lives and safeguard public health, even in crisis situations like the pandemic.	"All (or almost all) hopes fall on us and we do not want to fail" (Roberto Roncon); "I volunteered" (Expresso – young doctors); "When it is necessary to step forward, people step forward" (Maria João Brito); "No one will be left behind" (José Artur Paiva).	Care, save lives, health, quality, humanisation, pandemic
Professional Competence	Medical competence is ensured by a mastery of scientific and technical knowledge, accumulated experience, and the ability to analyse, strategize, and respond in complex and unfamiliar situations. Despite the initial lack of scientific knowledge and proven therapies, physicians relied on their prior expertise and engaged in international collaboration to find solutions.	"We were permanently online trying to read everything that was published" (Maria João Brito); "We discussed everything" (Maria João Brito); "We had to learn how to use protective equipment" (Expresso – young doctors); "Hospitals had to reinvent themselves" (João Araújo Correio).	Competence, science, knowledge, experience, rationality, collaboration, analysis, ability to respond, solutions
Ethics and Deontology	Physicians acted according to strong ethical principles, such as those established in the Hippocratic Oath, prioritising patients' health above all else. Even when facing significant personal risks, they upheld their ethical commitment to care for others, reflecting the centrality of ethics in their professionalism.	"It was always the truth that was told" (Maria João Brito); "We may not be able to give the best to all patients" (Roberto Roncon); "We are close to catastrophe medicine" (José Artur Paiva); "There are no two ethics" (José Artur Paiva).	Ethics, commitment, care, risks
Social Responsibility	Physicians assumed a high level of social responsibility, extending beyond direct patient care to include raising public awareness about preventive measures. They advocated for the importance of a robust healthcare system and sought to inform both the public and policymakers about the need for greater investment in the NHS.	"We call every day to keep them informed" (Roberto Roncon); "These are the hugs patients cannot give" (Expresso – young doctors); "It was a proof of love" (Maria João Brito); "This situation calls on all of us as citizens" (José Artur Paiva).	Responsibility, prevention, awareness, healthcare system, investment, NHS
Working Conditions	The inadequacy of working conditions, such as the shortage of personal protective equipment and excessive workloads, was a common concern in the narratives. Physicians criticised the gap between political rhetoric and the reality on the ground, calling for better conditions, including the right to rest and reinforcement of human and material resources.	"I have been sleeping very little" (Roberto Roncon); "It was an extremely exhausting start" (Maria João Brito); "We cannot go to the bathroom" (Expresso – young doctors); "The teams are exhausted" (José Artur Paiva).	Conditions, protection, workload, gap, right to rest, human resources
Recognition	Physicians expressed pride in their profession and their contribution to society during the pandemic. However, while there was notable initial public and institutional recognition, particularly during the first lockdown, many felt that this recognition was fleeting and insufficient, especially during the second lockdown.	"They are the heroes of this pandemic" (Maria João Brito); "There are many professionals to whom we owe gratitude" (João Araújo Correio); "This was achieved through a superhuman effort" (José Artur Paiva); "Lack of recognition may demotivate professionals" (José Artur Paiva).	Recognition, pride, profession, contribution, lockdown
Emotions and Challenges	The narratives reflect the emotions experienced by physicians, such as fear of contagion, physical and emotional exhaustion, and mental strain resulting from overwork. They highlighted the risk of burnout, as well as the impact on their personal lives, with some physicians choosing to isolate themselves from their families to avoid contagion.	"It is not easy" (Roberto Roncon); "I thought: today was the day I got infected" (Maria João Brito); "At the end of the first day I was exhausted" (Expresso – young doctors); "The teams are in burnout" (Nuno Germano); "Medicine has lost its romanticism" (Anabela Oliveira).	Emotions, fear, exhaustion, strain, burnout, personal life, separation, contagion

Source: Created by authors.

In summary, during the COVID-19 pandemic, physicians displayed a profound commitment to their mission of caring for patients, regardless of the adversities faced. Their narratives focused on medical professionalism, highlighting the complexity of the pandemic situation and how their ability to act, grounded in scientific and technical knowledge, as well as in ethical, relational, and human dimensions, enabled them to fulfil their mission despite an unprecedented and unfamiliar context. Ethics and deontology were fundamental pillars of their actions, with the well-being of patients consistently prioritised above personal risk. Additionally, they assumed an active responsibility towards society, raising awareness of preventive measures and advocating for the importance of a robust National Health Service. However, the precarious working conditions, marked by a lack of resources and excessive workloads, were frequently criticised, with calls for improvements and recognition of labour rights. Although the

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initial recognition of their hard work was felt as strong, over time, it gradually became insufficient and fleeting, leading to frustration. The emotional and physical toll was overwhelming, reflected in extreme exhaustion, fear, and emotional strain that marked this period of crisis.

4. DISCUSSION

The narratives published by physicians during the two COVID-19 lockdowns offer valuable insights into their work experiences in an extreme and unprecedented context. This type of discourse reflects the public expression of a professional community, through which the modes of thinking and acting that characterise their professionalism are delineated. Despite the unique aspects of each narrative, common patterns are observed to help to structure medical professionalism. Physicians' narratives convey a shared heritage of knowledge, skills, competencies, practices, and values. These narratives both express and reinforce their professional identity, presenting valid arguments recognised by the medical community, which serve as regulatory instruments for the profession. Physicians' discourse regarding their frontline experiences during the pandemic not only organises but also constitutes their professionalism, influenced by their self-perception and their understanding of how they are perceived by others. This influence is shaped by their socio-historical position as physicians, previous experiences, and professional identity, all of which are rooted in social structures, initial and continuing education, and professional practice.

Physicians' testimonies highlight crucial dimensions of their professionalism: scientific and technical knowledge, expertise acquired through experience and exchange with colleagues, as well as medical, organisational, and management practices, values, and ethical principles. The narratives stress the importance of scientific knowledge in underpinning professional actions, as well as the need for foresight, anticipation, planning, and effective action, always guided by humanistic principles. Ethics and deontology emerge as fundamental pillars, highlighting the mission to care for all, leaving no one behind, even in disaster medicine scenarios that generate fatigue, anxiety, and professional suffering. These dimensions highlight the multidimensional nature of medical professionalism and the importance of publicly defending the core values of the profession, which are essential for strengthening the social contract and ensuring responsibility, autonomy, prestige, and trust (Swick, 2000; Wynia et al., 1999).

CONCLUSION

The analysis of physicians' narratives using content analysis (Bardin, 2011) provides valuable insights into the challenges faced by healthcare professionals during the pandemic. The narratives highlight professional action, with an emphasis on key dimensions such as scientific and technical knowledge, experience, autonomy, rationality, commitment, and ethics. The discourse also reveals the interdependence among these various dimensions, showcasing a discursive practice centred on the socialisation of the common heritage that constitutes medical professionalism. This common heritage, shared in the public sphere, structures the work environment and contributes to the construction of professional identity. Physicians' discourse not only reflects but also influences how these professionals perceive themselves and interact with others. Similarly, it illustrates how physicians think, speak, and act, while also shaping their identity and professional recognition, both of which are essential to understanding their professionalism. The intersection between physicians' self-perception and their understanding of how they are perceived externally is fundamental, as evidenced by the analysed narratives.

The physicians' discourses, directed at colleagues, society, and government officials, reflect their experiences in an extreme context. Despite facing numerous challenges, they demonstrate professionalism and dedication in their mission to care for everyone, even when this entails personal sacrifices. The social importance of medicine and the complexity of its mission are central to the recognition and identity of physicians, as expressed in their narratives. Physicians' voices in the public domain seek to legitimise and reinforce their social image of high professionalism, which is essential to their prestige and authority, as asserted by Freidson (1988). During the pandemic, the identity and recognition of physicians were generally enhanced. The perception that their professionalism enabled an effective response to the epidemic, despite the difficulties, contributed to bolstering their authority and autonomy. Recognition emerges as a key theme in the narratives, manifesting as gratitude (Ricoeur, 2004) and social recognition (Honneth, 2009). The acknowledgement of their efforts under challenging conditions helped mitigate the adverse impacts on the physical and mental health of frontline professionals (Teixeira et al., 2020).

This study's analysis relied exclusively on narratives from physicians disseminated in the public sphere through newspapers. Many of these physicians held management positions. This restricts the scope of the analysis and introduces potential bias. Future research should therefore include interviews with these and other physicians to acknowledge this limitation. This would enable a more in-depth and representative exploration of the diversity of frontline physicians' experiences during the pandemic. It would also facilitate a more detached and reflective examination of how this experience has impacted physicians' professionalism, particularly in terms of its enactment, construction, and perception, as well as professional recognition and identity. Nevertheless, studies such as this can contribute to a better understanding of physicians' professionalism and identity, and encourage reflection and debate on the topic. They can also help to rethink the initial and continuing education of these professionals, as well as the policy measures that influence their working conditions and the recognition of the profession.

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AUTHORS' CONTRIBUTION

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CONFLICT OF INTEREST

The authors declare no conflict of interests.

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