



Nursing professionals working remotely in the context of the Covid-19 pandemic: An experience report

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ABSTRACT

The objective of this study was to report the experience of remote work by the nursing team of an Oncology Unit during the COVID-19 pandemic. This is a descriptive, exploratory study, of the experience report type, carried out at a Federal University Hospital in the city of Maceió, Alagoas. The report was based on data collected from April 2020 to July 2022, based on the experience of nursing professionals in the face of remote work in the context of the COVID-19 pandemic. Technological innovation, through remote work, provided a beneficial experience for the most vulnerable health professionals, that is, employees who were part of the risk group, as it allowed social isolation and compliance with pandemic preventive measures, ensuring greater safety for all professionals in the risk group.

Keywords: COVID-19, Health professionals, Nursing, Remote work.

1 INTRODUCTION

In December 2019, an outbreak caused by a novel coronavirus began in Wuhan, China, which spread rapidly. On January 9, 2020, the new Coronavirus, known scientifically as Severe Acute Respiratory Syndrome (SARS-CoV-2), was identified. The microorganism that causes human infection called COVID-19 (MASCARENHAS et al., 2020).

Shortly thereafter, on 30 January 2020, given the spread of the virus, the WHO declared that "the outbreak of the disease caused by Covid-19 constitutes a Public Health Emergency of International Concern – the highest level of alert of the Organization, as provided for in the International Health Regulations" (WHO, 2020a). On 11 March 2020, the WHO Director-General declared the situation a pandemic (WHO, 2020b).

At the beginning of the pandemic, the lack of vaccines and specific drugs for the treatment of Covid-19 led states to recommend the adoption of non-pharmacological measures aimed at mitigating the transmission of the virus, such as: the mandatory use of protective masks, hand hygiene, and social distancing. These measures remain recommended to the present day, even with the advent of vaccination around the world. To ensure social distancing between people, mass events were canceled, borders closed, transport circulation restricted, quarantined for risk groups, educational institutions closed, and the service shifted to remote work (SILVA et al, 2020).

The new coronavirus, SARS-COV-2, the etiological agent of COVID-19, has caused a pandemic in the world population with numerous repercussions on health, especially in the most vulnerable, such as the elderly and those with comorbidities. (ALFARAJ, AL-TAWFIQ and MEMISH, 2019).



Subsequently, health professionals, pregnant women, postpartum women, and newborns were also included in the risk group (RONDELLI et al., 2020).

In addition to the health crisis installed in the country, what was seen through the media during the pandemic were health workers having to deal with the lack of personal protective equipment (PPE), infrastructure and adequate working conditions, precarious work relationships and the great demand for care. Frontline health professionals are sometimes subjected to strenuous work, that is, intense activities, under pressure, which put the worker's life and health at risk (BRASIL, 2020).

Updated data from the professional councils on the health workforce (FTS) attest that Brazil has 611,133 nurses and 1,867,433 nursing assistants and technicians (COFEN, 2021). According to an analysis carried out by Teixeira, Machado, Freire and Pereira in the Inventory of Deaths of Health Professionals due to Covid-19 in Brazil, as of March 22, 2021, 207,919 cases of Flu-like Syndrome (GS) suspected of Covid-19 were reported in health professionals in "e-SUS Notifica", 28.1% confirmed as Covid-19. The health professions with the highest records among confirmed cases of GS due to Covid-19 were: nursing technicians/assistants (29.6%) and nurses (17.0%).

The National Health Council (CNS, 2020), in Technical Opinion No. 128/2020, guided the work of health professionals during the COVID-19 pandemic, recommending that health managers should ensure that health professionals have the right to work in safe places when they are in conditions of risk to life or health, as in the case of professionals in situations of greater vulnerability.

Normative Instruction No. 21/2020 of the Ministry of Economy, which guides generalized conduct in the public service, established on March 16, 2020 remote work for public servants and employees who are: sixty years of age or older, immunodeficient or with chronic or serious preexisting diseases, and pregnant or breastfeeding public servants and employees, while the state of public health emergency of international concern resulting from Covid-19 lasts (BRASIL, 2020).

Thus, the Professor Alberto Antunes University Hospital (HUPAA), as a federal, public, health care institution, following such recommendations, removed its employees from the so-called risk group, that is, people who are more predisposed to fatal outcomes if affected by COVID-19 to perform remote work.

Following the context, Law No. 13,979/20 was created to establish the measures of the public health emergency to confront COVID-19, including isolation, quarantine, compulsory medical examinations and laboratory tests. Therefore, through the implementation of these measures, especially social isolation, workers needed to reinvent their work process, in the remote work modality. This modality has become a viable strategy for maintaining work activities related to compatible work processes (BRASIL, 2020).

Remote work is an innovation in the nursing work process, expanding the perspectives of care and ensuring the safety of professionals in risk groups (SCARCELLA and LAGO, 2020). Carvalho and



Fincato (2018) point out that telework can be considered as a current phenomenon in the scenario of major lasting political, economic, and social transformations, as they permeate determinants of change, such as: flexibility, Information and Communication Technology (ICT), and sustainability.

In view of the above, the present study aims to describe the experience of nursing professionals from the Oncology Unit of a federal public hospital in remote work in the scenario of the pandemic due to COVID-19.

2 DEVELOPMENT

2.1 METHODOLOGY

This is a descriptive, exploratory study, of the experience report type, carried out at a Federal University Hospital in the city of Maceió, Alagoas. The report was based on data collected from April 2020 to July 2022, based on the experience of nursing professionals in the face of remote work in the context of the COVID-19 pandemic.

A bibliographic survey of the theme was carried out, national and international databases were chosen for a better understanding and foundation on the subject. There was no application of a free and informed consent form, as it was an experience report.

2.2 EXPERIENCE REPORT

Nurses, especially those in the risk group, such as pregnant women, reported concern about being infected by the coronavirus and developing severe forms of the disease, as well as fear of having fetal complications. Previous studies, such as Yang's in 2020, showed that patients who had certain chronic diseases, whether respiratory, cardiac, or multifactorial in nature, had a worsened prognosis when they were presented with the COVID-19 virus (YANG et al., 2020).

Following government recommendations, HUPAA, in order to favor social isolation and avoid the exposure of this group in the hospital environment, removed its most vulnerable employees, from the so-called risk groups, to telework, including the elderly, individuals with a history of chronic diseases, pregnant and breastfeeding women with children up to 1 year of age. Then comes a new challenge for nursing, remote work.

In this context, professionals started working remotely. The immediate managers of each sector were responsible for assigning the activities to the teleworking professionals, according to the needs of the sector. In the chemotherapy unit, nurses working remotely were in charge of carrying out monthly shifts and also weekly shifts for the distribution of nursing team activities.

The nursing team was provided with continuing education by teleworking professionals, the themes were defined according to the team's needs and the training sessions were recorded and made available weekly in the form of video classes. Employees watched the updates and training according



to the individual availability of schedules and doubts and questions about the classes were made by email or through a Whatsapp group.

In addition, there were updates and elaborations of operational protocols that subsidize and systematize the nursing activity of the Oncology Unit. Documents and educational materials were developed, such as guidance booklets for patients. The nurses were also responsible for monitoring the indicators of the nursing service and the unit's processes through the Electronic Information System (SEI).

Being able to count on the performance of employees in remote work made it possible to carry out bureaucratic and administrative activities that are important for the systematization of nursing services and work organization, bringing more safety and quality of care provided to patients.

Regarding the experience of living remote work, the professionals reported it as something positive, as it allowed isolation and compliance with pandemic preventive measures. They also reported better work productivity due to flexible work and reduced working hours due to savings in time spent commuting to work. It also allows for a better reconciliation of work with personal and family life.

3 FINAL THOUGHTS

The Covid-19 pandemic, as it is a recent disease, multiplied doubts, and anxieties among health professionals, especially nurses, nursing technicians and auxiliaries who were part of the risk group, due to greater vulnerability due to the specificities of the work.

However, we emphasize that technological innovation, through the remote work performed by health professionals in the context of the pandemic, provided a beneficial experience, as it allowed social isolation and compliance with pandemic preventive measures, ensuring greater safety for all professionals in the risk group, in addition to strengthening continuing education and bureaucratic activities important for the functioning of the service to occur without prejudice.



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