

Reflections on the COVID-19 pandemic and continuing education actions in nursing in a hospital*Reflexiones sobre la pandemia COVID-19 y acciones de educación continua en enfermería en un hospital**Reflexões sobre a pandemia COVID-19 e ações de educação permanente em enfermagem num hospital***Abstract**

The aim was to carry out a reflection on the performance of the Permanent Education Committee in Nursing in a tertiary hospital for in-service training of the nursing staff on the care of patients with Covid-19, as well as their challenges and strategies. Theoretical-reflective study on permanent education actions on nursing care in Covid-19 in a public tertiary hospital in Ceará. Strategies adopted were the elaboration of a flowchart of paramentation / deparamentation, conducting standard operating procedure (SOP) and realistic workshops. 70 workshops were held with 313 professional nursing participants, with an average duration of two hours each. Initially, insecurity in the care of patients with Covid-19 was detected, but the workshops held enabled the acquisition of practical and safe skills in the use of PPE. However, the high turnover of these professionals, resulting from the precariousness of the bond and labor rights, was a challenge that still requires extensive political discussion, for greater appreciation of nursing, which has been strongly fighting in this pandemic.

Descriptors: Nursing; Team; Education, Continuing; Inservice Training; Pandemic; Coronavirus.

Resumén

El objetivo fue realizar una reflexión sobre el desempeño del Comité de Educación Permanente en Enfermería en un hospital terciario para la formación en servicio del equipo de enfermería sobre el cuidado de los pacientes con Covid-19, así como sus desafíos y estrategias. Estudio teórico-reflexivo sobre acciones de educación permanente en cuidados de enfermería en Covid-19 en un hospital terciario público de Ceará. Las estrategias adoptadas fueron la elaboración de un diagrama de flujo de paramentación / deparamentación; realización de procedimientos operativos estándar (POE) y talleres realistas. Se realizaron 70 talleres con 313 profesionales de enfermería participantes, con una duración promedio de dos horas cada uno. Inicialmente se detectó inseguridad en el cuidado de los pacientes con Covid-19, pero los talleres realizados permitieron la adquisición de habilidades prácticas y seguras en el uso de EPP. Sin embargo, la alta rotación de estos profesionales, producto de la precariedad del vínculo y los derechos laborales, fue un desafío que aún requiere una amplia discusión política, para una mayor valoración de la enfermería, que ha estado luchando fuertemente en esta pandemia.

Descritores: Equipo de Enfermería; Educación Continua; Entrenamiento en Servicio; Pandemia; Coronavirus.

Resumo

Objetivou-se realizar uma reflexão sobre a atuação da Comissão de Educação Permanente em Enfermagem em um hospital terciário para capacitação em serviço da equipe de enfermagem sobre o cuidado de pacientes com Covid-19, bem como seus desafios e estratégias. Estudo teórico-reflexivo sobre as ações de educação permanente sobre o cuidado de enfermagem em Covid-19 em um hospital público terciário do Ceará. Foram estratégias adotadas a elaboração de fluxograma de paramentação/desparamentação; feitura de procedimento operacional padrão (POP) e oficinas realísticas. Realizaram-se 70 oficinas com 313 participantes profissionais da enfermagem, com duração média de duas horas cada. Inicialmente, detectou-se insegurança no cuidado ao paciente com Covid-19, mas as oficinas realizadas possibilitaram aquisição de habilidades práticas e seguras no uso dos EPI. Entretanto, a alta rotatividade desses profissionais, decorrente da precarização do vínculo e direitos trabalhistas, foi um desafio que ainda requer ampla discussão política, para maior valorização da enfermagem, que fortemente tem lutado nessa pandemia.

Descritores: Equipe de Enfermagem; Educação Continuada; Capacitação em Serviço; Pandemia; Coronavírus.

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Introduction

Every day, the world becomes smaller with globalization. Currently, the nosological pattern of one country is affected by another country, even though they are geographically distant. This means that epidemics can quickly evolve into pandemics, as people are always in transit and interacting. Despite this, the undergraduate curricula of Brazilian health courses do not seem to pay attention to the need for globalized training, with difficulties in adopting a multicultural care approach, as well as the training to act with precision and effect in global pandemics.

The coronavirus SAR-CoV-2 had its first case report in China and shortly afterwards cases were reported in Europe, North America and South America. The lethality of Covid-19 estimated by the World Health Organization (WHO) is 3.4%, but its rapid spread and the nature of its pulmonary symptoms related to Severe Acute Respiratory Syndrome (ARDS) led WHO to consider it a Public Health Emergency of International Importance in January 2020.¹⁻⁴

Because it is a pandemic, it generated a lack of Personal Protective Equipment (PPE) in sufficient numbers to meet global demand, with almost all continents affected by the virus simultaneously. This lack of PPE contributed^{3,4} to spread this pandemic more quickly, raising the awareness of professionals capable of overcoming it. Thus, even though at the beginning of January 2020 newspapers widely reported on the COVID-19 epidemic in China, the globalized need for health care in this case was again ignored, with dread and turmoil when the press raised the possibility of COVID-19 cases in Brazil.

Now, this dread occurred for several reasons: 1) unpreparedness of undergraduate and graduate courses for globalized care; 2) characteristics of the virus (SARS-CoV-2, mutant nanovirus, with virulence and transmissibility in an exponential curve by various means of transmission still under study; 3) existence of a severe form of the disease, which affects 5-10% of the cases, but in absolute numbers it generates the need for specific and expensive equipment (mainly respirators), some of which are impossible for most countries, causing many deaths; 4) the quick way in which people, including many health professionals, died and the shape of their wake (for the prevention of contagion, involving few people and lasting for a short time).^{1,2,5} As if all that were not enough, to extend the exponential epidemiological curve of the disease, there was a need to institute horizontal social isolation, which caused the country to stop its non-essential services indefinitely.

Thus, all of this generated the urgent need for permanent education of health professionals who would deal with coronavirus cases, so that they would not be contaminated or put their families at risk, and to do their best to save as many people as possible. In this context, Permanent Education (EP) works with the teaching-learning process, integrating technical, ethical, political, and educational aspects between professionals and educators, aiming at improving the team's work and the quality of care.⁶ Due to the pandemic situation, there was an urgent need to structure and redefine the strategies of action of the

Thus, this article aimed to reflect on the performance of the Permanent Education Committee on Nursing in a tertiary hospital for in-service training of the nursing staff on the care of patients with COVID-19, as well as their challenges and strategies. As the EP is a continuous and up-to-date process, the nurses' in-service training experience for care in COVID-19 is innovative and endowed with scientific and social relevance.

Methodology

It is a reflection on the experience of continuing education actions on nursing care in COVID-19. It took place in a tertiary hospital in Ceará, a state with many cases and deaths from the disease, third in the national ranking and which adopted horizontal isolation as an intervention policy in the search for flattening the disease incidence curve. These EP actions took place during the COVID-19 pandemic, whose first cases registered in the State took place on March 15, 2020, in Fortaleza.

Educational activities started in March 2020 until June in a more intense way but continue until now. They were carried out in loco and then in the room of the Commission for Permanent Education in Nursing (CEPEN), all lasting an average of two hours each and happening on a date according to the needs of the sectors.

Flows of preparation and safe separation were developed in the care of patients suspected or confirmed with COVID-19; particularities in cardiopulmonary resuscitation (CPR) to the suspected or confirmed patient with COVID-19 and postmortem care to these patients, together with the Hospital Infection Control Commission (CCIH), Hospital Quality Patient Safety Center (NSPQH), Epidemiology Hospital Nucleus (NHE), General Management of the Nursing Service (SEENF) and Coordination of the Hospitality Service.⁷⁻⁹

Experience Report and Discussion

As already mentioned, SARS-CoV-2 stopped the world and changed the routine of health institutions. The Commission for Permanent Education in Nursing (CEPEN) of the hospital reported here is not inexperienced, as it was created in 2000 as Continuing Education and in 2008 it became Permanent Education. Since 2000, he has developed several educational strategies active in the "living" environment of services, these strategies, according to research "[...] configured with the needs and particularities of each work segment, to obtain the changes in the management and attention"^{3:773}.

In this sense, CEPEN's main objective is to favor a critical analysis of the professional in relation to the patient care process, through the following main actions: planning and executing courses for the nursing team; in-service training, ensuring technical-scientific training for the nursing team; reformulation and updating of the Standard Operating Procedures (SOP), to optimize and guarantee safe and quality nursing work; participation of multiprofessional commissions for planning active teaching-learning strategies



with management; planning, organization and execution of scientific and cultural nursing events and, advising managers and nursing coordinators in planning permanent education activities in service of the various care units.

In addition, this permanent education team in nursing works in one of the largest public hospitals, tertiary in Ceará, which has approximately 500 beds and a contingent of 2000 nursing workers, therefore, Permanent Education in Nursing is relevant to this category in this hospital, one of the main ones to receive the cases of serious COVID-19 of the state. In addition to the large number, there is also a high turnover of nursing staff, because, despite the institution being public, most of the nursing staff is linked to a cooperative and less than 30% are civil servants.

Despite all this experience, training, number of personnel, even if not competed, the warning that, at the beginning of March 2020, the state of Ceará should strongly start preparations for the arrival of the COVID-19 pandemic, all the planning of the Permanent Nursing Education Commission for 2020 was suspended and the preparation of professionals for the care of the suspected or confirmed patient with COVID-19 was returned.

Soon, permanent education activities began, initially in the form of workshops, as professionals needed to: 1) Understand what this virus was, identify its contagion and know what other institutions had already been working on, to adapt our reality; 2) Participate in a realistic simulation of dressing and dressing, hand hygiene and swab collection, organized and planned by the study hospital in partnership with the state School of Public Health; 3) Do the territorialization to recognize the existing sectors that would be adapted for the admission of suspected or confirmed patients with Covid-19 (physical area, equipment and personnel); 4) Participate in meetings to discuss planning and making recommendations, their applicability and, if necessary, reformulation, to meet the demands of the units and ensure the safety of health professionals.

It is important to highlight that, simultaneously with the planning, training was carried out in the units, according to the recommendations of the Ministry of Health and the Hospital Infection Control Commission (CCIH) of the institution. Thus, the training began on March 18, 2020, when the realistic simulation of vestment and deparamentation took place, with the CEPEn nurse demonstrating to several health professionals in the hospital hall.

The first flowchart was prepared by CEPEn and, after the simulation, its stages were reworked, initially by the CEPEn and CCIH team, and, later, together with other sectors of the institution to meet the hospital's peculiarities and ensure safety for professionals.

After that, on March 19, 2020, workshops for on-site training began, with the dressing and dressing of the

health team (it was open to anyone who wanted to participate), in the unit that was being organized to be the ward of COVID-19. At that time, there was a lot of doubt on the part of the professionals, including some of them showing anxiety, informing their fear of working in that sector.

In the following days, workshops were held in the elective Post-Anesthetic Recovery Room, which was being transformed into the COVID-19 Intensive Care Unit (ICU) and, in the following days, the workshops took place in the CEPEn room itself. In these trainings, the flowchart of the vesting / de-vesting was tested, to be perfected and meet the hospital's needs. This flowchart has been redone four times by CCIH / NSPQH / SEENF / CEPEn. In addition, Cardiopulmonary Resuscitation (CPR) training was performed at the request of the COVID-19 ICU unit, due to insecurity about how to act in a cardiorespiratory arrest (PCR) with a suspected or confirmed patient with COVID-19. As a result, a Standard Operating Protocol (POP) was prepared with the particularities of the referred situation.⁷

After the first case of COVID-19 in Fortaleza-Ceará, due to the advance of the virus in the state and at the request of the hospital's SEENF, the realization of permanent education with daily workshops, in small groups of up to eight people, started to happen in the CEPEn training, as there were already patients admitted to the units prepared to assist patients with COVID-19 (Emergency COVID-19, infirmary COVID-19 and ICU / COVID-19).

With the increase in hospitalizations and the intensification of the need for nursing care in the hospital, workshops were again held, with the active participation of professionals to allow the reporting of their daily care in the units, favoring the exchange of knowledge between professionals and CEPEn. In these moments, some suggestions found on social networks or other services were shared, thus making the workshop a real work context, a moment of discussion.

The pandemic has not yet been stopped. So, these are the preliminary results so far, as new difficulties and discussions are always arising. So far, 70 workshops have been held with 313 nursing professionals.

Authors emphasize the relevance of these moments for nursing, as putting and removing PPE was presented worldwide as the biggest challenge for daily work, especially when the health professional is exhausted, increasing the risk of becoming contaminated.⁴

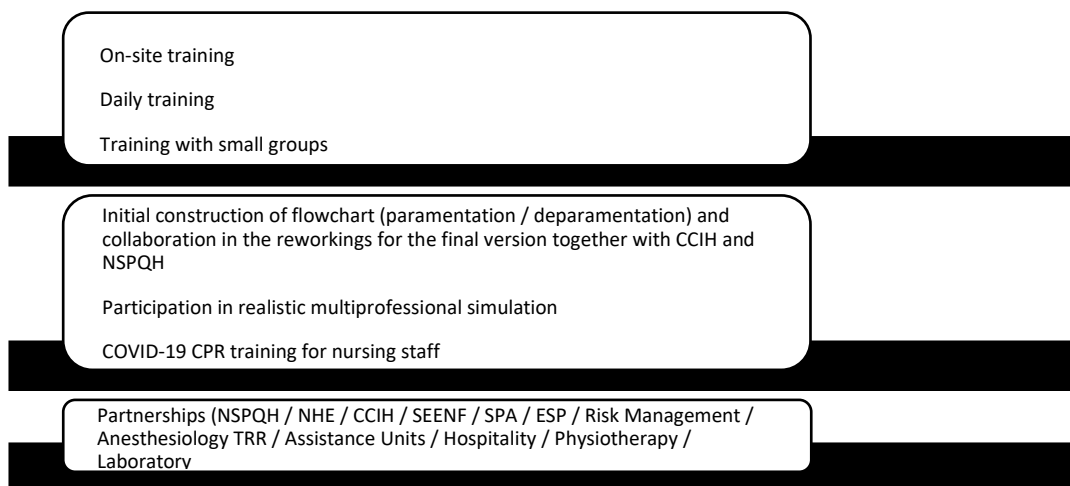
However, it is notorious that, as nursing and permanent education nurses, we live a unique moment in nursing care and in the professional life of each involved, as we face an emergency situation, a little known and very treacherous disease. Thus, we nominate as main challenges those listed in Chart 1, below:



Chart 1. Challenges to Permanent Education in Nursing for Nursing Care in COVID-19. Fortaleza, CE, Brazil, 2020

Difficulties found
1) Accelerated organization, without full prior planning and preparation of educational material
2) Dealing with professional anxiety
3) Inappropriate and non-rational use of PPE
4) Shortage of personal protective equipment
5) Rapid creation of beds in the hospital and field hospital for emergency care, hospitalization, and ICUs, requiring several professionals outside the institution's existing contingent, which includes hiring professionals with little experience in the care of critically ill patients and in the handling of equipment / material. In this sense, CEPEn prioritized training actions for the nursing team to assist the suspected or confirmed patient of COVID-19. However, the process was slow and gradual, as CEPEn has only 3 (three) nurses to carry out all training, most of which are carried out in small groups (8 nursing professionals)
6) To carry out the workshops, professional attention and concentration was essential, especially in the simulation of safe EPI detachment. Sometimes the professionals who attended the training were leaving a 12-hour shift, physically and mentally tired, hindering their participation and the biosafety measures to avoid contamination and spread of the virus
7) Noisy and delayed communication between units and services, as some processes need to be constantly reformulated to meet the peculiarities of this complex hospital institution
8) The release of the N95 or similar mask for the nursing team was sometimes made difficult, while other professionals who are not on the front line of patient care with COVID-19 use equipment to protect against aerosols
9) Professionals wearing contaminated masks in the cafeteria
10) Used masks and caps left on the floor of hospital stairs / corridors.

Figure 1. Strategies adopted by Permanent Education in Nursing for Nursing Care in COVID-19. Fortaleza, CE, Brazil, 2020



Despite the multiple difficulties presented, many strategies were outlined, among which we highlight those contained in Figure 1. Given the report, the difficulties encountered, and the strategies used, now on screen, it was possible to verify, above all, the relevance of nursing work in the scenario of COVID-19. The year we celebrate Florence Nightingale's bicentenary and the international year of nursing,¹⁰ it is believed that Florence is still alive in nursing and that her grades are still very current.

Now, the importance of hand hygiene and hospitals was already reported by Florence as preventing infections

and in the healing process. This practice has never been more in evidence, because before COVID-19, it was a topic discussed at universities and health institutions, but in healthcare practice it is still very deficient, even though it is a simple and essential act in the fight against infections. Nowadays, the life of the nursing professional and his family has never been so in the palm of his hand. Thus, COVID-19 brought the importance of hand washing to the world.

There was also a clear distancing from protection measures for healthcare professionals in the hospital, something that should have been strongly learned at the

university. It was common to see professionals wearing open and flat sandals, long dresses dragging on the floor, wearing ornaments, and not wearing caps and surgical masks when performing procedures on the patient.

Since 2005, Regulatory Norm No. 32 (NR 32) has been published, which establishes the basic guidelines for the implementation of measures to protect the safety and health of health service workers.¹¹ Among these rules, we highlight the use of essential PPE by health professionals during patient care. Today, 15 years later, these measures are still largely neglected. It is expected that, after this pandemic, professionals will routinely adopt safe postures, with the correct use of PPE.

The PPE has been worth gold in the pandemic COVID-19, as there was a lack of vision and provision of PPE by health managers around the world, as COVID-19 in China found a country unprepared to face a pandemic. But everyone else had at least 30 more days. However, Brazilian health institutions have few PPE for their employees and instructing professionals with non-compliant habits in relation to NR 32 and within a few days is not an easy task. Bureaucracy for importing PPE must also be stepped up, and Brazilian companies should be encouraged to produce such materials, essential to the health and life of all professionals and citizens of Brazil. This also applies to tests and reagents, another major limitation, which made it even more difficult to assemble the scales and increased the risk of exposure for our professionals.

It is known that the professional's change in relation to his individual protection is internal and subjective. However, due to the occurrence of the COVID-19 pandemic, which brought fear and panic to people, the professional finally seems to have realized the importance not only of hand hygiene, but also of the use of PPE.

In this sense, CEPEn has gone to great lengths to fulfill its role in this institution, consolidating such practices in the daily lives of these professionals even after the pandemic. It is known that the transformation of work is the central objective of permanent education in health⁶.

But all this effort is largely wasted by the presence

of the high turnover of the team, because, despite being a public institution and a North-Northeast reference in various specialties, 80% of its professionals are linked to cooperatives, having no formal link with the hospital. May COVID-19 also serve for Brazilian politicians and authorities to rethink the work relationships, salaries and career plans of nurses and other team members, great fighters of the real war that was instituted against COVID-19 in the country.

Conclusion

The main reflections extracted from the experience of Permanent Education in this pandemic lead us to infer that: 1) there is a detachment from protective measures by nursing workers, as they performed techniques like using PPE with insecurity and, before the pandemic, in their routine, they did not they wore surgical masks and hats. In this regard, workers expressed difficulty in remaining in masks and hats for two uninterrupted hours, as what should be commonplace has become a setback for most; 2) there is negligence in hand hygiene, because, even though it is the main measure in the control of nosocomial infection, the professionals did not perform all the recommended steps, they did not know the time or the indication to clean their hands with soap and water or alcohol gel; 3) The precariousness of teaching and / or the interest in their training, leads the professional to have little commitment to work or not to understand the complexity of safe scientific technical care.

In view of these reflections, there are many challenges to be made in a short period of time. And, regarding the strategies adopted, the realistic workshops held in the CEPEn room for the nursing team, moments of exchange of knowledge and venting of feelings are worth mentioning. Thus, it is expected that they will reflect a change in the attitude of these professionals, with a view to ensuring quality nursing care for the patient, regardless of their nationality or involvement, contributing to the maturation of a more and more globalized nursing, but without losing its essence.

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