The world woke up in 2020 to a new disease caused by a mutation in the coronavirus and, in late January, the World Health Organization (WHO) declared it a public health emergency of international concern. The new disease, named Covid-19, is caused by a novel coronavirus (Sars-CoV-2) and was first detected in the city of Wuhan, China. Its high transmissibility meant that it quickly spread to all continents.

Health professionals were clearly on the frontline of the worldwide mobilization against the pandemic carrying out their duties in the various hospital systems or field hospitals built and/or improvised to offer specialized care for Covid-19 patients.

The first cases made clear how little was known about the disease, its prevention, pathogenesis or treatment. The experience in the first countries affected by the disease demonstrated its high levels of dissemination, circulation and contagiousness. The Covid-19 virus spread quickly, crossed borders and became a world pandemic with a high probability of mortality amongst infected individuals.

The pandemic is spreading and with it a worrying mortality rate and the need for specific treatment for patients with the disease, in order to save lives and reduce the high risk of transmission and damaging consequences for society.

Regular, day-to-day procedures of healthcare systems were altered abruptly and evolved into a scenario of overcrowded intensive care units, critically ill patients, insufficient equipment, and loss of life. In the case of health professionals, the new reality brought exhausting shifts that put to the test their physiological and emotional needs as well as, and above all, their occupational safety.

In this setting, it is necessary to reflect on nursing, its scope, contribution and the recognition of its professionals, especially in the year that commemorates the bicentenary of the birth of Florence Nightingale, founder of modern nursing.

The goals of occupational safety and health of healthcare workers have not always been attained. In this context, there are reports of frontline pandemic response teams working without appropriate personal protective equipment (PPE). Apart from that, shortages in protective gear and an excess of bedside responsibilities, performed under severe psychological stress due to lack of trust in the effectiveness of their PPE equipment and/or the fear of being contaminated with Covid-19 and become ill, are frequent.

It is a worrying and unknown situation; a war against a virus that advances gradually in an unprecedented way. Countries affected by the disease have not
been able to provide the health system with personal protective equipment in sufficient numbers which have led to them being reused. In the context of a highly transmissible virus this is potentially unsafe. Meanwhile, the rate of infections increases, and the mortality rate grows exponentially.

It is a worrying state of affairs. The real number of Covid-19 cases is not known given that diagnostic tests in the whole country are insufficient. The growing number of suspected cases creates doubts about the total number of infected individuals.

This situation requires a careful approach, as the risk exists and must be considered for the care of symptomatic and, in particular, of asymptomatic patients. Up to now, testing for health professionals has not been made available, despite existing policies stating that they must be provided. On the other hand, there is little evidence that the use of PPE alone can prevent transmission of the disease.

The Brazilian Federal Nursing Council has received almost 3,600 complaints about the lack or the poor quality of personal protective equipment such as masks, gloves and aprons. Such news circulates in the media and distresses the general population and health workers especially nurses which are in constant contact with patients.

In addition, even when the appropriate safety gear is provided, professionals are often unable to leave the frontlines due to workforce shortages. During this pandemic, there are reports of professionals who, unable to leave, register pressure injuries due to the continued use of masks and lack of time. Sometimes aprons, masks and gloves could not be changed due to the scarcity of such PPE equipment.

Guidance on how to deal with patients with Covid-19 and the donning/doffing of PPE is inadequate. Reports on active health professionals that fear they are not using the PPE correctly and risk contaminating themselves and their families are common. Many health workers self-isolate from their families for fear of infecting their loved ones. The psychological effects posed by such circumstances increase levels of stress amongst health professionals.

According to the International Council of Nurses, death among nursing staff infected with Covid-19 happen worldwide, notably in countries with the highest rate of contamination and mortality, such as the United States, Spain, France and Italy. In Brazil, cases of infection amongst health professionals are being recorded and are attributed especially to the lack of protective gear.

However, we must consider that, when health professionals become infected, albeit in a milder way, the consequence is the reduction of available specialized workforce which is in critical need around the world. The World Health Organization recognized on the World Health Day 2020 a shortage of nearly 6 million registered nurses worldwide.

Furthermore, nurses have long been witnesses to the lack of human resources in healthcare, the dismantling of health systems and the low recognition and reward of the health professionals. They have been hitherto virtually invisible; exposed to the hazards their duties pose to their own safety. Besides, there is little financial and/or social recognition and many times health professionals are forced to work double or triple shifts. This type of debate almost always comes up in critical moments such as these when it should be a permanent discussion.

Nurses are at the forefront in the fight against Covid-19 worldwide. They work around the clock to offer constant care for critically ill patients, many of whom use ventilators and require highly complex care. They are not superheroes though. The primary role of nurses in treating and containing Covid-19 cases was recognized by the World Health Organization. This UN body published on the 7th of April the State of the world’s nursing 2020 report, in partnership with the International Council of Nurses and the Nursing Now campaign, with the support of governments and partners. The document highlights the challenges and the importance of nursing workforce globally.

Nurses are at the forefront of Covid-19 case management and facing serious challenges to have their working conditions improved and the importance of their personal safety recognized. Such recognition needs to be translated into policies that support professionals fighting against the virus and putting themselves at risk for the containment of the pandemic.

The consequences of the pandemic have raised awareness of the value of health professionals and emphasized the importance of building bridges, of abandoning shortcuts, of rethinking isolated healthcare structures, of re-establishing values, of understanding that quality healthcare is a team effort. No one can be ahead or behind; we need to go hand in hand if we want to move towards facing and fighting Covid-19 and other health issues and challenges. We need to work together to guide, plan, execute and recognize the significance of different types of knowledge that can enhance the ultimate goals of health care: prevent diseases, restore individuals to good health and save lives.

REFERENCES


Challenges faced by nursing professionals in the COVID-19 pandemic


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