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Nursing practices during the COVID-19 pandemic: experiences report

Prácticas de enfermería durante la pandemia COVID-19: informe de experiencias

Práticas de enfermagem durante a pandemia de COVID-19: relato de experiências

ABSTRACT

Objective: To analyze and reflect on nursing practices during the COVID-19 pandemic in public and private services. **Method:** A descriptive, qualitative report of experiences developed based on assistential and management practices from nurses who worked in public or private health services in the State of São Paulo and Minas Gerais/Brazil. Weekly meetings were conducted in October and November, 2020, when we discussed experiences related to confronting the pandemic seeking to list the common of its nursing practices. **Results:** The reports were organized into three categories: Care management, involving management and assistance provided; Health education, permeating daily life with new knowledge; and Mental suffering health, the consequences on these professionals' health who are working in these health services. **Conclusions:** The pandemic is considered to have interfered with nursing practice, the performance of professionals and the way of producing health. We emphasize the need for continuing education to be implemented in health services.

DESCRIPTORS: Professional Practice; Nursing Care; Coronavirus Infections; Continuing Education.

RESUMEN

Objetivo: Analizar y reflexionar sobre las prácticas de enfermería durante la pandemia COVID-19 en los servicios públicos y privados. **Método:** Reporte descriptivo, cualitativo de experiencias basadas en las prácticas de atención y gestión de enfermeras que laboran en ciudades de los Estados de de São Paulo y Minas Gerais-Brasil. Se realizaron reuniones semanales en los meses de octubre y noviembre de 2020 y se discutieron las experiencias relacionadas con el afrontamiento de la pandemia, buscando elegir los puntos de convergencia del desempeño de las enfermeras. **Resultados:** Los informes fueron organizados en tres categorías: Gestión de la atención, que involucra la gestión y la asistencia brindada; Educación sanitaria, impregnando la vida diaria de descubrimientos y nuevos conocimientos; y Sufrimiento mental, los reflejos sobre la salud de los profesionales que trabajan en estos servicios de salud. **Conclusiones:** Se considera que la pandemia ha interferido con la práctica de enfermería, el desempeño de los profesionales y la forma de producir salud. Destacamos la necesidad de que la educación permanente se implemente en los servicios de salud.

DESCRIPTORES: Práctica Profesional; Atención de Enfermería; Infecciones por Coronavirus; Educación Continua.

RESUMO

Objetivo: Analisar e refletir sobre as práticas de enfermagem durante a pandemia da COVID-19 em serviços de saúde públicos e privados. **Método:** Estudo descritivo, qualitativo de relato de experiências baseado nas práticas assistenciais e gerenciais de enfermeiras que trabalham em cidades dos Estados de São Paulo e Minas Gerais-Brasil. Realizaram-se encontros semanais nos meses de outubro e novembro de 2020 e foram discutidas as vivências relacionadas ao enfrentamento à pandemia, buscando-se elucidar os aspectos centrais das práticas da enfermagem. **Resultados:** Os temas foram organizados em três categorias: Gestão de cuidados, envolvendo o gerenciamento e a assistência prestada; Educação em saúde, permeando o dia a dia com novos conhecimentos; e Sofrimento mental, os impactos na saúde desses profissionais. **Conclusões:** Considera-se que a pandemia interferiu na prática de enfermagem, na atuação dos profissionais e no modo de produzir saúde. Salientamos a necessidade da educação permanente em saúde ser implementada nos serviços.

DESCRIPTORIOS: Prática Profissional; Cuidados de Enfermagem; Infecções por Coronavirus; Educação Continuada.

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INTRODUCTION

Nursing practices are developed as care and are executed and adapted according to the present situation and needs. In such a way that knowledge becomes application, without losing its essence, and gaining diversification in the execution of the practice.¹

In the context of nursing practices, understanding their form of organization and their reason means understanding much more than the nursing practices themselves, but it assumes the dimension of giving meaning to different subjects - individual and collective - that are interconnected in the different scenarios in which health professionals work.²

The analysis of practices requires understanding the organization of power and knowledge in a given context and establishing its relationship with the various social, political and economic devices. Thus, analyzing the practices helps to understand, both how the arrangements are established, and how they are admitted and accepted at a given time.²

The year 2020 was marked by the COVID-19 pandemic, caused by a new coronavirus (2019-nCoV) that was first detected in Wuhan, China, at the end of 2019.³

Named COVID-19, the disease caused by SARS-Cov-2, has already infected more than 9 million Brazilians,

with an incidence of 4.647,0 per 100 thousand inhabitants, accounting for 237.489 deaths, with a lethality rate of 2,4% and a mortality rate of 113,0 per 100 thousand inhabitants.⁴

In relation to the services studied, they are located in São Paulo with 44,04 million inhabitants, with 1.901,74 confirmed cases of COVID-19, 55.971 deaths, incidence rate 4.141,1 per 100 thousand inhabitants and mortality rate 121,9 per 100 thousand inhabitants.⁴ And in the state of Minas Gerais with approximately 20,87 million inhabitants, it has 798.711 confirmed cases of COVID-19, 16.595 deaths, an incidence rate of 3.773,1 per 100 thousand inhabitants and a mortality rate of 78,4 per 100 thousand inhabitants.⁴

With the clinical spectrum not completely defined, the treatment has been supportive and nonspecific.⁵ The clinical management of respiratory syndrome in COVID-19 initially consists of oxygen therapy, empirical antibiotic therapy, monitoring of vital signs and signs of clinical complications such as respiratory failure, sepsis and septic shock. As well as the prevention of complications and injuries through prophylactic anticoagulation.⁶

In order to face this pandemic, nursing professionals work in the treatment, prevention, detection and recovery of patients, working at the entrance door

and in the whole set of health services, configuring themselves together with the other health professionals in the line of in the fight against COVID-19.⁷

Given the magnitude and impact of this pandemic on the Brazilian health system, it is necessary to share care and managerial experiences in nursing practice in the face of this global challenge, which generates and has generated learning, losses, uncertainties, fears and changes. There are many questions, but we chose to delve into just one: "What is the impact of the COVID-19 pandemic on daily nursing practices?"

Therefore, this study aimed to analyze and reflect on nursing practices during the COVID-19 pandemic in public and private services in municipalities in the interior of Minas Gerais and São Paulo.

METHODO

This is a descriptive, qualitative study, of the type of experience reports in which it described aspects experienced by the authors, in their nursing practices in the following services: health center, emergency care unit, outpatient care unit (home care and telemonitoring in health) and intensive care unit, belonging to the cities of Campinas - SP, Limeira - SP and Poços de Caldas - MG.

The experiences based on nursing practices were explained during weekly

virtual meetings, through the Zoom and Google Classroom platform, which took place in October and November 2020, and these experiences were related to the beginning of the pandemic in March 2020 until the period of the meetings.

The inclusion criterion was to associate the daily changes that permeated the nursing practices of all professionals involved in their different services and excluded the specificity of each service.

The guiding question of the study was: What is the impact of the COVID-19 pandemic on daily nursing practices? The experiences were exposed to the collective reflection of thirteen nurses (specialists, master's students, masters, doctoral students and doctors), supported by the self-analysis of nursing practices and the problematization of the daily life experienced during the pandemic.

For the construction of the report, the narrative method was followed, based on the writing of each author about their experience, building a single narrative, highlighting the remarkable convergences in their daily practice.⁸

Through these reflections of the descriptions of the practices of each, there was the generation of new actions, new reflections and new systematization, contributing to the performance of each service and the disposition to systematize this report.

RESULTS

Nursing practices permeate the daily lives of health professionals as the work develops and are diversified according to the health service, with similarities and peculiarities among them.

We have organized the reports of experiences in three categories: Care management, in which we describe the organization of services and the transformation of the professionals' day-to-day work; Health education in which the path of workers to obtain information and knowledge was des-

cribed, as well as in-service training; and Mental suffering, demonstrating the diverse feelings and desires of the health team.

Care management

Due to the pandemic, it was necessary to organize the flow of care and assistance provided to patients in each institution according to the demands and characteristics of the services. Several protocols and several modifications were established according to the discovery and dissemination of information about COVID-19. The decrease in scheduled appointments and the start of the health call center was new to professional practice and brought with it several challenges.

The services also changed the profile of the community served, such as the emergency care unit that became a reference hospital for cases of COVID-19, serving patients through regional regulation and no longer patients due to spontaneous demand, which it may have generated an increase in demand in health centers and other units of the urgency and emergency network in the municipality.

In addition, the management of human resources was impacted by the withdrawal of professionals who were in the risk group and those who became ill, intensifying the crisis in the dimensioning of professionals able to work on the front line in addition to clinical and urgent and emergency care since there was no interruption of routine service activities.

At the same time, there were calls for the best working conditions in the professional category, which, even with the recognition and honors present in the media, were not sufficient to guarantee their autonomy, appreciation, adequate workload, protection and decent wages.

The management of materials was initially related to the offer of Personal Protective Equipment (PPE) and it is necessary to carry out control of their supply, as well as training for proper

use. Subsequently, it was necessary to manage equipment such as monitors, ventilators, non-re-inhalant masks, as well as some medications that started to become scarce.

Communication between team members, management with the team and the team with the population, facilitated the planning and organization of activities and increased security in the development of professional practices. On the other hand, in some services this communication was not so effective, the professionals were surprised by the rules imposed by the management without adequate communication, participation and involvement of the team.

It is noticed that the care management was built day by day to meet the existing demands in each service and needed to be reviewed daily.

Health education

In the practice of the assisting nurse and manager, it is possible to identify some potentialities, such as health education, leadership, autonomy and communication within the health team, emphasizing the importance of this professional in the articulation of care and as a mediator of the health team.

The training was developed in different ways for the applicability of protocols and individual protection of professionals. It was noticed that the professionals sought knowledge outside their workplace, through courses and readings of scientific articles. The professionals had collective spaces for discussion and exchange of experience or sharing of new knowledge, facilitating their daily practice.

In one of the services, an action was carried out in the territory to make the population aware of the precautions and precautions about COVID-19, but this action was punctual, due to the scarcity of human resources. Actions like this must be continuous to have an effective impact on the health and disease process. There was communication with the Local Health Council to share infor-

mation about the territory and resolve doubts brought by the population, they are the link between the health unit and the population.

There is a need for continuous updating of knowledge, which transforms professional practice through the reflection of each professional and collectively. The practices being transformed into the reflection of the practice itself. In addition, the pandemic has placed the need to "learn to learn" as something vital.

Mental suffering

The pandemic influenced the practice of nursing with regard to both its organization and its execution. It was noted that there were several challenges covered, such as low wages, excessive workload, inadequate dimensioning, lack of professional valorization, limited means of communication and the issue of the professionals' mental suffering.

Lots of information and transformations, as well as discoveries, understandings, fears, anxieties, doubts, concerns, insecurity, sadness, loneliness, uncertainty, tension and stress. All of this circulated the work of the team and each professional in their care. It generated suffering and reflected in professional practices.

In addition, some professionals were removed, either due to "burnout" or due to contamination by SAR-Cov-2, resulting in an occupational disease that exceeds the limits of individual illness resonating in the entire family of the professional, associated with the fear, anguish and worries.

The way that professionals saw to reduce such anxiety and fears was the dialogue between them, but it was not enough to prevent the development of fatigue, stress and other symptoms that affect the workers psychologically.

DISCUSSION

During the face of a pandemic, in addition to the infrastructure and the reconfiguration of the role of hospitals

and health units in order to meet the demands, the axis of the daily work of health professionals emerges, especially nurses, technicians and nursing assistants, who represent significant portion of the health workforce in the country. In this work, the role of the nurse is highlighted, which articulates assistance, management and health education activities in an articulated way.⁹

Among the numerous challenges punctuated in the context of the pandemic, we face the management of people, service and care, as an important aspect of our professional practice.

We observed that nursing professionals demonstrated anguish, anxiety, depression and stress, due to lack of information and not being able to control or manage the situation adequately.¹⁰

Nursing supervision should support the team's practices, detect weaknesses, share knowledge, maintain firmness in actions, with empathy, to mobilize resources to face an atypical moment, such as this one of the pandemic. Being able to contribute to the management of stress, fear and insecurity of the team.⁹

Another point frequently addressed by nursing professionals is the issue of devaluation and work overload, which meets the category's appeals for working conditions and working hours, a decent wage floor and a special retirement plan and the appreciation of work.⁷

In a study carried out in 2018, which aimed to understand the potential and challenges in the development of best nursing practices in different care contexts, we can see that some points identified as challenges were: reduced staff, low remuneration, lack of dialogue between nursing and staff multiprofessional, absence of Permanent Health Education (EPS - Educação Permanente em Saúde), little support (from management), political interference in care, work overload and lack of appreciation and care with caregivers, which demonstrates some similarities with our experience report.¹¹

Regarding the potential for better

nursing practices pointed out by nurses who participated in the same study, the following were identified: teamwork, leadership, bonding with the patient, spaces for collective learning and nurse empowerment.¹¹

It was possible to observe the relevant role of continuing education in nursing practice. According to the reports, there was a need for training in the established protocols and also the search for new knowledge and knowledge through readings and discussion of cases among the teams, examples that converge with the exposed in a study on the main challenges of nursing in coping of COVID-19 from the perspective of nurse managers in the western macro-region of Santa Catarina.¹²

The contribution of permanent education, combined with the use of protocols and Evidence-Based Practice (PBE), to develop the resilience of the nursing workforce and to the autonomy of the profession, based on the use and incorporation of the nursing process and in line with its theoretical roots.¹²

The education of health professionals on COVID-19 does not only contribute to guide patients/users, but as part of their training process for implementing PBE in their daily lives, following the continuous scientific technical update¹³ and acting actively in the control of information and false news disseminated mainly on social media.^{14,15}

Another issue on the agenda was the issue of the mental health of nursing professionals. He is a professional who is afraid, vibrates with the improvement of the patient, dreams of better health conditions, but who, in times of pandemic, often becomes distressed and fears the uncertainties of what is to come.¹⁶

In the analysis of the testimonies of nursing professionals, it was evidenced that, if on the one hand, they carry a feeling of helplessness and frustration, expressing the vulnerability of the nursing professional in the face of adversities to which there are no answers, on the other hand they show the traditional and de-

terministic view of care as a reflection of Cartesian knowledge that needs to find favorable answers for all situations and promote healing at any price, considering that society is not prepared to “lose”.¹⁶

The pandemic had a significant impact on nursing practices, bringing several changes and reorganization in the way of providing care, which can be considered the main object of nursing work. These changes must not be stagnant, they need to be reformulated daily, since the health-disease and care process is dynamic, temporal, cultural and has a direct and close relationship with the country's social, cultural and economic inequalities.

CONCLUSION

When discussing characteristics that define nursing practices in the current pandemic scenario, we note the diversity that exists in them and their strengths, recognized through the strategies adopted, such as planning, permanent education, in which the protagonist is the health team in partnership with management and society.

We also observed weaknesses, such as work overload, physical and mental exhaustion. We emphasize the need to take care of the frontline professionals, and contribute to their safety and capacity to act with the imple-

mentation of supervision and permanent education in the institutions in order to always deal with and learn from the aspects that are affected in the daily routine of the work.

Therefore, it is considered that the pandemic has potentially interfered in nursing practice, in the performance of professionals and in the way of producing health, highlighting the challenges and potential of nursing professionals, who assume the role, mediation and performance of care, in a crisis context. It is worth highlighting the capacity for resilience and reinvention of professionals and the importance of this workforce for society. ■

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