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COVID-19: repercussions and guidance on nursing professionals

COVID-19: repercusiones y orientación en los profesionales de enfermería

COVID-19: repercussões e orientações acerca dos profissionais de enfermagem

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A few months after the notification of the first case of COVID-19 in Brazil, with data that already exceeds more than three million infected and the surpassing number of 108 thousand dead, the country represents one of the largest contingents of cases, behind, only in the States United of Americaa[1,2].

Epidemiological data showed for many days the State of São Paulo (20.90% of the total confirmed cases, 24.77% of the total deaths) as the epicenter of notifications by COVID-19, followed by Bahia (6.46% of the total confirmed cases, 4.12% of total deaths) and Ceará (5.93% of total confirmed cases, 7.53% of total deaths). When analyzing the number of cases per million inhabitants in Brazil, the state of Roraima leads the ranking (65,542.35) of the country, followed by Amapá (46,945.19) and the Federal District (46,010.84)[2].

COVID-19, a disease transmitted by the SARS-CoV-2 coronavirus through close and unprotected contact with respiratory droplets from an infected person with or without symptoms, has demanded efforts and precautions from the entire population, which has been strongly oriented about the need for carry out social distance as one of the prerogatives for controlling the pandemic[3].

However, such a measure cannot be applied to those involved in the provision of essential services, as in the case of health workers. And it is in this scenario that nursing professionals work, which constitutes the largest portion of health workers who are on the front lines to combat COVID-19, which add up to more than 2.3 million professionals in Brazil (being approximately 1.3 million nursing technicians, 569 thousand nurses, 421 thousand nursing assistants and 299 midwives)[4].

The objective was to reflect on the repercussions of nursing professionals' absenteeism resulting from the pandemic by COVID-19 and the coping measures.

Repercussions of the pandemic by COVID-19 on the work of nursing professionals

Because they are the majority and work directly with suspected or confirmed cases of the disease, in direct assistance performing complex care in a hospital environment, evaluating and monitoring cases in an outpatient and community environment, as well as in health education and resource management actions, these professionals are highly exposed to infectious risk, which increases the possibility of acquiring COVID-19 as another occupational disease[5].

Until August 2020, more than 30 thousand professionals (34,918) professionals with probable infection by COVID-19 were notified, with only 48.61% of the cases having their laboratory confirmation. Of the total number of notified cases, 97.68% required quarantine (34,108), 1.28% hospitalization (448) and 1.04% died (362), however only 90.61% of these deaths had laboratory confirmation by COVID-19[6].

Brazil is the country with the most deaths of nursing professionals in the world, being higher than the United States of America, the country with the highest number of cases / deaths from the disease and even greater than the number of deaths in Italy and Spain combined[1,7,8].

In this scenario, it is necessary to clarify the contamination and / or deaths by the new coronavirus among Brazilian nursing professionals over 61 years old, who until the middle of August totaled 480 contaminated and 63 deaths respectively[6]. It is noteworthy, however, that both the Ministry of Health and the Centers for Disease Control and Prevention (CDC) recommend that everyone over 60 or with chronic diseases stay at home and avoid displacement, whenever possible, especially on public transport[9,10].

This context may explain the labor market scenario for nursing professionals in the country. A study on the profile of the nursing team in Brazil found that 4.49% of nursing professionals were unemployed and that 66.67% of them were having difficulty finding a new job[11].

Thus, even at different times, it was evident that professionals over the age of 60 were on the front line and that public and / or private health establishments did not alienate these professionals or even rearrange them in activities with less risk of infection, contrary to the recommendations for this risk segment.

In addition, the absence of some professionals temporarily proposed by the quarantine (at least 14 days from the beginning of the last exposure to a patient with COVID-19, 1.50% of Brazilian nursing professionals were infected, and the proportion of professionals affected was highest in the states of Acre (8.24%), Amapá (7.91%) and Santa Catarina (3.76%)[3,4,6].

Additionally, it is important to highlight the permanent absence of 362 professionals who died from the disease because they were on the front line, leaving not only health institutions, but also their families / communities unassisted, according to the social role represented within society[6].

These irreparable shortcomings characterize one of the greatest tragedies in the world history of nursing and invite the whole society to reflect and change perspectives for this professional class.

One of the first impacts directly perceived in this pandemic scenario by COVID-19 has been the absenteeism of nurses and nursing assistants / technicians in health services, which is characterized when there is a lack of one of these professionals in one or more days, except when provided for contracting institution or legal provision (vacations, breaks, work accidents, leave and other)[12].

Studies have shown that the exposure of nursing professionals to excessive workloads is one of the main causes of absenteeism. This workload, which can be classified as biological, chemical, mechanical, physiological and / or psychic, has increased among these professionals at this time of pandemic, especially physiological and psychic, previously considered primary causes of sick leave, requiring great efforts to minimize the harm to the quality of life of the professional and maintain the quality / safety of the assistance provided[13,14].

Thus, infection with the new coronavirus has not only been the main cause of absenteeism among nursing professionals who fell ill and needed medical care or isolation, but it has also led to more leave due to emotional exhaustion due to the increased workload among those who remain on the front lines fighting for / for life.

The uncertainty of how the pandemic will unfold exacerbates fear, anxiety, worry, dread and despair[15]. Fear itself, instinctive feeling of great importance for building a response to a threatening factor, if not overcome, increases the levels of stress and anxiety in healthy people, triggering psychiatric disorders or even intensifying symptoms in those who already have disorders installed[16].

Thus, it is necessary to emphasize the need to develop strategies to promote mental health so that society has positive perspectives to overcome this pandemic. And this becomes more evident when observing today an intense concentration of efforts by health professionals, managers, and researchers in discovering treatments / medication / actions / plans to provide the maximum survival of the population to the new coronavirus, neglecting, in a way, the control of mental health, which has been in the background[16].

Studies carried out with health professionals at different times of epidemics have shown that they have a higher prevalence of insomnia, anxiety, depression, somatization, and obsessive-compulsive symptoms, as well as showing a greater risk of developing Post-Traumatic Stress Disorder (PTSD) symptoms)[17,18].

In the fight to control the consequences of COVID-19, recent studies show the negative psychological impacts on health professionals such as stress, anxiety, depressive symptoms, insomnia, denial, anger, fear, frustration, changes in mood, hyperexcitation, symptoms of disorder obsessive-compulsive, discrimination, post-traumatic stress symptoms (PTSD), risks of acute stress disorder, burnout syndrome and psychiatric disorders, increasing the risk of suicides. These disorders / sensations arise because of daily contact with the high risk of infection and inadequate personal protection, patients with negative emotions, exposure to death, lack of contact with family members, exhausting working hours, socioeconomic problems, lack of knowledge about the treatment / control of the disease and the fact of not knowing when it will all end[17,19-22].

A current and disrespectful situation is the circulation of fake news or "Fake News", via social networks / message exchange applications, which end up disseminating and leaving a whole society in doubt and further exacerbating this scenario of negative feelings. Another relevant aspect refers to the “infodemic” that concerns the expressive increase in the volume of information associated with COVID-19, which tends to multiply exacerbated in a period. This condition generates rumors and misinformation[23]. Furthermore, this situation can have a substantial impact on people's mental health.

Social isolation alone predisposes to damage to the health and well-being of society, therefore, health professionals who stopped working, reported worse physical

and mental health conditions, especially if the cause of the leave was due to infection by COVID-19[24].

The proper attire with the appropriate Personal Protective Equipment (PPE), providing adequate safety for the patient and the professional, hinders effective communication and the interpersonal relationship between health professional / patient / multiprofessional team[18].

The damage to the mental health of health professionals also affected performance, understanding, attention and decision-making ability in the development of their duties in their work environment[19,25].

The consequences on the mental health of health professionals, as well as the population in general, in times of epidemics / outbreaks of infectious diseases, have been compared with the psychological effects caused by humanitarian tragedies such as hurricanes, mass shootings and terrorist attacks, evidencing if, in the short or long term, depression, anxiety, mental disorders, obsessive / compulsive behavior, abuse of alcohol and / or other substances[26,27].

Given the above, it is observed that nursing professionals are on the margins of care by the institutions that employ them and the entities that supervise them. Health establishments are hiring nursing professionals on an emergency basis, offering better salaries to critical sectors such as the Intensive Care Unit (ICU), Emergency Room (PS) and Emergency Room (PA) in which the lack of experience or preparation is no longer an obstacle to winning the vacancy, although the lack of experience is still pointed out as one of the greatest difficulties to enter the market (18.89% of the total unemployed)[11]. Professionals, in turn, are at a crossroads between exposure to the virus and its economic / social context, which in most cases will be more impactful[28].

Biopsychosocial procedures / norms / standards in the face of contingency / contingency plans organized by states and municipalities were not provided for in the event of illness by nursing professionals or other health workers, much less, the prevention of this impact was included[28].

Thus, uncertainties cause nursing professionals to develop several negative feelings. It was no longer enough to deal with the difficulties that a pandemic brings and to act in a scenario of exhausting workloads, they started to experience and experience strong emotions due to the fear of being contaminated or contaminating a family member, insecurity regarding their protection and / or professional performance and anxiety in the face of direct and much more frequent contact with death, and they may develop depression, when their individual tactics cannot deal with all this information.

As observed in the tragedies already faced, damage to mental health may occur due to the current pandemic, in which the intensity of the effects will be directly and proportional to its duration and the distance / social isolation[29].

If we add the effects of the new social behavior to the work environment of nursing professionals, in which they experience the collapse of health services, the disastrous consequences are clear and imminent if actions / measures aimed at the biopsychosocial safety of professionals are not implemented.

Coping with COVID-19

In China, at the beginning of the epidemic, many health professionals were infected due to the lack of knowledge of the disease and its consequent inadequate personal protection, prolonged exposure to infected users, intense work hours, lack of PPE and their training in the correct use[30].

In the Brazilian context, to minimize the occupational exposure of contamination by nursing professionals, collaboration from all sectors, including society in general, is recommended through the adoption of measures such as social distance and the use of facial covers (which can be made with fabric).

In health institutions and throughout the public health system, the introduction of new work arrangements has been required as a way of reducing community exposure to the virus, recommending the adoption of measures such as maintaining adequate ventilation of the environments, canceling elective procedures and non-urgent, reduction of care flows in health units, limitation in the type of care, organization of the care flow to suspected and confirmed cases, provision of the necessary supplies for individual protection and organization of health education measures aimed at respiratory etiquette , signs and symptoms of COVID-19 and guidance on how to proceed in the face of suspicion[3,5].

In addition, supported by the Regulatory Norm - No. 32, which establishes the obligation of work institutions to provide all the PPE necessary for health professionals to develop their work, the use of PPE is recommended for all those who work directly or indirectly in the assistance of health services, being indicated: goggles or face protector, surgical mask (the use of N95 or FFP2 masks is limited to procedures that generate aerosols), disposable apron, procedure gloves and intensification of hand hygiene (water and soap and / or alcohol gel)[5,31].

However, unfortunately, the reality of the services that provide care to the victims of COVID-19 denounces the insufficient number of PPE, its low quality, improper reuse and even the purchase of this equipment by the professional, generating insecurity regarding their protection and / or professional performance.

It is foreseen that, in cases where the health institution has its PPE number at the limit / reserve and with difficulty in providing it, it can be, together with the municipal and state health departments, as well as other structures belonging to the health, organize an action plan to optimize these resources ensuring safety for its employees and their patients. Furthermore, in the event of a crisis, the institution must plan a strategy very carefully for the reuse of PPE. It is worth mentioning that these should be provided for in an action plan and in the transfer of information to their professionals they should be trained and, in the return of normal supply of PPE, the routines should return to standard practices[32,33].

Another tactic is active monitoring, that is, practicing the tracking of previous contact (48 hours) in the health environment in favor of universal source control for health professionals and applying, at the beginning of each work shift, fever screening and symptoms of COVID-19. There is also self-monitoring, which consists of monitoring for fever and symptoms by the professional himself, and if he has any of these conditions, the professional is evaluated by a previously determined team[3].

In this context, fear and anxiety are the feelings that arise most in health professionals in the context of COVID-19, being even more prone to depression and lower quality of life when contaminated by the virus[34].

Studies of previous outbreaks / epidemics highlight the need to provide psychiatric intervention and / or active and continuous mental health programs to health professionals, regardless of whether they have been contaminated or not, thus avoiding the repetition of past epidemics on this topic and causing irreparable damage to society[16,18,19,20,25]. And so that these bad feelings do not settle and cause psychological disorders, the leaders of the institutions must ensure that their employees feel heard, protected, prepared, supported and cared for by their institution in their work routine[35].

Measures have been taken to reduce / mitigate the pressure on health workers and have generated good responses, such as: classification of professionals who were contaminated by COVID-19 as work-related injury; increase in the number of health professionals and, consequently, decrease in working hours; shift relay in high voltage sectors; enabling online platforms with reliable information on ways to reduce the risk of transmission between healthcare professionals / patients / healthcare environments (WHO and CDC have published recommendations for individual and collective psychosocial mental health); monitoring / assistance / follow-up by psychological intervention teams properly trained to work in pandemics / catastrophic situations, from prevention, early diagnosis, treatment and recovery of health professionals, giving preference to remote means; adjusting such measures according to the professional's expectations / needs[19,22].

It is worth emphasizing that COFEN offers online mental health care to its registered professionals, since the beginning of the pandemic in our country, with access encouraged when accessing the site. Recently, the Ministry of Health's Secretariat of Primary Health Care launched the "Telepsi" project, which aims to carry out psychological teleconsultation for health workers by September 2020[36].

In addition, a plan should be provided for the case of a health professional returning to work with suspicion or confirmation of COVID-19. Three types of strategies were developed: symptom-based strategy (for symptomatic professionals with suspicion or confirmation for COVID-19: absent from their work activities for at least 03 days after their complete recovery and at least 10 days from the first symptoms , test-based strategy (return to work after the end of the fever and improvement of respiratory symptoms plus the result of two negative samples - with an interval greater than or equal to 24 hours - of the COVID-19 molecular test) and time-based strategy (for professionals asymptomatic with confirmation for COVID-19: leave your work activities for at least 10 days since the first diagnostic test for COVID-19)[37].

In the case of contamination of the professional by COVID-19, compulsory notification must be provided and the communication of an Accident at work in the private sector and other forms of communication must be carried out in accordance with the current regulation that regulates the public servant[5].

From the perspective of trauma and its consequences in the face of a pandemic that we are historically experiencing, providing support to anyone who may suffer from PTSD or other psychiatric disorders is a good way out. Integrated actions between mental health services and conventional care services already installed should be thought of to optimize existing human resources (outside the mental health field), expand and enhance the care provided to the patient. Obviously, these professionals must be professionally trained and belong to a proactive driving team / group. As part of this work, mental health monitoring of health professionals should be considered through the supervision of active and empathic leadership[38].

These are measures that meet the interruption of the transmission chain by the virus. However, given the unprecedented nature of a virus that can be lethal and, in a scenario, where nursing professionals work under work overload and emotional exhaustion, actions that provide more physical and emotional security to these professionals are required, such as reducing the workload. work and increase the number of professionals, existence of psycho-emotional support, increase of incentives, flexibility of the scale and valorization of the professional.

It is worth noting that this disorder was evidenced at the beginning of the epidemic in China that, after learning about and instituting continuously updated guidelines, managed to park the infection of health professionals and consequently their death[24].

More than ever, nursing professionals have had their role recognized by society.

On May 12th, there were many expressions of affection, gratitude, and homage to nursing assistants / technicians / nurses throughout Brazil, whether in the programming of open, closed TV and social networks. Thus, the perspective of greater appreciation of the social role of the class is also increased by government officials, strengthening the struggle for better working conditions and remuneration and support to strengthen and invest in the category[39].

Even though we are experiencing the acute phase of this pandemic, this moment should be used to claim better working conditions, remuneration and training, taking advantage of the fact that nursing has gone from being marginalized to being a protagonist in the eyes of society[28].

It is worth highlighting a recent act coming from the current government, in which it vetoed the bill that provided for the payment of compensation to family members of health professionals who worked on the front line of COVID-19, showing support against the discourse[40].

Conclusion

In view of the originality of COVID-19, there is a need to develop prospective and longitudinal research, in addition to constant updating as new studies are being finalized and made available. Hospitalization beds of medium or high complexity and all the technology that surrounds them will not be enough to control this pandemic if their workforce is not safe, trained and optimized, since the numbers of infected people in our country have not stopped to grow up. Care to prevent infection by nursing professionals who work on the front line to combat COVID-19 should be prioritized, avoiding absenteeism and the risk of society's lack of assistance, as well as the lack of this person within their family / social nature.

In addition, the challenges imposed by the COVID-19 pandemic on health professionals, particularly nursing professionals, have impacted mental health. Thus, thinking about strategies that can minimize this situation of suffering and mental illness is extremely important at this moment.

This study is intended to cause society to reflect and value the work process of nursing professionals, as well as to require and support changes in the paradigm of the provision of health services by nursing professionals.

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