Original Article

doi: https://doi.org/10.1590/1983-1447.2022.20200405.en

Experiences and challenges faced by nursing professionals in care for patients with COVID-19

Vivências e desafios enfrentados pelos profissionais de enfermagem na assistência a pacientes com COVID-19

Experiencias y desafíos que enfrentan los profesionales de la enfermaría en la asistencia a pacientes con COVID-19

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How to cite this article:
Hagopian EM, Freitas GF, Taffner VBM, Mello FS, Rodrigues MM, Oliveira MVL. Experiences and challenges faced by nursing professionals in care for patients with COVID-19. Rev Gaúcha Enferm. 2022;43:e20200405. doi: https://doi.org/10.1590/1983-1447.2022.20200405.en

ABSTRACT

Objectives: Understand the perception during the care work of nursing professionals who work in inpatient units in the care of patients with a confirmed diagnosis of COVID-19 and describe the experience and challenges of their work in this area of work.

Method: Exploratory, descriptive, qualitative study. The interviews were individual, carried out in person. Socio demographic data were previously collected through a self-applied questionnaire.

Results: The sample consisted of 25nursing professionals, 84% nurses and16% nursing technicians. From the analysis of the content of the participants' speeches, six thematic categories were constructed:Uncertainty and fear of anything new and of the unknown; Personal and social challenges working with COVID-19; The relevance of human and material resources, linked to permanent in-service education for coping; Ambiguity of feelings of the participants in the face of expressions of support or prejudice on the part of the community; Reactions of health professionals to non-compliance with the recommendation of social distancing by the population; Insufficient professional training to face the pandemic.

Conclusion: The experiences and challenges that emerged in this research unfold in different ways, such as fear of the unknown, social and personal challenges to be overcome, as well as the impact of social behavior on the lives of nursing professionals and even the issue of training and professional preparation to face the pandemic.

Keywords: Delivery of health care. Coronavirus infections. Occupational health.

RESUMO

Objetivos: Compreender a percepção durante a atuação assistencial dos profissionais de enfermagem que trabalham em unidades de internação no atendimento de pacientes com diagnóstico confirmado de COVID-19 e descrever a experiência e os desafios do trabalho destes nesta área de atuação.

Método: Estudo exploratório descritivo, do tipo qualitativo. As entrevistas foram individuais, realizadas de forma presencial. Os dados sociodemográficos foram coletados previamente por meio de um questionário autoaplicável.

Resultados: A amostra foi composta por 25 profissionais da área da saúde sendo 84% enfermeiros e 16% técnicos de enfermagem. A partir da análise do conteúdo das falas dos participantes foram construídas seis categorias temáticas: A incerteza e o medo do novo e do desconhecido; Desafios pessoais e sociais atuando junto ao COVID-19; A relevância dos recursos humanos e materiais, atrelados à educação permanente em serviço para o enfrentamento; Dubiedade de sentimentos dos participantes frente a manifestações de apoio ou de preconceito por parte da coletividade; Reações dos profissionais de saúde à inobservância da recomendação de distanciamento social por parte da população; Insuficiência na formação profissional para o enfrentamento da pandemia.

Conclusão: As vivências e desafios emergidos nessa pesquisa desdobram em distintas formas como medo do desconhecido, desafios sociais e pessoais a serem superados assim como o impacto do comportamento social na vida dos profissionais de enfermagem e, a questão da formação e preparo profissional para enfrentamento da pandemia.

Palavras-chave: Atenção à saúde. Infecções por coronavírus. Saúde do trabalhador.

RESUMEN

Objetivos: Comprender la percepción durante el trabajo de cuidado de los profesionales de enfermería que actúan en unidades de hospitalización en el cuidado de pacientes con diagnóstico confirmado de COVID-19 y describir la experiencia y los desafíos de su actuación en esta área de trabajo.

Método: Estudio exploratorio, descriptivo, cualitativo.Las entrevistas fueron individuales, realizadas en persona. Los datos sociodemográficos se recogieron previamente a través de un cuestionario autoadministrado.

Resultados: La muestra estuvo conformada por 25 profesionales de la enfermaría, 84% enfermeiras e16% técnicos de enfermeira. A partir del análisis del contenido de los discursos de los participantes, se construyeron seis categorías temáticas:Incertidumbre y miedo a lo nuevo y lo desconocido; Desafíos personales y sociales trabajando con COVID-19; La relevancia de los recursos humanos y materiales, vinculados a la educación en servicio permanente para el afrontamiento; Duda de sentimientos de los participantes ante expresiones de apoyo o prejuicio por parte de la comunidad; Reacciones de los profesionales de la salud ante el incumplimiento de la recomendación de distanciamiento social por parte de la población; Insuficiente formación profesional para enfrentar la pandemia.

Conclusión: Las experiencias y desafíos que surgieron en esta investigación se despliegan de diferentes formas, como el miedo a lo desconocido, los desafíos sociales y personales a superar, así como el impacto del comportamiento social en la vida de los profesionales de enfermería e incluso la cuestión de la formación y preparación profesional para enfrentar la pandemia.

Palabras clave: Atención a la salud. Infecciones por coronavírus. Salud ocupacional.

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INTRODUCTION

In December 2019, a virus known as SARS-CoV-2, which causes the COVID-19 disease was reported, for the first time, in the city of Wuhan, in China[1], and it spread rapidly throughout the world. Then, the World Health Organization (WHO) declared the existence of a public health emergency of international interest on January 30, 2020, and subsequently, due to its emerging threat, defined the event as a pandemic[2]. Globally, there have been over 20,119,511 million confirmed cases of COVID-19, and 737,126 deaths (as of August 11, 2020)[3].

In Brazil, the first case of COVID-19 was recorded on February 26, 2020 and 3,057,470 cases were confirmed as of August 11, 2020, resulting in nearly 101,752 deaths. The regions most affected by the incidence of this pandemic were the Southeast, Northeast, North, South and Midwest regions of Brazil[4].

In most cases, the coronavirus causes respiratory symptoms such as shortness of breath, coughing, and a runny nose. The clinical picture can progress to severe pneumonia, respiratory failure and other organic dysfunctions, such as those related to clotting[5].

In this regard, a study shows data on Brazil's capacity to face the COVID-19 virus pandemic based on the analysis of the distribution by state of some of the main health occupations in the national territory. The referred study is based on data on employment contracts and healthcare workers in different occupations: doctors, nurses and health agents[6]. Therefore, it offers a portrait of the asymmetry in the distribution of this workforce among the different states of the Federation, as well as of the health workforce employed in the public and private sectors, for profit and non-profit institutions.

Health professionals have faced the pandemic and sometimes exposed their own physical integrity and safety. Thus, "Recognizing the value and selflessness of health professionals is important, but it will not save their lives[7,8]. Adequate protection can reduce the risk of infection, illness and death of these professionals, as well as the transmission of COVID-19 within health services. Perhaps the following popular saying is also applicable here: "better safe than sorry". This concern is justified by the alarming numbers of health professionals infected in recent times. In this regard, the author also reports that "data on the proportion of all COVID-19 cases that are health care workers released by the WHO cite 3.8% for China; 14% in Spain; and 11% in Italy, where 60 doctors died. States of the US reported percentages ranging from 16 to 28%[7].

The importance of the Federal Nursing Council, which established guidelines for the actions of nursing professionals in the face of COVID-19, also deserves to be highlighted, as they are by far the largest part of the healthcare workforce, totaling 2,300,000 nursing professionals. These professionals work at different levels of care (basic, medium and high complexity), both in the public and private network, and participate in actions to fight the pandemic in our country[9].

The present study is based on the following assumption: In view of the COVID-19 pandemic, health professionals have faced new challenges such as lack of material resources, psychological support, training and care management. These challenges demand the restructuring of actions in inpatient units to care for patients affected by this pathology, especially with regard to the safety of the professionals involved, the community around them, family, friends and people close to the workers.

The work process of nursing professionals was transformed into an atypical scenario, given the sudden changes produced by the pandemic, such as work overload, increased absenteeism and insecurity in the face of this new scenario. The social life of these professionals has also been affected, since fear of infection and of transmitting infection between work and family caused nursing workers to reduce social interaction, which generated deep feelings of sadness, loneliness and fear.

Therefore, the present study aimed to understand the perception during the care work of nursing professionals who perform their activities in inpatient units,assisting patients with confirmed diagnosis of COVID-19, and to describe the experience and challenges of their work in this field.

MATERIALAND METHODS

Type of research design

Exploratory, descriptive and qualitative study.

Population

The total sample of nursing professionals consisted of 67 professionals and the population accessible to this study consisted of twenty-five nursing professionals from a large and highly complex health institution in the city of São Paulo. Forty-two (42) professionals were excluded from the study for the following reasons: they were not directly involved in the care of patients diagnosed with COVID-19; were away from work during data collection due to illness; refused to participate in the research.

The inclusion criteria were professionals in direct care of patients affected by COVID-19; integrate the nursing team (nurses and nursing technicians); work in a clinical inpatient unit and/or intensive care unit.

Data collection instrument

Two instruments were used for data collection. The first instrument was a semi-structured questionnaire containing the following questions:

"Tell us how you have been facing the COVID-19 pandemic in the health care setting where you work."

"What are the main challenges related to coping with the pandemic for health professionals in your workplace"

"In your workplace, do health professionals and especially nursing professionals have adequate conditions to work so that they and the clientele assisted, as well as other professionals, are safe?"

"What do you expect from citizens, in general, regarding solidarity with health professionals coping with COVID-19?"

"Could you tell us how your professional training enabled you to face this current reality with greater or lesser difficulty? What would you highlight from your training as elements that help you at this moment?"

The data collection instrument was tested before the research with six members of the nursing team: four nurses and two nursing technicians.

The second instrument consisted of a self-applicable socio-demographic data questionnaire that comprised: area of professional training, time elapsed since graduation, length of professional experience in the care of patients with COVID-19 and number of employment contracts in the current context of the pandemic.

Data collection

Data was collected in July 2020 in two concomitant stages. In the first stage, individual face-to-face interviews that lasted approximately forty minutes and had been previously scheduled were conducted. After authorization of the participants, the audio of the interviews was recorded and verbatim transcription of the data was performed for content analysis. The second step was to fill in the form for the characterization of socio-demographic data of the participants.

To ensure the anonymity of the participants, their statements were identified by letter I (Interviewee), followed by the interview order number (I1, I2,...I25)

Thus, the study was approved by CEP EE/USP Protocol No.4,087,392, CAAE 32699220.7.0000.0070, meeting all the specificities recommended by National Health Council Resolution No. 466/2012.

Data analysis

Empirical data were submitted to content analysis, considering the teachings[10], according to which most methodologists agree that it is repeated reading that ultimately allows the awareness of similarities, relationships and differences that can lead to an admissible and reliable reconstruction of the context and the problem. And, in general, it is the quality of the information, the diversity of the sources used, corroborations and intersections that give the depth, richness and refinement of an analysis. Thus, the stages of content analysis comprised the following aspects:

Pre-analysis, which is an organization step. It covers a period of intuitions, but aims to systematize the initial ideas, so as to lead to a precise scheme of development of successive operations, in an analysis plan. In this first phase, the following steps were observed:

a) Floating Reading: after full transcription of the interviews, and with the testimonies in hand, following proper validation by the study participants themselves. At that moment, re-readings of the text are made in order to capture the first impressions; the dynamics between the initial hypotheses, the emerging hypotheses and the theories related to the theme will make the reading progressively more suggestive and capable of ending the initial feeling of chaos.

b**)** Formation of the Corpus: after numerous re-readings, the importance of the set of elements within the universe of analysis documents is demarcated and highlighted, and some standards of qualitative validity must be met, as follows: Exhaustiveness: the material must cover all aspects raised in the guide; Representativeness: the material must contain the essential characteristics of the intended universe; Homogeneity: it must meet precise criteria for the selection of the topics covered, the techniques used and the attributes of the interlocutors; Relevance: the documents analyzed must be able to meet the research objectives.

c) The formulation and reformulation of hypotheses and objectives: a hypothesis is a provisional statement that needs to be investigated through the analysis procedures. It is an assumption based on intuition and which remains in abeyance until it can be supported by reliable data. The reformulation of hypotheses means the possibility of correcting interpretive directions or further questions.

The next step consisted of exploring the material, which essentially comprises the classification operation to reach the core of understanding of the interviews. This enabled the construction of categories - expressions or meaning words, according to which the content of a speech is organized.The rules for counting words were thenselected, since understanding is traditionally built through coding and quantitative indices. Subsequently, the data were classified and aggregated, and the theoretical or empirical categories responsible for specifying the themes were chosen.

Inferences and interpretations were proposed in the treatment of the results obtained and interpreted, which were interrelated with the theoretical framework initially designed. Thus, other clues related to the new theoretical and interpretive dimensions emerged, suggested after the reading of the material. In the analysis of the participants' testimonies, thematic categorization technique was used, which is an operation of classifying constitutive elements of a set by differentiation and then by gender regrouping (analogy), according to previously defined criteria.

RESULTS AND DISCUSSION

Of the sample composed of 25 health professionals, regarding professional occupation, 21 (84%) were nurses and four (16%) were nursing technicians. In the health institution where the study was carried out, nursing assistants are not part of the nursing staff. Therefore, this occupation was not included.

As for the time elapsed since graduation, two professionals have up to one year of training, six professionals, from one to four years, four professionals, from five to nine years, three professionals from 10 to 14 years, five professionals from 15 to 19 years and five above 20 years.

The length of professional experience in the care of patients with COVID-19 at the time of data collection ranged from one to six months, and 13 (more than 50%) of the participants reported that they had been assisting these patients for four months, and 22 (approximately 90%) of the professionals interviewed believe that the number of patients they are responsible for on a daily basis allows them to provide safe care for themselves and the patients.

Based on the analysis of the participants' speech content, several aspects of the experiences and challenges faced by health professionals were revealed, which made it possible to build six thematic categories, as follows:

1. Uncertainty and fear of anything new and of the unknown

As for the experience of health professionals in the face of the COVID-19 pandemic, the speeches reveal fear, insecurity, a shaken psychological state, and most participants said that such feelings were more present in the initial phase of the pandemic (60%). The fear of anything new and of the unknown was mentioned in most of the speeches as an inconvenience and something that maximized the state of panic generated in the population as a whole and in health workers.

> [...] *uncertainty, it never happened before, no one had experienced anything like it, no one ever imagined it, and I never thought I would be on the front line.* (I1)

> [...] *as it is a new situation, I am afraid and cautious, because it involves people from the risk group, friends and family, you can no longer have contact with them* [...]. (I2)

> [...] *in the beginning this uncertainty and fear were strong; in March, when all the uproar related to COVID-19 started, it was quite stressful because it was a new thing for us, and for the team. So we were a little apprehensive, because of the fear of contamination, but little by little, we ended up adapting because the hospital provides PPE, all the safety items.* (I8)

> [...] *at the beginning I felt a shock, because everything was new, and we are used to the protocols, the referrals, and suddenly we have to face an entirely new situation, it was very fast* [...] *I was required to take a few days off work at the beginning because there were two patients with suspected COVID-19; so I was away from work for about five days, and when I returned, all ICU beds were occupied with these patients, so it was a shock to me, and* [...] *dealing with this situation, so many deaths, everyone desperate, it was difficult, it was very scary, but now, after all this time, I am more adapted, right?* (I21)

The COVID-19 pandemic caused fear in the world population for several reasons. The fact that high transmissibility is invisible to the eye; the possibility that the overload health services would lead to high fatality rates, especially in people considered to be at risk, such as the elderly population and individuals affected by comorbidities such as obesity, Systemic Arterial Hypertension (SAH) and Diabetes Mellitus (DM)[11].

Measures to face the public health emergency caused by COVID-19 were governed, in Brazil, by Ordinance no 356, of the Ministry of Health, which provides for the regulation and operation of the provisions of Law no 13,979, of February 6, 2020[8].

In this context, for health professionals, the overload in the care of patients affected by COVID-19 associated with factors of social alarm, multiple sources of information, lack of material resources, saturation of services and uncertainties regarding the future indicate fear and exacerbated stresses that can become triggers of emotional symptoms, which are harmful to the mental and physical health of these professionals[12].

2. Personal and social challenges of professionals facing COVID-19

The main challenges for health professionals in coping with the COVID-19 pandemic shown in the reports are the concern with the fear of infection and of transmitting infection between work and family, information and guidance and the challenges in dealing with the emotional issues involved.

There are also personal challenges, such as health professionals having to work and not knowing whether or not they will contaminate a family member, the feeling of loneliness for being forced to maintain restricted contact with people outside the hospital and the insecurity of not knowing when the pandemic will end.

> [...] *In my opinion, the main challenges for health professionals are namely* [...]. *towork, without contaminating themselves and know that they are not contaminating others, that is, their family members. I think health institutions should test employees because these workers often do not know if they are contaminated. They go home, to snuggle with their family, without knowing they are contaminating family members.* (I10)

> [...] *The first challenge was to get to know something different, to get to know this disease that nobody knew about. It was a very big challenge, because facing something like that scared me at first and, later, we were able to live with it, with this anxiety, this fear of us contaminating our family members, it was really the biggest challenge we faced working here.* (I17)

> [...] *I think the biggest challenge was psychological, because in addition to working in the health segment, we have to worry about what happens outside, with isolation, quarantine. I, for example, live alone, so I feel more and more alone. it's difficult* [...] *distress, anxiety, sadness, [we don't know when it will end, right?] that's what I said the other day, because we keep saying that this may last until August, until September, or who knows when* [...] *October, we don't know when the pandemic will end* [...] *So it's hopeless, we feel very distressed.* (I20)

> [...] *I think the main challenge is to balance the fact of working in a place where you are exposed to greater risk and going home and not contaminating your relatives.* (I25)

A pandemic is defined by the WHO as the worldwide spread of a new disease. The term is used when an epidemic, an outbreak that affects a region, spreads across different continents with sustained person-to-person transmission[13]. The establishment of this scenario results in major social and economic impacts, and especially on the health sector.

Health professionals who work in the so-called "front line" often face the symptoms of precariousness in work processes, which were exacerbated during the pandemic. These include lack of infrastructure, shortage of supplies, inadequate staffing, lack of PPE, long hours, work overload, low wages and lack of training.

One should think about the situation of health professionals in the post-pandemic period regarding mental, physical and occupational health[14]. For these authors, qualified listening is essential to understand how the current context will affect the lives of these professionals.

3. The relevance of human and material resources associated to continuing education in health services for coping with diseases

All professionals interviewed reported that the institution where they work provides sufficient material, physical and human resources for the safety of professionals, in addition to constant guidance and education programs.

> [...] *Yes, there are material resources, which are extremely important, and information resources: training.Therefore, professionals perform their functions better because they can count on this support.* (I7)

> [...] *Yes, we do. We have the equipment in the hospital where I work, there are PPE's, N95 respirators, surgical masks, waterproof aprons, that is, all the necessary devices to provide this service. We do terminal cleaning of rooms after patient examinations.* (I8)

[...] *Guidance. I think that this hospital provides considerable support compared to the situation in the national scenery. There is support from the National Program of Integral Healthcare, so there is a psychology service available. There is also the issue of access, the availability of the area manager as well, establishment of dialogue to identify fears, conflicts. Yes, they count on a well-structured support.* (I24)

In the health institution investigated, the professionals have adequate working conditions, unlike the situation experienced by professionals in other parts of the country. In many Brazilian health facilities, health workersface the pandemic under inadequate working conditions, with excessive workload, unfair wages, and scarcity of PPE[15]. These conditions, added to unstable employment contracts, devalue the occupation and make professionals vulnerable[16].

Among health professionals,173,440 cases of Influenza Syndrome (IS) related to COVID-19 were confirmed across the country. The professions with the highest number of cases were nursing technicians or assistants (59,635), followed by nurses (25,718), physicians (19,037), Community Health Agents (8,030) and receptionists of health units (7,642). As for serious cases of COVID-19, which required hospitalization, 697 cases were confirmed. Nursing technicians or assistants were the most affected, with 248 cases, followed by physicians (150) and nurses (130). Moreover, 138 deaths from COVID-19 were recorded among healthcare workers[17].

Since the beginning of the pandemic, access to PPE has been a growing concern, and as the pandemic has progressed, the uncertainty of an effective supply of PPE for all healthcare workers has caused many professionals to be distressed. In this regard, "the new coronavirus pandemic exposed the vulnerability that was already plaguing nursing professionals, due to the devaluation of the profession, low salaries, undersized nursing staff, excessive workloads and unsatisfactory working conditions, with shortage of shortage of personal protective equipment. These factors together increase the susceptibility to contamination by COVID-19 and mental illness, with impact on the quality of care provided"[16].

Caring for those who care should be a priority premise in the agendas of government agencies based on three essential pillars: recognition of these professionals as essential to the health of the population; guarantee of labor rights, social protection and safety at work in both public and private contracts; promotion of a safe work environment with the supply of PPE, hospital supplies necessary for safe care, as well as continuing education, including new work processes necessary for assistance during the pandemic[15].

4. Dubious feelings of the participants regarding expressions of support or prejudice on the part of the community

Regarding the impact caused by the attitudes of the lay population towards health professionals, the speeches reveal two scenarios: fear of health professionals of being vectors of the virus versus recognition for facing a crisis situation caused by the pandemic. Many professionals do not consider themselves "heroes" and prefer to be recognized for the historical social role of their professions.

The value of healthcare professionals should be recognized regardless of a health crisis. They should be considered indispensable within the Health System[14].

[...] *Being called "hero" (laughs) worries me a little because I'm not a hero, I'm a professional who has a family, who plays a role in society, and I think that being recognized for my role as a nurse in society is much more relevant than being recognized as a hero.* (I4)

[...] *I think it is a situation that had not yet been experienced, at least, so to speak, in this century. I think people started to perceive nursing in an entirely new way. I think people started to perceive nursing in an entirely new way. We became more respected, recognized, and I think that at first there were some situations in which people were a little afraid of having contact and approaching someone, you see, someone who could transmit the virus… anyway, I think that nursing is well recognized now …well, that's what I think now.* (I5)

[...] *at first fear, "oh! she works in a hospital, stay away from her otherwise you can get COVID". For a while there was a bit of respect, recognition for the work we were doing. But I think the fear has not gone away."* (I12)

[...] *a little more respect. Apparently people are afraid; they perceive you as a healthcare professional, they even keep a certain distance from you and give the impression that they see you as some kind of walking COVID-19 virus.* (I13)

[...] *yes, in my building, when I arrived, because at the beginning we were still wearing uniforms, then I would*

arrive at my building and people would comment "she works in a hospital", and then they would walk away. I realized that there was a lot of prejudice, even from the closest people, "Oh, oh my God", I resent it [...]. (I21)

Applause for health professionals is welcome, but this is not enough in their struggle for better health conditions. In contrast with the recognition of health professionals as heroes, provisional measure No. 927/2020 aimed to change labor relations by allowing for an increase in the working hours of these professionals by up to 24 hours, reducing rest time to 12 hours and revoking labor protection during the COVID-19 pandemic. Precarious work conditions favored by a neoliberal policy occur when professionals, then considered "heroes", are asked to register as volunteers in the fight against the pandemic. Such actions were revoked by the Federal Nursing Council (COFEN)[1].

The praise of the temporary fame of professional occupations that are at the forefront of the pandemic should be replaced with better working conditions. Protecting the historical context of each profession means understanding that throughout history health workers have always faced different situations of epidemics, pandemics and crisis contexts.

5. Reactions of health professionals to non-compliance with the recommendation of social distancing by the population

Health professionals reacted to the population's disregard for issues of social isolation and to carelessness in the prevention of the pandemic, as shown in the speeches below:

[...] *but I think people trivialize the situation a lot. They are not taking the pandemic seriously. Sometimes, they don't take care of themselves, they don't adopt safety measures, not even something as simple as wearing a mask, because they don't have any sick relatives or friends. People don't take these precautions, and I have sometimes seen health professionals who are also relapse. I think this is wrong because now we have to think about the collectivity.* (I18)

[...] *I think that the general population has two profiles: the first concerns extremely desperate people, who want to protect themselves, and the second group concerns people totally unprepared to avoid contamination, who go to the streets, do not use hand sanitizers, and don't wear masks. In fact, I realize that it is much more a matter of lack of concern, of not caring about the others, than lack of concern with the collectivity.Few people I came into contact with showed concern and tried to protect themselves in order to protect others. Unfortunately, it seems that most people don't believe and also don't give much importance to the virus.* (I25)

The media reported that many professionals urged the population to observe social distancing and stay at home whenever possible.Such appeals aim at mitigating the disease and protecting the lives of people and health workers themselves, as it is not enough for people to consider them "heroes"; a greater effort is needed on the part of the social community to avoid crowds and the risk of contamination by COVID-19 and, consequently, the overload of health services.

The political action of nursing and health workers is fundamental.

"[...] the Nursing profession is essential at all levels of health care and its practices are indispensable in pandemic contexts, but it has been permeated by the docility of the bodies that, thanks to disciplinary mechanisms, has become extremely vulnerable" [2,18].

The referred authors also mention that

"The politicization and engagement of the nursing occupation are potential strategies against the systems of docility of bodies, capable of ensuring that political leaders, managers and society in general respect the profession and perceive it as a reference, whether in the context of the pandemic or in the everyday human life, because where there is life, there is care and there is Nursing[2,18]

Thus, these reactions of health workers in the face of situations of non-compliance to social distancing by the population, far from being a moral judgment, become part of a political action that goes beyond the apparent individual responsibility and requires concrete measures on the part of people, but above all from public authorities, in order to provide the conditions for social distancing to be the rule, not the exception in the routine of people who need to go out for different reasons, such as survival, work and leisure.

6. Insufficient professional training to face the pandemic

Asked about their professional training and its contributions to dealing with the pandemic, the health workers interviewed claimed that few elements of the training provided a foundation for their work. Giving particular emphasis to daily learning in the work environment and working together as a team, they also reported that graduation did not prepare them for extreme situations, such as the pandemic they are experiencing. They affirmed that their professional experience was an ally in dealing with the unusual and challenging situation provided by COVID-19.

> [...] *in college, unfortunately, I was not prepared for this, but the preparation took place on a daily basis.* (I2)
>
> [...] *no, no, no. I think what helped me, and certainly most professionals, was our years of experience. I already have experience in the area and I am sure that for me, after twenty-six, twenty-seven years working in nursing, the situation is very different than for someone starting now. In my time, when I was in college, I wasn't taught or prepared to face a situation like this.* (I6)
>
> [...] *Well, the nursing college did not prepare me for the situation we are experiencing now.* (I7)

Professional training must be everyone's commitment, it must be continued and supported by practical and daily experiences in the universe of health work. Thus, it is not enough for the School to offer training, it must also be in tune with the challenges of training practices, at a level of commitment to the multiple health realities of the assisted population. Thus, professional training in health is not only offered in the training institution, but rather in the daily work routine.

In this regard, the experience shared by a multidisciplinary group in São Paulo showed the importance of joint actions such as the establishment of Intelligence and Epidemiology Centers, as well as the standardization of good practices and use of resources[19]. The author concludes that the importance of participation during a pandemic in the experience of leading actions, aiming at ensuring the best care, was remarkable and reaffirms the role of Nursing and Nurses in hospital management[19].

Professional training and performance are in a constant process of transformation, due to emergencies and innovations, mainly technological, regarding both care and management. Thus, the sharing of life and work experiences of health workers must be valued, in the training process, as a permanent political action and commitment of both training and care institutions.

CONCLUSION

The present study allowed us to understand the experiences and challenges of health professionals who work in inpatient units in direct care of patients with a confirmed diagnosis of COVID-19, and made it possible to expand the knowledge of this relevant topic today, involving the management of work practices in health institutions.

Fear, uncertainty, insecurity in dealing with the unknown and ambiguity of feelings in the face of social reactions were challenges and feelings revealed by the health professionals who participated in the study. On the other hand, the existence of material and human resources and permanent in-service education stood out, which, according to the participants, ensured favorable support for coping with the disease.

The unavailability of training that addresses performance in a pandemic is something that must be reconsidered by training institutions, as many health workers reported that they were only able to manage the complex issues related to health care in the current context of the COVID-19 pandemic based on the professional experience of each one and not on knowledge obtained during graduation or post-graduation in their training areas.

Finally, lack of primary research related to this theme, as well as the delimitation of the investigated population, restricted to a single private health institution, are limitations of this study. Therefore, further studies based not only on experience reports, contemplating the multidisciplinary team, and that include other practice scenarios, are suggested.

REFERENCES

1. Wu F, Zhao S, Yu B, Chen YM, Wang W, Song ZG, et al. A new coronavirus associated with human disease in China. Nature. 2020; 579(7798):265-9.doi: https://doi.org/10.1038/s41586-020-2008-3.
2. Li Q, Guan X, Wu P, Wang X, Zhou L, Tong Y, et al. Early transmission dynamics in Wuhan, China, of novel coronavirus-infected pneumonia. N Engl J Med. 2020;382(13):1199-207. doi: https://doi.org/10.1056/NEJMoa2001316.
3. Johns Hopkins University & Medicine [Internet]. Baltimore: JHUM; 2020 [cited 2020 Aug 12]. COVID-19 dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU). Available from: https://coronavirus.jhu.edu/map.html.
4. Ministério da Saúde (BR) [Internet]. Brasília: Ministério da Saúde; 2020 [cited 2019 Aug 10]. Painel Coronavírus. Available from: https://covid.saude.gov.br/.
5. Huang C, Wang Y, Li X, Ren L, Zhao J, Hu Y, et al. Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. Lancet. 2020;395(10223):497-506. doi: https://doi.org/10.1016/S0140-6736(20)30183-5.
6. Lopez FG, Palotti PLM, Barbosa SCT, Koga NM. Mapeamento dos profissionais de saúde no Brasil: alguns apontamentos em vista da crise sanitária da COVID-19 [Internet]. Brasília: IPEA; 2020 [cited 2019 Aug 20]. Available from: http://repositorio.ipea.gov.br/handle/11058/9837.
7. Grabois V. Como reduzir o risco de contágio e morte dos profissionais de saúde [Internet]. Rio de Janeiro: Fiocruz; 2020 [cited 2019 Aug 10]. Available from: https://agencia.fiocruz.br/como-reduzir-o-risco-de-contagio-e-morte-dos-profissionais-de-saude#:~:text=Reconhecer%20o%20valor%20e%20abnega%C3%A7%C3%A3o,dentro%20dos%20servi%C3%A7os%20de%20sa%C3%BAde.
8. Ministério da Sáude (BR), Gabinete do Ministro. Portaria nº 356 de 11 de março de 2020. Dispõe sobre a regulamentação e operacionalização do disposto na Lei n. 13.979, de 6 de fevereiro de 2020, que estabelece as medidas para enfrentamento da emergência de saúde pública de importância internacional decorrente do coronavírus (COVID-19). Diário Oficial União. 2020 mar 12 [cited 2010 Mar 25];158(49 Seção 1):185-7. Available from: https://pesquisa.in.gov.br/imprensa/jsp/visualiza/index.jsp?data=12/03/2020&jornal=515&pagina=1&totalArquivos=251.
9. Conselho Federal de Enfermagem. Nota de esclarecimento sobre o Coronavírus [Internet]. Brasília: COFEN; 2020 [cited 2020 Aug 10]. Available from: http://www.cofen.gov.br/cofen-publica-nota-de-esclarecimento-sobre-o-coronavirus-COVID-19_77835.html.
10. Cellard A. Aanálise documental. In:Poupart J, Deslauriers JP, Groulx LH, Laperrière A, Mayer R, Pires A. A pesquisa qualitativa: enfoques epistemológicos e metodológicos. 3. ed. Petrópolis: Vozes; 2012. p. 295-316.
11. Liu CY, Yang YZ, Zhang XM, Xu X, Dou QL, Zhang WW, et al. The prevalence and influencing factors for anxiety in medical workers fighting COVID-19 in China: a cross-sectional survey. Epidemiol Infect. 2020;148:e98. doi: https://doi.org/10.1017/S0950268820001107.
12. Donoso MTV, Wiggers E. Discorrendo sobre os períodos pré e pós florencenightingale: a enfermagem e sua historicidade. Enferm Foco. 2020;11(1):84-91. doi: https://doi.org/10.21675/2357-707X.2020.v11.n1.ESP.3567.
13. World Health Organization. Coronavirus disease 2019 (COVID-19) situation report – 94 [Internet]. Geneva: WHO; 2020 [cited 2020 Aug 10]. Available from: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200423-sitrep-94-covid-19.pdf?sfvrsn=b8304bf0_4.
14. Farias VE, Lira GV. Os profissionais de enfermagem merecem mais que aplausos. EnfermFoco . 2020;11(1):92-4. doi: https://doi.org/10.21675/2357-707X.2020.v11.n1.ESP.3582.
15. Alves JCR, Ferreira MB. Covid-19: reflexão da atuação do enfermeiro no combate ao desconhecido. Enferm Foco. 2020;11(1):74-7. doi: https://doi.org/10.21675/2357-707X.2020.v11.n1.ESP.3568.
16. Luna Filha DOM, Magalhães BC, Silva MMO, Albuquerque GA. Cuidamos dos outros, mas quem cuida de nós? vulnerabilidades e implicações da COVID-19 na enfermagem. Enferm Foco. 2020;11(1):135-40. doi: https://doi.org/10.21675/2357-707X.2020.v11.n1.ESP.3521.
17. Ministério da Saúde (BR). Novo Boletim Epidemiológico da Covid-19 traz balanço de infecções em profissionais de saúde [Internet]. Brasília: Ministério da Saúde; 2020 [cited 2019 Aug 10]. Available from: https://www.saude.gov.br/noticias/agencia-saude/47179-novo-boletim-epidemiologico-da-covid-19-traz-balanco-de-infeccoes-em-profissionais-de-saude.
18. Sousa AR, Olimpio A, Cunha CLF. Enfermagem em contexto de pandemia no Brasil: docilidades dos corpos em questão. Enferm Foco. 2020;11(1):95-100. doi: https://doi.org/10.21675/2357-707X.2020.v11.n1.ESP.3499.
19. Laselva CR. Ações técnicas e gerenciais da enfermagem no Hospital Israelita Albert Einstein para atender na pandemia do COVID-19. Enferm Foco. 2020;11(1):185-91. doi: https://doi.org/10.21675/2357-707X.2020.v11.n1.ESP.3945.

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The authors declare that there is no conflict of interest.

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Associate editor:
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Received: 11.08.2020
Approved: 08.15.2022

Editor-in-chief:
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