Nursing performance in the pandemic COVID-19 scenery

ABSTRACT | Objective: to report the experiences, fears and desires of the nursing professionals who work in the front line to the care of suspected and confirmed patients of COVID-19. Method: this is a descriptive, exploratory study with a qualitative approach, of the experience report type, carried out at a Federal University Hospital in the city of Belo Horizonte-MG, from March to August 2020. Results: it was described the experiences up to the present day, the operational flows of the service, the use of personal protective equipment, the challenges and potentialities experienced, as well as the mental health of the professionals during the pandemic. Conclusion: facing the unknown makes professionals fragile and vulnerable. In the meantime, direct involvement of managers in the care management process is essential, in addition, there must be constant training for professionals who are on the front lines to combat the pandemic. Keywords: Nurse Practitioners; Pandemics; Coronavirus.

RESUMO | Objetivo: reportar as vivências, medos e anseios dos profissionais de enfermagem que atuam na linha de frente aos cuidados de pacientes suspeitos e confirmados da COVID-19. Método: se trata de um estudo descritivo, exploratório, com abordagem qualitativa, do tipo relato de experiência, realizado em um Hospital Universitário Federal da cidade de Belo Horizonte-MG, de março a agosto de 2020. Resultados: descreveu-se as vivências até a atualidade, os fluxos operacionais do serviço, o uso de equipamentos de proteção individual, os desafios e potencialidades vividos, assim como a saúde mental dos profissionais durante a pandemia. Conclusão: afrontar o desconhecido torna os profissionais frágeis e vulneráveis. Mientras tanto, la implicación directa de los gestores en el proceso de gestión asistencial es fundamental, además, debe existir una formación constante para los profesionales que están a la vanguardia del combate a la pandemia. Palavras-chaves: Enfermeras Practicantes; Pandemias; Coronavirus.
ad rapidly through several countries. (3) On January 30th, 2020, a Public Health Emergency of International Importance was declared by the World Health Organization (WHO). (4,5)

On February 3rd, 2020, the virus spread to Brazil, which declared COVID-19 an emergency in Public Health of National Importance, and on February 26th, the first confirmed case of the disease in the country was notified. (3) As it is a new virus, in which there are no specific vaccines and medications, isolation measures, hand hygiene and the use of personal protective equipment (PPE) are the most appropriate forms of prevention. (1)

Even using preventive measures, the virus is devastating and has spread over a wide clinical spectrum, ranging from asymptomatic to severe and fatal cases. The most common symptoms are fever, difficulty breathing, dry cough, dyspnoea, runny nose, sore throat, diarrhea, lack of appetite, decreased smell, headache, myalgia. (1)

According to the World Health Organization, it is estimated that approximately 75-80% of patients with COVID-19 are mild cases, and approximately 15-20% of cases require hospital care, as they have difficulty breathing and of these, around 5% may require hospitalization and require invasive ventilatory support. In turn, patients who have comorbidities such as diabetes, cancer, cardiovascular, respiratory and immunosuppressive diseases are at increased risk of hospitalization in intensive care. (5)

According to ANVISA’S TECHNICAL NOTE 07/2020, SARS-CoV-2 is transmitted mainly by respiratory droplets greater than 5 microns expelled during speech, coughing or sneezing, from people who do not show symptoms, to other people who are in contact nearby - less than 1 meter - by direct contact with the infected person or by contact with contaminated objects and surfaces. (1)

In addition, scientific evidence has accumulated on the potential for transmission of COVID-19 by inhaling the virus through aerosol particles that are smaller than 5 microns, and may be thicker in the air for longer; examples of these procedures are those that manipulate airways. (1)

This shows the importance of educating the population in a clear way to take primary prevention measures. On the other hand, in health services, it is of utmost importance that managers commit themselves to the organization, guaranteeing physical structure, emotional support, PPE and adequate professional dimensioning to meet the demands of patients affected by COVID-19. (1)

In view of the scenario presented worldwide, health professionals occupy a prominent position with regard to the care of patients affected by COVID-19 and are a reference for disseminating true and substantiated information, in order to transmit security and support to the population. So, how does nursing work, in the hospital context, in coping with COVID-19 through the unknown?

In this context, the present study aims to report the experiences, fears and desires of nursing professionals who work in the front line to the care of suspected and confirmed patients from COVID-19.

METHOD

This is a descriptive, exploratory study with a qualitative approach, an experience report type. The work was carried out from March to August 2020 at a Federal University Hospital in the city of Belo Horizonte, Minas Gerais, with exclusive assistance from the Unified Health System (SUS). The institution allocated 20 observation beds, 22 from the Intensive Care Center (ICT) and 39 from the infirmary to attend to the pandemic. This ward sector is the workplace of those involved in this study.

The report was based on the experience of nurses working in the front line of care for suspected patients and confirmed for COVID-19, this work was carried out from March to August 2020 and emerged from observations, studies and discussions between nursing profes-
sionals at the institution, as well as their experiences associated with stress and pressure to deal with a disease caused by a highly infectious virus, generating emotional discomfort plus the risk of falling ill.

As this is an experience report, there is no need to apply an informed consent form.

Theoretical basis of literature was carried out because it is a new theme. We chose to survey national and international databases for better understanding and reasoning on the topic.

The survey of articles was conducted in July and August 2020 at the Virtual Health Library (VHL) directing searches in the databases: Medical Literature Analysis and Retrieval System Online (MEDLINE), Latin American and Caribbean Literature in Health Sciences (LILACS), Nursing Database (BDENF) and Pubmed, having as inclusion criteria: complete articles, published from January to August 2020, available in Portuguese, English or Spanish. For this purpose, the indexed descriptors were used: nursing professionals; pandemics; coronavirus.

Due to the theme being new and with evidence still in development, no publication was excluded. The information extracted from the articles was gathered in a data collection instrument established by the researchers themselves: content of the article, database, name of the authors, country of origin, language, year of publication, place of research and compatibility with the theme.

RESULTS

Operational flows were created in which professionals who were classified as a risk group were directed to perform remote work (RW). Management, following recommendations from the Ministry of Health, advised that workers belonging to the risk group would be elderly, pregnant women, people with chronic diseases and immunosuppressed. As a result, there was a decrease in the number of employees, generating stress and work overload.

The institution provided flow models that professionals followed from risk classification to hospitalization, patients were directed to an exclusive area for separate care from other patients who did not have flu-like syndromes. These sections aim to provide isolated assistance in these cases, and have an exclusive team to assist them.

Thus, one of the main anxieties and concerns presented by nursing professionals is related to the insecurity of how care should be performed for patients who have suspicion or confirmation of the disease. This first contact still generated doubts and apprehensions, mainly due to the vestment, lack of vestment and how to deal with more serious situations.

In addition to the exhaustive routine, some professionals were anxious because they did not have full control over the care of patients suspected and confirmed by the disease. Despite constant training and simulations offered by the institution to deal with these patients, the professionals still showed insecurity.

Over the months, professionals became ill due to permanent contact with suspected patients and confirmed by COVID-19. It was also possible to observe nursing professionals moving away for psychological reasons.

Finally, in May, there were the first hires by the emergency selection process of professionals to work directly with suspected patients and confirmed by COVID-19...

DISCUSSION

It is essential that the institution guarantees health workers PPE, as they work on the front line in combating the pandemic caused by Covid-19, with a leading role in direct assistance. WHO has given special attention to the production, acquisition and dispensing of PPE for health workers, worldwide, in order to prevent and re-
duce the risks of contamination during
the assistance provided. (8)

On the other hand, these professionals show a high risk of contamination in the epidemiological chain of the disease, due to daily occupational exposure to respond to the demands of the pandemic, since they are often under unsatisfactory working conditions to prevent cross-transmission. (7,8)

A strategy to alleviate this situation is that managers, teams and the Hospital Infection Control Commission (CCIH - Comissão de Controle de Infecção Hospitalar) must train together so that they can hear and solve problems correctly, minimizing the pain and insecurity of professionals. (9)

On the other hand, in relation to the theme about mental health, providing useful information, developing scientific knowledge about mental health habits and disseminating the means of psychological care become not only a humanitarian approach, but also health promotion and education professionals, which is fundamental in practice to build the general well-being and performance of nursing professionals. (10)

Finally, every Brazilian citizen has the right to health and the government has an obligation to provide this right, their actions must aim to reduce the risk of illness, envisaged in the Brazilian constitution, art. 196. “Health is a right of all and a duty of the state, guaranteeing through public and economic policies aimed at reducing the risk of disease and other injuries and providing universal and equal access to actions and services for its promotion, protection and recovery”. (11)

CONCLUSION

The safe performance of the nursing team in the hospital context of the pandemic COVID-19 is essential for quality care. Changes in the routines and flows of health services, daily challenges, stressors, family and society pressures, fear and insecurity in dealing with something unknown make professionals fragile and vulnerable.

The pandemic presented a new way of working, of self-caring and caring for others, with a view to a greater good: the health of all. Despite a global task force, science still has no answers on effective treatments and no prediction of when normality will return. However, we remain a reference and strength for the population.

In short, it is essential that managers dialogue with their teams in the face of this pandemic, as the mental health of professionals is more compromised due to fear, insecurity and apprehension with the progress of the disease, since they are not only afraid of the contagion itself, but also the transmission to your loved ones.

It is important to highlight the need for constant training for nursing professionals who are at the forefront of combating the pandemic, for the proper use of exposure barriers, as well as adjustments in the structure of the operational flows of services.

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