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Review Article

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The current context of nursing in Brazil and perspectives for the post-pandemic

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Abstract

In the pandemic context, it is an even greater challenge to bring this professional closer to the care practice, based on essential quality principles, given the work overload due to long hours, restricted rest hours, due to the high rates of absenteeism of these professionals. These questions lead us to the importance of the moral and mental health of health professionals, in which there is a high degree of suffering, observed by anguish, physical and emotional stress, uncertainty, in addition to ethical issues. All of these points lead to an even greater damage to the quality of care, which may directly influence the outcomes in health and patient safety. Creating strategies to minimize the negative aspects of the post-pandemic is essential to seek alternatives for quality of care as well as ensuring a safe environment for care practice. It is essential to know the impacts of the pandemic in its different contexts, as well as the strategies currently used to minimize its impacts; so that, with the learning provided, new actions can be planned for the reconstruction of health care models.

Keywords: Workplace, Nursing, Management Model, Care Practice

Introduction

The pandemic brought abrupt changes in the daily life of all citizens, continents, races and socioeconomic groups, but it imposed on health services a reality never before experienced that culminated in a health crisis that will bring the need to reconstruct a model of care, even in countries with better established structures[1-2].

Most professionals who make up this health system are the nursing staff, who remain in charge of care most of the time. With the expressive increase in the number of patients and high rates of leave due to contamination or resignations[1-2], there is a need for emergency measures , which bring numerous complicating factors to the assistance: hiring fast staff without the previously established criteria or bringing people who have been away from assistance for a long time to the care.

Since the beginning in China, the potential for advanced, technological and material resources has been discussed, but much more than a sufficient workforce, in addition to the discussion on the proper preparation of qualified professionals, issues that were not easily carried out wherever a crisis has established itself [3].

Facing the crisis points to the need for knowledge and skills to deal with a high level of criticality of patients, a pathology still unknown, resilience to deal with limited resources, in addition to a context of high mortality rates, both for professionals and patients[4].

In order to establish strategies for this confrontation, the World Health Organization created several essential pillars for action during the crisis, among them are: planning and monitoring, formation of crisis committees, contingency plans, adequate management and financial support, training of quick response teams in addition to case investigation, information related to the infected, support for diagnostic services, promotion and infection control, mapping and monitoring of cases (confirmed and suspected), and finally, operational and logistical support [5].

These strategies, in Brazilian reality and in many countries, did not prevent the race of states and municipalities for equipment resources, inputs and human resources, overloading the health system as a whole, as well as health professionals, in their physical and mental stress.

It is worth mentioning that even before the pandemic was established, much was already discussed about the adequacy of resources, the relationship between work teams and the professional practice environment, directly affecting health professionals, with special attention to the nursing team, who it already experienced stressful situations in its care practice. As an essential point for the transformation of this professional environment, there was the repositioning of nurses, exercising a strong leadership posture ahead of care [6-8].

In the pandemic context, it is an even greater challenge to bring this professional closer to the care practice, based on essential quality principles, given the work overload due to long hours, restricted rest hours, due to the high rates of absenteeism of these professionals [9].

These questions lead us to the importance of the moral and mental health of health professionals, in which there is a high degree of suffering, observed by anguish, physical and emotional stress, uncertainty, in addition to ethical issues. All of these points lead to an even greater damage to the quality of care, which may directly influence the outcomes in health and patient safety [1-2].

Creating strategies to minimize the negative aspects of the post-pandemic is essential to seek alternatives for quality of care as well as ensuring a safe environment for care practice. It is essential to know the impacts of the pandemic in its different contexts, as well as the strategies currently used to minimize its impacts; so that, with the learning provided, new actions can be planned for the reconstruction of health care models.

Objective

Describe and analyze social constructs of a surveyor's team of Brazilian health services and nursing managers in the face of the perceived impacts during and after the crisis.

Methodology

This research is an exploratory study involving seven health service surveyors and three nursing service managers, carried out in five meetings. In the first four meetings, the topics were discussed among the surveyors and in the last one, with the three nursing managers and two surveyors. Using guiding questions, we sought to report experience about the Brazilian context of nursing services as well as the perspectives for the performance of these professionals for the post-pandemic period.

The guiding questions used in the meetings were:

1. Was the organizational structure and the nursing service prepared to face the pandemic?
2. Do you understand that the structure of the nursing service was strengthened, with roles and responsibilities clearly defined to face this pandemic?
3. In view of this crisis, what are the challenges with the greatest impact that have been presented so far for the nursing service?
4. How do you see the restructuring of nursing services for the post-pandemic moment?

The social interaction between the surveyors and nursing managers allowed the problematization and articulation of the constructs produced with the Brazilian reality experienced in the context of the pandemic, analysis object of this study [10].

Outcomes

From these guiding questions, the current strategies for facing the pandemic and the main challenges experienced were observed. The following social constructs emerged from the discourse:

Impacts on the workforce

The absenteeism of the nursing workforce caused by the pandemic, due to the contamination of these professionals and the removal of risk groups, brought the need for emergency hiring. The selection processes could not be maintained with the same rigor, making the selection of nursing professionals more agile, preventing the performance of admission training to prepare for work.

These situations are in contrast to the observation made by some authors, who report that, in some countries, the performance of specialized or more prepared professionals through training to act in relation to COVID-19 was directly related to lower rates of physical exhaustion and mental health, in addition to providing more efficient health care. Professional unpreparedness, in addition to generating a high level of stress in the teams, leads to the insecurity of the population that is served [11-12].

Also as a result of the team's absences, there was a great increase in the volume of work, with an overload mainly of emergency services, in addition to an increase in the number of beds, focusing on intensive care services, with frequent use of mechanical ventilation.

The scarcity of resources as well as the lack of preparation of the team of professionals to work in numerous shifts and the inability to perform the work safely, especially in intensive care units has been a frequent discussion in different countries. It is observed, the change of the current routine, with high risk of contamination, loads of extreme work, moral dilemmas, social changes, and emotional stressors [3].

During the pandemic, it was observed that the population's need for resources goes far beyond the installed capacity, especially with regard to the reality of the availability of intensive care units, in addition to the number of workers and adequate training, in view of the growing contamination of professionals [13].

These questions bring the importance of reflecting on the need to maximize benefits, equality in the availability of treatment, promotion of value in care and prioritization by severity; ethical issues that needed to be reassessed by all countries in the post-pandemic [14].

It is worth considering that the interface of the different levels of health care and the articulation of public health policies are fundamental for the optimization of health resources, revealing themselves as beneficial strategies for the resumption of the health care model in the post-pandemic [14].

In the reports of health surveyors and managers, the emotional aspect of the health workforce during and after the pandemic was also a point of great concern. In the reality of many organizations, there is low concern or action in the face of these issues in times of frank crisis. Fear of becoming ill, frequent contamination of co-workers or even the death of co-workers are common points observed in the Brazilian context.

Psychological stress, especially the indirect trauma brought to these professionals during the pandemic should not be ignored. The specific sources of anxiety and fear of health professionals in the face of the crisis, must be analyzed, so that individualized and effective support approaches are created [15-16].

In this sense, these professionals experience what we can call the phenomenon of the Second Victim, a professional involved in any unforeseen event that adversely affects the patient, such as the current pandemic situation [17].

Thus, it is important to create channels open to this communication, for the promotion of active listening, comfort, and advice. Supporting strategies at this moment are the encouragement of speech, and the

recognition of the phenomenon. In this way, the support of coworkers, sharing similar stories can help in recognizing the impact of the problem and promote reaffirmation and professional rehabilitation [18].

Leaders have a fundamental role in this scenario, as it is up to them to prepare the team to face difficult situations, in addition to minimizing the risk of mental suffering, thinking about early support strategies, opening forums to discuss the challenges encountered, perceptions and feelings [2].

It is up to governments, the structure of a network for the dissemination of information on the signs and symptoms of mental illnesses, as well as a form of support for those who, in the face of the COVID-19 pandemic, start to experience characteristic symptoms of emotional stress [19]. As in other countries that have already gone through the process of remission of the disease, a substantial increase in psychological and psychiatric support is expected. This must be established from the beginning of epidemic situations and must be maintained after the peak of the disease [20].

The importance of defining the nursing team roles and responsibilities

The definition of roles and responsibilities proved to be fundamental to guide nursing work in the daily context of their activities, making the nursing team's duties clearer and more objective. At the crisis time, these alignments were destabilized by the insertion of new activities in the context of health care.

In this new context, new leaderships emerged and proved to be necessary for quick decision making in situations never experienced. The new assignments required in the face of the pandemic were not always related to direct patient care, mostly administrative, distancing the nursing team, and especially nurses from their real assignment and qualification.

At this pandemic moment, it is shown that the repositioning of the nursing team in front of care is essential to guarantee safety and quality of care; however, the reality imposed the opposite situation, demonstrating that the nurse position ahead of the care is not yet fully consolidated, bringing insecurity and instability in the work environment.

In order for nursing practice to be consolidated ahead of care, it is necessary, in addition to clinical reasoning, to be prepared to assume its real position alongside the patient, with specific training and essential qualification for the activity area [8, 21].

The clear establishment of the nurses role and their teams is given by the design of roles and responsibilities that include moments of crisis or urgency, so that improvised practices or the lack of definition of responsibilities may bring insecurity or rework and the loss of quality of care at this timev[8, 21].

This model is supported by the consolidation of these definitions by governance and organizational strategy, allowing the empowerment of nurses and making nurses an essential figure for safe and quality practice.

The importance of these roles and responsibilities definitions, as well as the restructuring of the nursing team, was already reported before the crisis, as the object of work in a Nursing Services Certification Program in Brazil. After the implementation of the program phases, it was observed that the professionals had greater autonomy in relation to day-to-day tasks, greater adequacy of training in view of the needs perceived by the teams, improving the clinical reasoning for decision making [21].

In this study, there was an expansion of the communication process between the teams, not only nursing, but also with the rest of the team, increasing job satisfaction, greater availability of bedside time, in addition to a decrease in turnover and absenteeism rates.

In this sense, after all the contextual and structural changes in Brazilian health, the need to reposition the nurse as the coordinator of care and strategies for defining its activities before the interdisciplinary team is even more evident. With the lower availability of nursing professionals and greater complexity of care, the need to keep this team available next to the patient is imminent, to promote a safe environment for care.

Strategies for communication

Clear communication from leaders is a differentiating factor for sustaining the practice, creating clear expectations regarding work, knowledge about the real impacts during the pandemic and planning according to the resources available for the work.

For this communication, agility in the information to the teams and simple methods for the coordination of care are essential. The most used resources for this communication can be from face-to-face meetings with the assistance team, as well as remote meetings, through video-call communication platforms. The Crisis Committee was one of the most used strategies in the face of the pandemic, bringing the resolution of immediate problems and the planning of long-term actions. The establishment of these resources for crisis management is directly associated with more or less favorable outcomes, based on the historical and local context [22].

This reflects the importance of data transparency and the establishment of communication flows, in order to increase efficiency in welcoming the workforce, where the role of leaders in these interfaces is fundamental to improve teamwork [14].

Conclusion

It is observed by this experience report, that health has never been more important in society than now, and as a great representation of this service, we have the nursing team, highly impacted by the current pandemic moment. These impacts increasingly demonstrate the need for nursing empowerment within health organizations, strengthened mainly by the clear definition of their roles and responsibilities. The discussion of these attributions must be taken to the strategic levels of the institutions, bringing the clarity of their true role ahead of care.

Inevitably, this discussion will bring health organizations a redefinition of the safety culture, observed mainly by the eyes of those who directly experience the impacts of the crisis moment. The discussion of the institutional safety climate is a fundamental action in the post-crisis, for decision-making directed to the real impacts generated. The emotional impact generated in society by the crisis is recognized, but the impact on health professionals needs a dedicated look that allows the planning of short, medium and long term actions to resume issues that could not be discussed in depth during the crisis.

These issues, for each institution or region of the country, are different, and need an individualized analysis, so that generalist and low impact strategies are not taken, causing even more frustration in these professionals. It is understood, therefore, that further studies to understand this impact and the repositioning of nursing are necessary in the post-pandemic. Promoting a safe environment for the practice and actions directed to the real needs of these teams are strategies that can support the reconstruction of a new model of action in health after the crisis.

Thinking only of the greater availability of professionals will not be enough, but also, the establishment of strategies for the improvement of clinical reasoning and the repositioning of nurses for their area of qualification, in a psychologically safe environment.

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