

# Brazil counts on me in the Covid-19 pandemic: a reflective essay on advancing the timeline of Nursing education

O Brasil conta comigo na pandemia da Covid-19: ensaio reflexivo sobre a antecipação da formação em Enfermagem (resumo: p. 15)

Brasil cuenta conmigo en la pandemia del Covid-19: ensayo reflexivo sobre la anticipación de la formación en Enfermería (resumen: p. 15)

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continue on page 11

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continue on page 11

The Strategic Action “Brasil Conta Comigo - Profissionais da Saúde” was created in the context of the current Covid-19 pandemic, directed to train and keep records of health workers. Aligned with this strategy, the Ministry of Education has issued an Ordinance authorizing to advance the timeline of graduation for health professions, triggering a wave of early graduations. This context prompted us to prepare a reflective essay on the problems involved when nurses’ education is cut short. The reflections were woven based on theoretical references that unveil the cynicism present in the current government discourse. We conclude that, instead of a problem-solving measure to alleviate the labor deficit, government initiatives represent a setback in the field of education and health that precludes the reversion of the historical precariousness in nursing working conditions.

**Keywords:** Health. Working conditions. Pandemics. Teaching of nursing.



## Introduction

On December 31, 2019, the Wuhan National Health Commission, China, reported an outbreak of pneumonia cases of unknown origin<sup>1</sup>. The World Health Organization (WHO) received additional information about the outbreak only in January 2020, with evidence suggesting that the event was associated with exposures at a seafood wet market, without being able at that point of time to affirm the existence of transmission between humans<sup>2</sup>.

At that moment, there were 41 confirmed cases and the death of one individual with underlying morbidities. The etiologic agent had already been identified, and its genetic sequencing was shared with the WHO, which would provide, shortly, specific diagnostic tools<sup>2</sup> and information for vaccine research. It was a new coronavirus called SARS-CoV-2 (Severe Acute Respiratory Syndrome Coronavirus 2).

The disease became a Public Health Emergency of International Concern, declared by the WHO on January 30, 2020, reaching the highest alert under international health regulations. Named as Covid-19, it spread rapidly around the globe, characterizing itself as a pandemic with a significant impact on human life. As every day more people are infected, the precise current number of cases is highly transitory. By the beginning of the second week of November 2020 (November 8, 2020), 50,111,147 cases and 1,253,707 deaths had been confirmed worldwide. In Brazil, during this period, there were 5,653,648 infected cases and 162,305 deaths<sup>1</sup>.

Covid-19 brought about global biomedical, social, economic, political, cultural, and historical impacts unprecedented in the history of epidemics. Collapsing health services, people locked down in their homes, destabilization of the financial system, and difficult access to essential goods such as food, transportation, and medicines<sup>3</sup>, to name a few of the contemporary problems.

Brazil is one of the record holders in the number of cases, demanding more health professionals to act in the front line of diagnosing and treating the disease. In order to confront this challenge, local managers have requested the support of the Federal Government to face the pandemic. One of the initiatives taken was the creation of the Strategic Action "Brazil Counts on Me - Health Professionals" (O Brasil Conta Comigo – Profissionais de Saude in the Portuguese name), through Ordinance No. 639 of March 31, 2020, from the Ministry of Health, aimed at scaling up the training and registration of health workers to face Covid-19<sup>4</sup>.

Aligned to this strategy, the Ministry of Education published, on April 3, 2020, the Ordinance No. 374 dealing with advancing the timeline of the graduation for Medicine, Nursing, Pharmacy, and Physiotherapy students, exclusively to act in the actions to combat the pandemic of the new coronavirus - Covid-19. Under this ordinance, the federal higher education institutions were authorized to rush the graduation of students in the last stage of their courses, as long as they completed 75% of their course load (CH in the Portuguese acronym) of the period foreseen for the clinical internship or supervised curricular internship, exclusively to act in the actions to fight Covid-19, for the duration of the public health emergency<sup>5</sup>.



Such measures triggered a wave of early graduation of students who have not performed the entire workload of mandatory internships, i.e., a reduction of 25% in the CH of internships, an essential criterion for theoretical knowledge to settle down, developing technical skills and key attitudes in future professionals.

The following question instigated us as authors of this article inserted in the context of teaching in Nursing: what may mean this early closing of the training process of nurses and their ostensive immersion in the front line of the fight against Covid-19 in Brazil? To reflect on this question, we will use theoretical references<sup>6-8</sup> that unveil the cynical content in the current government discourse. This discourse seems seductive in engaging students and nursing schools in the ethical duty of ‘fighting on the front lines of the pandemic,’ even though it is highly controversial considering that the graduates will finish their training without completing the total CH and in an uncoordinated context of response to Covid-19 in the country.

Rushing nurses into the job market to work in the front line of an unprecedented pandemic may be a problematic factor rather than a solution when thinking about resolute and safe care. The picture becomes more complex when we recognize that, despite being essential in health services, nursing professionals have historically been denied the right to decent working conditions due to unfair social discredit, low political power, and lack of interest from Brazilian governments and health institutions in changing this situation<sup>9,10</sup>.

Considering these reasons, we aimed to present a reflective essay about the problems involving advancing the nurses’ graduation timeline to meet the Strategic Action “Brazil Counts on Me - Health Professionals” during the Covid-19 pandemic.

## **Nurses, Brazil Counts on You!**

As an expressive workforce in the Brazilian National Health System (SUS), Nursing is an essential category in the health actions related to the Covid-19 pandemic. In Brazil, 50% of the health care workforce is composed of nurses, nursing technicians, and nursing assistants<sup>11</sup>, and these professionals are crucial for sustaining the so-called ‘front line in the fight against the new coronavirus’.

Even being the only country in Latin America that matches the density of nursing professionals for 10,000 inhabitants of the developed countries<sup>12</sup>, as soon as the pandemic hit Brazil, it was identified that the deficit of these professionals and other categories would need to be faced.

In this context, the Strategic Action “Brazil Counts on Me” was created, proposing to optimize human resources in health services within the SUS. The Ministry of Education’s Administrative Rule 374/2020 complemented it.

Understanding the technical and operational demands of these measures, some public institutions and class entities have positioned themselves. Among them, the National Health Council (CNS) published a recommendation to public managers who work in the health sectors about the responsibilities regarding the observance of the National Curriculum Guidelines and the Health Course Pedagogical Projects<sup>13</sup>.



The National Council of Municipal Health Secretariats (CONASEMS) has issued a technical positioning note, highlighting that these measures should be considered optional and that the management of the process should be agreed upon among the Higher Education Institutions (IES), the States, and the Municipalities<sup>14</sup>.

Despite showing signs of concern with the formative character of the students, the entities put little emphasis on specific issues, such as the provision of Personal Protective Equipment (PPE), essential to protect against infection by SARS-CoV-2, and the responsibilities of the Higher Education Institutions (HEI) in this process, as well as of the organs of public power.

Such concerns were presented by the Brazilian Association of Nursing (ABEn in the Portuguese acronym), which issued a note calling attention to the complex situations faced by SUS, which were already worrying before the pandemic, such as, for example, the precariousness of health care in face of the underfunding of public policies in Brazil.

ABEn also pointed out the fragility in guaranteeing supervision of the students that, according to this entity, must be seen as individuals in formation and not as a workforce. The mentioned document questions the 25% cut in the workload of the mandatory curricular internship and the students' lack of professional maturity to act in the Covid-19 pandemic. Finally, it states: "to strive for quality training and rational health care is also to defend health and save lives"<sup>15</sup>.

The Federal Council of Nursing (Cofen in the Portuguese acronym) issued a Resolution that guides professionals to participate in this initiative. Strangely enough, and latter official note by Cofen, with the support of the 27 Regional Councils of Nursing, opposed the element of the Ordinance assigning the role of internship supervisor to nurses in health services. The justification was based on the overload born upon nurses. This overwork made it not reasonable that, in addition to all the administrative and care demands enlarged by the pandemic, they should be responsible for supervising the activities of students and new professionals<sup>16</sup>.

These statements foment uneasiness about the situation of nursing, an area in which we participate as teachers. We know the challenges of placing in the job market graduated nurses with the present course load, or the 4,000 minimum hours<sup>17</sup>; as we know, they have general, specific, and common competencies to assist health service users with safety and quality.

In Brazil, these competencies include technical-scientific, ethical-political, and socio-educational dimensions that lead to a professional practice based on scientific and intellectual rigor guided by ethical principles. This build-up process during their training allows graduates to become capable of understanding and intervening in health, considering both the biomedical and psychosocial determinants, which also inserts them as promoters of citizenship in their places of work<sup>18</sup>.

A research<sup>19</sup> regarding the performance of nurses in disaster settings reveals that it is necessary to develop all the dimensions of their professional competencies broadly. Similar to the current needs with Covid-19, this study indicates that disasters require from nursing a workforce with the capacity to respond to overwhelming clinical



demands. Moreover, the performance exclusively focused on physical care in contexts such as disaster response may worsen the situation, causing long-term damage<sup>19</sup> (p. 631).

The guidelines that orient nursing education in Brazil express the premise that professionals should meet the social needs of health, emphasizing SUS, ensuring the comprehensiveness of care, and the quality and humanization of care<sup>18</sup>. However, there is consensus around the still deficient strategies for successful training in this sense. One of the problems refers precisely to the quality of the students' supervision process when they perceive the incoherence between the discourse and the practices of some faculty members regarding, for example, the necessary humanization in health services<sup>20</sup>.

Advancing the timelines of nurses' training tend to make these inconsistencies worse, precluding the possibility of preparing ourselves through exposure to a teaching model centered on the individual and prioritizing ethical reflection<sup>20</sup>. In the next section, we dig deeper into the analysis of potential problems involving the early education of nursing students. We will present nuances related to the pandemic and the cynical character of government actions that encourage rushing students' entry into the world of health workers within the context of the current health situation in Brazil.

## **Engagement of nursing students in facing the pandemic: 'cynicism' amid chaos**

Despite the local, social, and demographic characteristics and the response capacity to Covid-19 in the different macro-regions, Brazil is among the countries with more confirmed cases and deaths from the disease<sup>21</sup>. A series of decisions made by the federal administration contributed to worsening the health situation and revealed the disregard for the potential of Brazilian public universities to produce science and technology to respond to the crisis<sup>22</sup>. This became explicit when the government issued technical guidelines and protocols that diverged from the scientific evidence that supported the recommendation of social distancing for the entire population, the use of drugs only after their efficacy was proven, as well as the mass testing for SARS-CoV-2 infection.

Those disregarded universities, however, received from the government the Strategic Action "O Brasil Conta Comigo - Profissionais da Saúde". That is, despite choosing not to mobilize technical actions based on science for the management of the crisis, the federal government created devices to attract technically and scientifically qualified health professionals from these public HEIs.

This situation finds the Nursing profession facing an even more dramatic reality: Brazil is the country with the highest number of nursing worker deaths due to Covid-19 worldwide<sup>23</sup>. This information leads us to detail the problems that involve rushing the schedule in nurses' training, even though the appeal to a humanitarian and moral responsibility to their professional engagement is perhaps at its highest in the country<sup>9</sup>. In this appeal, a cynicism that encompasses all the contradictions of these times seems to be diluted, and that prevents us from reflecting, especially during training, on the historically unfavorable work scenario for Nursing in Brazil.



Cynicism is revealed through contradictions already much debated in the social field, and specifically in health. Currently, this analysis shows that we are living under the aegis of a cynicism that is both structural and structuring, because it is in the institutions, in politics, in law, in education, and in health<sup>6</sup>. It is present in the 'stay-at-home' advice promoted by some social sectors, but disregards or forgets to think in the discourse of government authorities against social distancing, which has resulted in sluggishness and disregard for the needs of the less fortunate, taking away their right to adhere to the recommendations of protection through food security and universal and equal access to housing, education, and health.

Cynicism is characterized above all by the denial of dignity, with the explicit intention – on the part of the cynic individual - to fulfill his/her interests at the expense of the other(s). It is presently defined as “the attitude or way of acting of those who do not bother lying or mocking something or someone”<sup>6</sup> (p. 50). These authors indicate that “[...] it seems a natural conformation of our time and place, an urban way of being that is self-justified by the 'need for survival' or by deviations of hyper-individualism resulting from contemporary global economies and their incessant production of new desires every day”<sup>6</sup> (p. 81).

The shades of cynicism in the health area, regarding the situation of Nursing, emerge in this moment of urgency of its workforce, but it is valid to discuss the experiences already noted and debated that remind us how much we have ignored the reality of the profession in Brazil.

The analysis of the literature about the work of nurses over the last decades has shown that the technical-scientific progress in nursing has occurred in parallel to the precariousness of working conditions, the increase in reports of suffering in work relationships, the loss of autonomy, the deterioration of interpersonal relationships, and the overload of functions and tasks. Some of the elements implicated in the unfavorable situations are the productivist logic in force in the institutions, with intensified control of work processes and stimulation of competitiveness. These situations have generated in nurses: a fear of dismissal, a feeling of non-recognition of the work they do, and a weakening of their disposition towards cooperativism and the mobilization of joint struggles for improvements<sup>24</sup>.

Directly related to the dismantling of public policies in Brazil, another record refers to the seriousness of the structural and organizational problems that affect the quality of health services, which became evident as soon as the Covid-19 pandemic hit the country. The public sector shows itself by the scrapping of physical structures and the insufficiency of material and human resources. In contrast, in the private sector, the worst consequences refer to the wage gap for non-medical professionals, under-dimensioning of personnel, pressure, and demand for productivity, and the achievement of increasingly superhuman goals. These problems had repercussions on the difficulty of access to health services, causing a significant increase in lawsuits filed by users to guarantee care during the pandemic<sup>25</sup>.



Regarding health professionals, the deficiency of the structures during the pandemic is evidenced by the timid administrative control measures aimed at protecting and preventing the spread of the disease among workers. In this sense, it was expected that there would be an investment in preparing professionals to deal with risky situations in the face of new activities related to the management of Covid-19<sup>26</sup>.

However, what was frequently seen as the maintenance of unacceptable working conditions associated with the disease's rapid evolution tended to impact workers' health significantly. These situations had already been registered in nursing personnel<sup>10</sup>, and, according to recent analyses, they contribute to a significant increase in moral distress among nurses<sup>27</sup>.

Another experience refers to the non-observance of Evidence-Based Practices (EBPs) that came into effect during the pandemic, being a source of conflicts and narrative disputes. The assimilation of EBP, in the Nursing field is fundamental to leverage professional autonomy, the recognition of competencies to make clinical decisions, diagnose and prescribe, besides expanding responsibilities in case management and care implementation<sup>28</sup>. The debate in primary health care contemplates increasing the scope of practice of nurses, although progress needs to be made for governments to understand the role of skilled nurses<sup>29</sup>.

For those in-training nurses, conducting EBP involves abandoning remnants of practice without a technical-scientific foundation, easily co-opted by agents interested in devaluing their labor, as presented throughout this text. In the pandemic context, this intention can be undermined by analyzing the political-ideological uses of anti-scientific narratives in the health and social fields. This analysis goes through the phenomenon of fake news in digital platforms and the success of those who use this news to mix up information to ignite social conflict<sup>7,30</sup>.

Fake news pieces are present in issues ranging from unproven therapies and untrue epidemiological data<sup>31</sup> to attacks and demoralization of health professionals<sup>32</sup>. The problem has gained frightening contours with the reluctance of governments in curbing the dissemination of fake news and the support that political authorities give to these practices, validating them as freedom of expression.

Vasconcellos-Silva and Castiel<sup>7</sup> indicate how this is possible:

It would be the government's role to take advantage of its wide visibility to generate security references under the primacy of communicative reason [...]. On the other side of this scenario, we live in an era in which false narratives, viralized by communication technologies acting on a global scale, are exploited by spurious political groups that, serving authoritarian projects of power, contaminate and weaken the health of democracies. (p. 9)



The ideologization of treatments imposed on individuals with SARS-CoV-2 was transposed to the daily routine of health care units and hospitals. In the case of Hydroxychloroquine, seen as a therapy supported by certain groups in society, political tensions overlapped guidelines and EBP<sup>33</sup>. In this context, different actors in health care teams experience political clashes instead of the sharing of technical and scientific decisions on care. Besides weakening interprofessional relationships, this situation promotes intense fragmentation of care, as well as different frictions supported by a hierarchy of those who ‘orders’ over those who only ‘execute’ the care process.

Moreover, nursing teams are subject to workplace violence due to the frustrations of health service users, which, most of the time, are related to the lack of human and material resources to meet the demand, allied to the lack of work organization, that are sources that foster violent acts. Patients and their companions may respond with violence when they perceive the poor quality of the services or the lack of commitment from the professional<sup>34</sup>.

## Ethical-political positioning in nursing practice

The legacy of an educational process that develops technical, scientific, and ethical-political capabilities in a complete way is indispensable for a more constructive future for nursing in terms of autonomy and professional achievements. The conduction of strategies to contain Covid-19 in Brazil has deepened weaknesses that may be partly related to the mismatch of education and training with the prerogatives aforementioned.

Against this backdrop, we advocate for an intense exercise of critical thinking and ethical-political positioning in nursing education, as this is the basis of support for the achievements derived from the technical and scientific development in the area.

In this sense, the urgency of the Strategic Action “Brazil Counts on Me” seems to have prevented a critical analysis. This analysis is hampered by the many demands brought upon us by the contemporary world, either urging us to act or to stop, making usual to have doubts and anxieties that beset us. The novelty of a project like this puts young nursing students at the center of the decision to be made, anxious to start their professional life, but, at the same time, fearful for this rushed-up training and entry into an insecure and chaotic “job market”. This situation refers to the invitation that Frédéric Gros<sup>8</sup> makes us, inspired by other authors and philosophers, to “disobey”.

Gros urges us to think that disobedience may be the only possible ethical strategy in order to avoid accepting the current state of the world and its catastrophic course, accentuated by the pandemic -that he could not imagine in 2018. By questioning the ready-made recipes, the learned formulas, the easy solutions, we should be able to apply to ourselves the principle of non-delegable responsibility: “nobody can think in your place, nobody can answer in your place”<sup>8</sup> (p. 183).





Within the current political landscape, all the efforts are concentrated in asking us for constant obedience, putting us to think and question our certainties, our habits, our comforts. In that situation, perhaps disobedience is our only remaining attitude to take care of ourselves through a provocative, solidary and collective care, as well as in accordance with the precepts of our desirable training in Nursing.

The crisis surrounding the pandemic makes it essential to intensify the debate about the working conditions of nursing professionals in Brazil with society, especially with students. Discussions about the regulation of the working hours are essential at this moment: the '30 hours' and the 'basic wage floor' are old claims of the category. Moreover, the additional health hazard premium is more than essential at this moment.

The contingency plans to deal with SARS-CoV-2 in the states and health institutions are very clear about the procedures, norms, and standards to be followed, but they forget to include the care for those who care, without considering the multiple views about the biopsychosocial illness of thousands of nursing professionals<sup>24</sup>.

The Covid-19 pandemic also revives the debates and reflections about the education process in HEIs and health services, focusing on the need to reorient this process for professional performance. The objective should be the development of teaching aligned to the theoretical assumptions of SUS to give consistency to the praxis of future professionals. In the meantime, the expansion and possibilities of teaching-service integration become evident in order to bring together the training scenarios of future professionals.

Many educational institutions are focused on the hyper-specialization, in contradiction to what is prescribed by the National Curricular Guidelines for Nursing<sup>18</sup>. Thus, despite being prepared to develop care, nurses have difficulties to act autonomously in different crisis scenarios. Overcoming these gaps for an effectively generalist training of the profession may be associated with the early insertion of nursing students in the areas of management and organization of the health system<sup>29</sup>.

The crucial challenge of health education consists of including reflective processes regarding the profession, aligned with the students' lives' dynamics. Reflecting and talking about the public policies that define our lives should be our major pedagogical strategies developed throughout the academic training. The commitment to the ethical, political, and social values of the profession and the singularities are not registered in procedure protocols. They require professional leading roles, experiences, and collaborative work processes. In this way, nursing education demands a critical worldview and strategy based on opening spaces for free-thinking and for the redefinition of the professional identity.



## Final considerations

In this study, we aimed to analyze the problems involved in advancing the nurses' training timeline to meet the Strategic Action "Brazil Counts on Me - Health Professionals" during the Covid-19 pandemic in the country. We believe it is relevant to emphasize that it represents a risk of pushing students to provide care, even in the midst of this strategy, without a complete understanding of what is in store for them. This action is also leading them to cut their studies short while compromising the development of competencies and skills necessary for the future practice of the profession.

The Strategic Action "Brazil Counts on Me - Health Professionals" emerges in a global political context that seeks to delegitimize scientific knowledge, especially the kind produced in public universities. It tends to empty the development of ethical-political competencies, essential to the nursing profession, by proposing that students have their training period hurried along in a moment of urgent for care workforce. In addition, the Action creates a context of even greater work overload for the practitioners in the front line, fighting the pandemic, by proposing to use nurses as supervisors of students and recent graduates. Such a scenario can contribute to the maintenance of longstanding poor working conditions that are inappropriate for Nursing.


The reflections made in this article show that it is possible to conclude that, instead of a resolute measure, the Strategic Action "Brazil Counts on Me" represents a setback in the field of education and health, significantly affecting the working conditions of nursing professionals and the lives of those whom they will assist in different health services.

The Brazilian response to Covid-19, both uncoordinated and chaotic, leads us to infer that the fight against the pandemic will not be honored as long as there are no dignified working conditions, ample protection, and respect for professionals. The importance of reflecting on the events highlighted throughout this text resides in the possibility of awakening social conscience, particularly among students, which cannot be wasted and requires a firm ethical-political position conducting to a more promising future for Nursing.



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## Authors' contributions

All the authors actively participated in all the steps of the manuscript's elaboration.

## Conflict of interest

The authors have no conflict of interest to declare.

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Diante da atual pandemia de Covid-19, foi criada a Ação Estratégica “O Brasil Conta Comigo – Profissionais da Saúde”, direcionada à capacitação e ao cadastramento de trabalhadores da saúde. Alinhada a essa estratégia, foi lançada uma portaria do Ministério da Educação que autoriza a antecipação da colação de grau para profissões da saúde, o que desencadeou uma onda de formaturas antecipadas. O contexto em questão instigou-nos a elaborar um ensaio reflexivo acerca dos problemas que envolvem a antecipação da formação de enfermeiros. As reflexões foram tecidas com base em referenciais teóricos que desvelam o cinismo no discurso governamental em voga. Concluímos que em vez de uma medida resolutive para amenizar déficit de mão de obra, as iniciativas governamentais representam um retrocesso nos campos da educação e da saúde que inviabiliza a reversão da histórica precariedade nas condições de trabalho na Enfermagem.

**Palavras-chave:** Saúde. Condições de trabalho. Pandemias. Ensino de Enfermagem.

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Ante la pandemia actual de Covid-19, se creó la Acción Estratégica “Brasil cuenta conmigo – Profesionales de la salud”, dirigida a la capacitación y el registro de trabajadores de la salud. Alineada a esa estrategia, se lanzó el Decreto Administrativo del Ministerio de Educación que autoriza la anticipación de la entrega de diploma a profesiones de la salud, lo que desencadenó una ola de graduaciones anticipadas. El contexto en cuestión nos instigó a elaborar un ensayo reflexivo sobre los problemas que envuelven la anticipación de la formación de enfermeros. Tales reflexiones se tejieron con base en referenciales teóricos que desvelan el cinismo en el discurso gubernamental en boga. Concluimos que, en lugar de una medida de resolución para atenuar el déficit de mano de obra, las iniciativas gubernamentales representan un retroceso en el campo de la educación y de la salud que inviabiliza la reversión de la histórica precariedad en las condiciones de trabajo de Enfermería.

**Palabras clave:** Salud. Condiciones de trabajo. Pandemias. Enseñanza de enfermería.