

DOI: <https://doi.org/10.36489/saudecoletiva.2020v10i59p4184-4193>

# Experience report of the experience of nursing residents in front of the pandemic COVID-19

Informe de experiencia de la experiencia de enfermeros residentes frente a la pandemia COVID-19

Relato de experiência da vivência de residentes de enfermagem frente a pandemia COVID-19

## ABSTRACT

**Objective:** to describe the experience of nursing residents at a Federal Hospital in the north of the city of Rio de Janeiro during a new coronavirus pandemic. **Method:** this is a descriptive experience report with a qualitative approach, based on the experiences of nursing residents in the first year of the postgraduate course at a specialization level, along the lines of residency. **Result:** The experience stands out with the operational flows and physical environment developed by the Institution, the use of personal protective equipment and the challenges experienced in this pandemic period. **Conclusion:** SARS CoV - 2 was recently discovered, studies on the virus are still not enough for the elaboration of permanent protocols, as the changes are constant. Health professionals are vulnerable since the number of people increased. However, it is necessary to produce a scientific technical update, as well as to resolve the concern of health professionals.

**DESCRIPTORS:** Health professionals; Nursing; Coronavirus infections; Pandemic.

## RESUMEN

**Objetivo:** describir la experiencia de los residentes de enfermería de un Hospital Federal del norte de la ciudad de Río de Janeiro durante una nueva pandemia de coronavirus. **Método:** se trata de un relato de experiencia descriptiva con enfoque cualitativo, basado en las vivencias de residentes de enfermería en el primer año del posgrado a nivel de especialización, en la línea de la residencia. **Resultado:** Se destaca la experiencia con los flujos operacionales y ambiente físico desarrollado por la Institución, el uso de equipos de protección personal y los desafíos vividos en este período pandémico. **Conclusión:** El SARS CoV - 2 fue descubierto recientemente, los estudios sobre el virus aún no son suficientes para la elaboración de protocolos permanentes, ya que los cambios son constantes. Los profesionales de la salud son vulnerables ya que aumentó el número de personas. Sin embargo, es necesario producir una actualización científico-técnica, así como resolver la inquietud de los profesionales de la salud.

**DESCRIPTORES:** Profesionales de la salud; Enfermería; Infecciones por coronavirus; Pandemia.

## RESUMO

**Objetivo:** descrever a vivência de residentes de enfermagem de um Hospital Federal da zona norte da cidade do Rio de Janeiro durante a pandemia do novo coronavírus. **Método:** trata-se de um relato de experiência descritivo com abordagem qualitativa, a partir de vivências de residentes de enfermagem no primeiro ano do curso de pós-graduação em nível de especialização, nos moldes de residência. **Resultado:** A experiência caracteriza-se com os fluxos operacionais e ambiência física desenvolvidos pela Instituição, a utilização de equipamentos de proteção individual e os desafios vivenciados neste período de pandemia. **Conclusão:** O SARS CoV - 2 foi descoberto recentemente, os estudos sobre o vírus ainda não é o suficiente para a elaboração de protocolos permanentes, as mudanças são constantes. Os profissionais de saúde são vulneráveis já que o número de mortos aumentou. No entanto é de relevância a atualização técnico científica, assim como resolução da inquietude dos profissionais de saúde.

**DESCRIPTORIOS:** Profissionais de saúde; Enfermagem; Infecções por coronavírus; Pandemia.

RECEIVED ON: 09/18/2020 APPROVED ON: 09/30/2020

**Dayane Martins da Silva Campos**

Resident Nurse. Federal University of the State of Rio de Janeiro (UNIRIO). Nurse.

ORCID: 0000-0002-0193-4417

**Eva Natalina Ferreira Costa**

Nurse. Federal University of the State of Rio de Janeiro (UNIRIO). Nurse.  
ORCID: 0000-0003-2673-6967

**Flavia Martins Branco**

Resident Nurse. Federal University of the State of Rio de Janeiro (UNIRIO). Nurse.  
ORCID: 0000-0003-3484-8555

**INTRODUCTION**

**T**he postgraduate course at a specialization level, in the form of in-service training for nurses, along the lines of residency, aims at scientifically based preparation, enabling nurses to have technical competence and clinical judgment.

In January 2020 in Brazil the Emergency Operations Center (COE) in Public Health was activated for the new coronavirus (Covid 19). The epidemiological surveillance of human infection by SARS CoV -2 will be built and consolidated by the World Health Organization (WHO) with information provided from countries with new technical and scientific evidence published.<sup>1</sup>

Since then the spread of the newest pathogen spread around the world has started, causing a new disease that poses a great threat to the world population. Suspending the daily activities of the population, relating the need to maintain the social distance requested by the World Health Organization (WHO), in order to reduce the spread of the disease.<sup>2</sup>

SARS CoV- 2 is an enveloped virus of ribonucleic acid (RNA), commonly found in humans, other mammals and birds, being able to cause enteric, respiratory, liver and neurological diseases. Refers to a virus with a greater spread than others of the same species, even though it has a lethality of around 3%.<sup>3</sup>

The disease is characterized in its initial clinical condition as flu syndrome, but mild initial cases may progress to a progressive increase in temperature and fever may persist for 3-4 days, different from the decrease observed in cases of influenza. The diagnosis is made through clinical epidemiological investigation and physical examination. Although

most cases of the disease are considered mild, some individuals will develop serious illnesses that 14% will need oxygen therapy, and approximately 5% will need

mechanical ventilation. The most common diagnosis in critically ill patients is pneumonia.<sup>4</sup>

The first case of Covid-19 here in Brazil was confirmed on February 26th, 2020. A resident of the city of São Paulo and had arrived from a trip in Italy days before his diagnosis. A few days after the first case, other people were diagnosed with the viral infection. Pointing out the speed of spread of the disease.<sup>5</sup>

On March 5th, 2020, the first case of Covid-19 was recorded in the city of Rio de Janeiro, reported by the State Health Department to a media outlet (newspaper Uol). This patient was traveling from a country with the name not mentioned. On March 12th, in an interview, the State Secretary of Health Edmar Santos confirmed the second case confirmed through a local transmission.<sup>6</sup>

The World Health Organization (WHO) declared a state of emergency in public health of international relevance weeks after the confirmation of the first case of coronavirus in the world.<sup>7</sup>

The average incubation time for SARS CoV -2 in humans is estimated at 5 to 6 days, with intervals that can vary from 0 to 14 days. (Ministry of Health 2020). The concern at this point is the high transmission capacity of the virus, as the number of infected individuals can grow rapidly within a few days.<sup>8</sup>

In view of the global scenario, the Ministry of Health regulates Ordinance No. 356 of March 11th, 2020. Measures are now adopted. In order to reduce the spread of the virus (SAÚDE, 2020)9.

In view of the above, the study aims to describe the experience of nursing residents at a Federal Hospital in the north of the city of Rio de Janeiro during the pandemic of the new SARS CoV-2 virus.

**The disease is characterized in its initial clinical condition as flu syndrome, but mild initial cases may progress to a progressive increase in temperature and fever may persist for 3-4 days, different from the decrease observed in cases of influenza.**

## METHOD

It is a report of a descriptive experience with a qualitative approach, based on experiences of the first year of the postgraduate course at a specialization level, in the form of in-service training for nurses in the manner of residence, about the experience of the care provided to confirmed or suspected patients of the new coronavirus at a Federal Hospital in the west of the city of Rio de Janeiro. The Institution has a total of 100 beds, 7 for emergency use and 13 for Intensive Care Unit. The Hospital serves only patients from the Unified Health System and is not a reference for the treatment of the new coronavirus.

The search for articles was carried out in the virtual health library (VHL) database, and in the Latin American and Caribbean health science database (LILACS), in the PUBMED and Scielo databases, using the following descriptors: Health professionals; Nursing; Coronavirus infections; Pandemic. As inclusion criteria, original articles in Portuguese and English were selected in the time frame from 2019 to 2020 and that answered the guiding question. Case reports, literature review articles and overtime articles were excluded.

The survey is based on the experience of nursing residents at the height of the pandemic. Regarding time, it was carried out from March to July 2020.

### Experience report

We started the residency on the 2nd of March, where many of us did not imagine what was to come, even before the first case was registered in the hospital, there was already a team of nurses training on the proper use of personal protective equipment, disease etiology, management of diagnosed and suspected coronavirus patients. On March 11, the World Health Organization (WHO) declared Pandemic. The fear and anxiety only increased knowing that the virus was getting closer and closer.

However, even in the face of all preventive measures, the first confirmed case was recorded through the Reverse Transcrip-

**On the other hand, given the emotional impact experienced by residents and nursing teams, in this pandemic moment, it is necessary to offer satisfactory safety measures for these professionals. Aiming at reducing insecurity, fear and anxiety. In order to reduce emotional overload in this challenging moment.**

tion test followed by the polymerase chain reaction (RT-PCR) on March 13th, 2020. The patient sought the health unit for cancer treatment. After 5 days of hospitalization, the symptoms were manifested, the test was collected and the result was positive for Covid-19.

Time passed and the number of cases increased. Every moment new information arrived, the protocols were constantly changing. The fear of the unknown was an affliction at that moment, we started to study, looking for articles, news, facts that would show us the seriousness of the new and frightening scenario experienced since then. Trainings were carried out on the correct hand hygiene, how to dress and undress without contamination, the PPE's that we must use for hours, which sometimes caused injuries to our skin, but essential in the care of these patients.

On the other hand, given the emotional impact experienced by residents and nursing teams, in this pandemic moment, it is necessary to offer satisfactory safety measures for these professionals. Aiming at reducing insecurity, fear and anxiety. In order to reduce emotional overload in this challenging moment.

## DISCUSSION

However, the radical changes experienced by health professionals at this time of pandemic, can cause serious psychological situations. In addition to the fear of dying, the Covid-19 pandemic can have implications for other spheres, such as school closings, business management, family organization, public places, changes in work routines, isolation and social distance. In addition, the economic moment has generated great insecurity, causing feelings of helplessness and abandonment.<sup>10</sup>

According to the new *Jornal Inglês de Medicina*, according to the experiences with the SARS CoV, it is expected that the transmission of the new virus will happen in less intensity through aerosols and fomites, and more through droplets, being therefore the importance of carrying out public health measures including quaran-

tine, diagnosis, careful adherence to universal precautions in healthcare settings to decrease Covid-19 transmission.<sup>11</sup>

Therefore, says Victor Grabois, protecting health professionals means offering adequate working conditions, such as providing personal protective equipment in sufficient quantity and quality and training them for its proper use, offering psychological security to health workers. Answering your concerns, doubts, fears, making the hand hygiene process as easy as possible. Protected and safe professionals are a prerequisite for the health of health workers.<sup>12</sup>

The World Health Organization (WHO) has recently published a guidance guide for mental health care for health professionals and professionals involved in hospital services. Alerting leaders to the emotional impacts caused by the Covid-19 pandemic. The overload of work, stress, insecurity causes mental health disorders.<sup>13</sup>

The Federal Nursing Council (Conselho Federal de Enfermagem - COFEN) also made available on the hotsite a program Together Against the Coronavirus with 24-hour care for nursing professionals. The service began on March 26th, 2020, the team is made up of volunteer nurses specialized in mental health care, who aim to contribute to the thousands of professionals who have worked tirelessly in the country's health units.<sup>14</sup>

### **Restructuring of ambience and flow**

The hospital has an emergency door open. A flow was designed only for patients with covid-19 or suspects within the emergency, as they continue to receive other cases in the emergency. The hospital is certified to use the Manchester scale, used for risk classification. A patient with mild flu syndrome, according to the Manchester classification, takes around 2 hours and 40 minutes to be seen. If he left this patient with the others, he would be coughing, sneezing and spreading the virus that could infect other patients waiting for care. The fast track flow was developed and applied. A quick screening

**The Institution offers psychological assistance in the hospital context for health professionals including residents. During the pandemic, this network was expanded. This psychological support is extremely important, since we face different situations that generate stress, such as pain, suffering, impotence and anguish, where there is a great emotional exhaustion.**

of the patient is performed to determine if it is a mild flu syndrome, whether or not it has severity criteria. If it is mild flu syndrome, the patient is treated and sent home with a prescription, certificate and guidelines for home isolation. If severe flu syndrome is characterized or the patient has/reports any comorbidity, he is referred to the emergency department for specialized care.

At the Medical Clinic, measures were taken in the infrastructure, a part of the sector's ward was separated to receive suspected and confirmed cases from Covid-19, a room was prepared for dressing and de-dressing, and another for diluting medications and storing material. Training was carried out on the correct hand hygiene.

The clinical surgical unit that attends adult patients with different diagnoses, in a short period of time has undergone adjustments in its physical space to meet the new cases of Covid-19, the implementation of the service was also readjusted to guarantee equity to users of Cheers. As in other countries, the contamination of health professionals was high, making the dimensioning of professionals inadequate in each shift. During this period, we were able to design a preliminary plan for urgent procedures in the sector, despite the overload of functions, avoid cross-contamination and contamination itself before, during and after the workload, a service of constant concern.

The Institution offers psychological assistance in the hospital context for health professionals including residents. During the pandemic, this network was expanded. This psychological support is extremely important, since we face different situations that generate stress, such as pain, suffering, impotence and anguish, where there is a great emotional exhaustion.

### **CONCLUSION**

SARS CoV- 2 was recently discovered, studies on the virus are still not enough for the elaboration of permanent protocols, changes are still constant. Health workers

are vulnerable as the death toll has increased dramatically. Many feelings and sensations such as exhaustion, work overload. In view of this, it is of relevance to update technical scientific as well as resolve the concerns and challenges of health professionals, given that part of the solution in this scenario needs this.

One of the peculiarities of the disease,

which affects the population in the risk group and health professionals, is the capacity for contagion and possible complications in the infected organism. Therefore, it is important that these professionals know the protocols for the use of personal protective equipment. Because if used properly the professionals worked more safely.

Therefore, the reflection proposed by this experience report is that despite the moments experienced in this institution, it is worth mentioning that nursing professionals were the most exposed, with the health institution being responsible for ensuring the adequate structure, the necessary means for handling cases and ensure risk-free action for society. ■

## REFERÊNCIAS

1. Rizzotto Maria Lúcia Frizon. As políticas de saúde e a humanização da assistência. *Rev. bras. enferm.* [Internet]. 2002 Feb [cited 2020 Oct 15]; 55(2): 196-199.
2. Benevides Regina, Passos Eduardo. A humanização como dimensão pública das políticas de saúde. *Ciênc. saúde coletiva* [Internet]. 2005 Sep [cited 2020 Oct 15]; 10(3): 561-571.
3. Brasil. Ministério da Saúde. Programa Nacional de Humanização da Assistência Hospitalar. Brasília, 2001. Disponível em: <http://bvsmms.saude.gov.br/bvs/publicacoes/pnhah01.pdf>
4. Brasil. Ministério da Saúde. HumanizaSUS: política nacional de humanização. Brasília, 2003. Disponível em: [http://portal.saude.gov.br/portal/arquivos/pdf/doc\\_base.pdf](http://portal.saude.gov.br/portal/arquivos/pdf/doc_base.pdf)
5. Silveira Camila Santejo, Zago Márcia Maria Fontão. Pesquisa brasileira em enfermagem oncológica: uma revisão integrativa. *Rev latinoam enferm.* 2006; 14(4): 614-619.
6. Polit Denise F, Beck Cheryl Tatano. Fundamentos da pesquisa em enfermagem: avaliação de evidências para a prática em enfermagem. 7ª ed. Porto Alegre: Artmed; 2011.
7. Mendes Karina Dal Sasso, Silveira Renata Cristina de Campos Pereira, Galvão Cristina Maria. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. *Texto contexto - enferm.* [Internet]. 2008 Dec [cited 2020 Oct 15]; 17(4): 758-764.
8. Barbosa Guilherme Correa, Meneguim Silmara, Lima Silvana Andréa Molina, Moreno Vania. Política Nacional de Humanização e formação dos profissionais de saúde: revisão integrativa. *Rev. bras. enferm.* [Internet]. 2013 Feb [cited 2020 Oct 15]; 66(1): 123-127.
9. Moreira Márcia Adriana Dias Meirelles, Lustosa Abdon Moreira, Dutra Fernando, Barros Eveline de Oliveira, Batista Jaqueline Brito Vidal, Duarte Marcella Costa Souto. Políticas públicas de humanização: revisão integrativa da literatura. *Ciênc. saúde coletiva* [Internet]. 2015 Oct [cited 2020 Oct 15]; 20(10): 3231-3242.
10. Casate Juliana Cristina, Corrêa Adriana Katia. A humanização do cuidado na formação dos profissionais de saúde nos cursos de graduação. *Rev. esc. enferm. USP* [Internet]. 2012 Feb [cited 2020 Oct 15]; 46(1): 219-226.
11. Martins Catia Paranhos, Luzio Cristina Amélia. Política Humaniza SUS: ancorar um navio no espaço. *Interface (Botucatu)* [Internet]. 2017 Mar [cited 2020 Oct 15]; 21(60): 13-22.
12. Rosevics Letícia, et al. ProCura - a arte da vida: um projeto pela humanização na saúde. *Rev. bras. educ. med., Rio de Janeiro*, v. 38, n. 4, p. 486-492, 2014.
13. Pereira Alessandra Barbosa, Ferreira Neto João Leite. Processo de implantação da política nacional de humanização em hospital público. *Trab. educ. saúde*, Rio de Janeiro, v. 13, n. 1, p. 67-88, 2015.
14. Roza Monica Maria Raphael da, Barros Maria Elizabeth Barros de, Guedes Carla Ribeiro, Santos Filho Serafim Barbosa. A experiência de um processo de formação articulando humanização e apoio institucional no trabalho em saúde. *Interface (Botucatu)* [Internet]. 2014 [cited 2020 Oct 15]; 18(Suppl 1): 1041-1052.
15. Menezes Aline Alves, Escossia, Liliana. A Residência Multiprofissional em Saúde como estratégia para a humanização: modos de intervir no cotidiano de um hospital universitário. *Fractal, Rev. Psico.*, Rio de Janeiro, v. 30, n. 3, p. 322-329, 2018.
16. Falk Maria Lucia Rodrigues, Gonçalves Ana Valéria Furquim, Santos Denise Severo dos, Oliveira Francisco Jorge Arsego Quadros de, Fagundes Lani Brito, Ramos Marcia Ziebell et al. Depoimentos de profissionais de saúde sobre sua vivência em situação de tragédia: sob o olhar da Política Nacional de Humanização (PNH). *Interface (Botucatu)* [Internet]. 2014 [cited 2020 Oct 15]; 18(Suppl 1): 1119-1124.
17. Martins Catia Paranhos, Luzio Cristina Amélia. Experimentações no apoio a partir das apostas da Política Nacional de Humanização - HumanizaSUS. *Interface (Botucatu)* [Internet]. 2014 [cited 2020 Oct 15]; 18(Suppl 1): 1099-1106.
18. Morschel Aline, Barros Maria Elizabeth Barros de. Processos de trabalho na saúde pública: humanização e efetivação do Sistema Único de Saúde. *Saude soc.* [Internet]. 2014 Sep [cited 2020 Oct 15]; 23(3): 928-941.
19. Medeiros Lucilene Martorelli Ortiz Petin, Batista Sylvia Helena Souza da Silva. Humanização na formação e no trabalho em saúde: uma análise da literatura. *Trab. educ. saúde*, vol.14, n.3, Rio de Janeiro, 2016.
20. Batista Karina Barros Calife, Gonçalves Otília Simões Janeiro. Formação dos profissionais de saúde para o SUS: significado e cuidado. *Saude soc.* [Internet]. 2011 Dec [cited 2020 Oct 15]; 20(4): 884-899.