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BRAZILIAN GOVERNMENT DECISIONS IN THE FIGHT AGAINST COVID-19: REPERCUSSIONS FOR CLINICAL NURSING CARE

DECISÕES DO GOVERNO BRASILEIRO NO ENFRENTAMENTO DA COVID-19: REPERCUSSÕES PARA O CUIDADO CLÍNICO DE ENFERMAGEM

DECISIONES DEL GOBIERNO BRASILEÑO EN EL ENFRENTAMIENTO DE COVID-19: REPERCUSIONES PARA EL CUIDADO CLÍNICO DE ENFERMERÍA

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Objective: analyzing the repercussions of the decisions of the Brazilian Federal Government in confronting COVID-19 in clinical nursing care. Method: documentary study based on publications from January 2020 to June 2021 published on the official website of the federal government. We obtained 144 documents that were analyzed in full, presented in flowchart and Descending Hierarchical Classification, this generated by IRaMuTeQ software. Results: the Descending Hierarchical Classification generated six classes condensed into: COVID-19 in Brazil, social scope, public management, economy in the pandemic and direction of health care. The decisions focused on recognizing the existence of the pandemic scenario and establishing the creation of committees for management and coping, management of hospital inputs, redefinition of goals related to health indicators and combating violence. Final considerations: the determinations for coping with the pandemic presented limited actions, primarily to curative aspects, which impacted the provision of clinical nursing care by reinforcing the biomedical model of health care.

Descriptors: Government, Pandemics, COVID-19, Policy, Nursing Care.

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Objetivo: analisar as repercussões das decisões do Governo Federal brasileiro no enfrentamento da COVID-19 no cuidado clínico de enfermagem. Método: estudo documental baseado nas publicações de janeiro de 2020 a junho de 2021 divulgadas no site oficial do governo federal. Obtiveram-se 144 documentos que foram analisados na íntegra, apresentados em fluxograma e em Classificação Hierárquica Descendente, esta gerada pelo software IRaMuTeQ. Resultados: a Classificação Hierárquica Descendente gerou seis classes condensadas em: COVID-19 no Brasil, âmbito social, gestão pública, economia na pandemia e direcionamento da assistência em saúde. As decisões centraram-se em reconhecer a existência do cenário pandêmico e estabelecer criação de comitês para gestão e enfrentamento, gestão de insumos hospitalares, redefinição de metas relacionadas aos indicadores de saúde e combate à violência. Considerações finais: as determinações para enfrentamento da pandemia apresentaram ações circunscritas, prioritariamente aos aspectos curativistas, que impactaram na oferta dos cuidados clínicos de enfermagem ao reforçarem o modelo biomédico de atenção à saúde.

Descritores: Governo, Pandemias, COVID-19, Políticas, Cuidado de Enfermagem.

Objetivo: analizar las repercusiones de las decisiones del Gobierno Federal brasileño en el enfrentamiento de la COVID-19 en el cuidado clínico de enfermería. Método: estudio documental basado en las publicaciones de enero de 2020 a junio de 2021 divulgadas en el sitio oficial del gobierno federal. Se obtuvieron 144 documentos que fueron analizados en su totalidad, presentados en diagrama de flujo y en Clasificación Jerárquica Descendente, esta generada por el software IRaMuTeQ. Resultados: La Clasificación Jerárquica Descendente generó seis clases condensadas en: COVID-19 en Brasil, ámbito social, gestión pública, economía en la pandemia y direccionamiento de la asistencia en salud. Las decisiones se centraron en reconocer la existencia del escenario pandémico y establecer comités para gestión y enfrentamiento, gestión de insumos hospitalarios, redefinición de metas relacionadas a los indicadores de salud y combate a la violencia. Consideraciones finales: las determinaciones para enfrentar la pandemia presentaron acciones circunscritas, prioritariamente a los aspectos curativos, que impactaron en la oferta de los cuidados clínicos de enfermería al reforzar el modelo biomédico de atención a la salud.

Descriptores: Gobierno, Pandemias, COVID-19, Políticas, Atención de Enfermería.

Introduction

The beginning of the Coronavirus Disease 2019 (COVID-19) pandemic, caused by the new coronavirus (SARS-CoV-2), coincides with the moment when the Brazilian Unified Health System (SUS), under the influence of neoliberalism[1-2] and a significant social and political associated with the ineditism of the disease and the structural and assistance problems of public health services[3] pre-existing, intensified the challenges in the praxis of health professionals regarding the implementation of strategies, to contain the number of new cases, hospitalizations and deaths related to the disease[4].

In this scenario, nursing professionals faced constant battles to perform clinical care at the various levels and locus of health care, since, in addition to the difficulties involving the dynamics of work in the SUS, there is still, in the current context, the variability of symptoms of COVID-19, the emergence in the implementation of preventive and curative care, as well as the advancement of all other chronic and acute conditions that require continuous care actions in the public/collective health.

Thus, it is necessary to present the conception of clinical care adopted in this study, which constitutes the perspective of establishing new relationships between the subjects involved in the in the creation of spaces in which subjectivation can be built in attention to their needs, desires and conceptions about health-disease, externalizing the classifications and care fragmentations that historically try to standardize the users of the services[5].

Nursing practice involves relational and technical dimensions with integration of affective, technological, political, humanistic and instrumental aspects, which must occur in an integrated way, basing clinical care on health and well-being needs individual, family and community[6].

Studies[7-9] have shown the relevance of the nursing team's work in the management of care

in coping with COVID-19, given its quantitative and qualitative representativeness in health services[10].

In this sense, it is asked: What are the repercussions of the decisions of the Brazilian Federal Government to face COVID-19 in clinical nursing care? Given the above, this study aims to analyze the repercussions of the decisions of the Brazilian Federal Government proposed to face COVID-19 in clinical nursing care.

The relevance and justification of this study is based on the recognition that the effective functioning of the public health system is, primarily, associated with the ability of the federal government to create appropriate strategies and channels to solve the existing problems, since social welfare is an emerging need to be met.

In addition, it is imperative to discuss the challenges of implementing care during the pandemic, to articulate the assumptions of clinical Nursing care in line with the proposed governmental recommendations, when sometimes the propositions of public health care and the real essence of nursing care have become ambiguous.

Method

This is a documentary study based on the constitutional acts authorized by the Federal Government and published on the official page of the Presidency of the Republic[11] related to the confrontation of COVID-19 in Brazil. It is necessary to emphasize that the Federal Government is here conceived as the political group that led the country in the period of the study and that had executive, legislative and judicial functions at the national level.

Data collection took place in June 2021, with access to 187 files linked to publications of the Ministry of Health. Of these, 43 revoked documents were excluded, totaling 144 documents that composed the results of this study.

Among the official documents, provisional measures, laws, ordinances, decrees, complementary laws, resolutions, constitutional amendments and orders related to health decisions were included, published since the emergence of the first cases of the disease in January 2020 in the national territory. The choice of these occurred because they are legal norms edited by the Federal Government, in the years 2020 and 2021, which established or suggested ways of coping with the pandemic in Brazil.

The selection of this material was made after reading in full all the documents provided on the site that met the criteria mentioned above, provided they were in full force and available for download. The variables of interest, such as thematic axis and main determinations, were compiled in an instrument created by the author and stored in the cloud, so that the data were not lost.

The organization and interpretative analysis of the data occurred through the development of two stages. The first was due to the reading of the selected documents, whose subthemes were categorized according to the specific thematic axis derived from the data, giving rise to the flowchart. In the second step, the content from the material was transcribed to the program Libre Office Writer®, version 7.0. and corresponded to the classes generated by the Descending Hierarchical Classification (DHC) according to the software *Interface de R pour L Analyses Multidimensionnelles de Textes L de Questionnaires* (IRaMuTeQ), version 0.7 alfa 2[12].

During the construction of the database, the documents were codified according to the aspect to which it was related: *Eco_01 for economic, *Soc_01 for social; *Hcare_01 for health care and *Publmanag_01 for public management, following the order of the documents selected in each axis, determined in the a priori phase. The use of this software made it possible, in addition to the condensation of all documents, to specify the central elements that they approached, being, therefore, a necessary instrument for the synthesis of the findings.

For complementation, content analysis was performed following the steps proposed by Bardin[13], namely: pre-analysis – which occurred with the identification, selection and

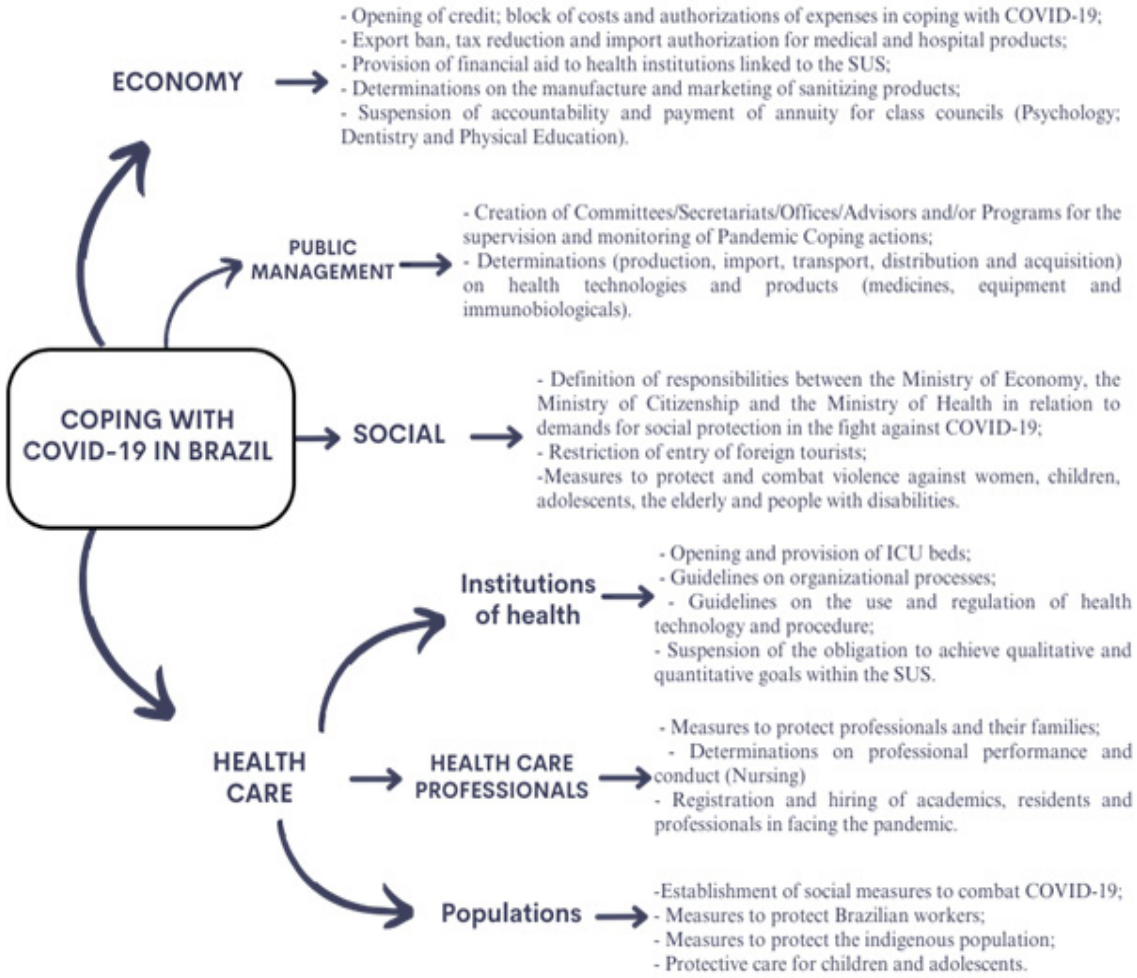
floating reading of documents; exploration of the material – which included the complete reading and identification of the axes of analysis with subsequent processing in the software; following the analysis of the results in the light of the theoretical framework adopted – the conception of clinical care in Nursing.

Because it is a study whose data are available on the internet for free access, this research does not require approval by an ethics committee. However, it should be noted that the security of the information disclosed was guaranteed and all copyrights were duly registered. To ensure methodological rigor during the preparation of this study, the recommendations of the Consolidated criteria for Reporting qualitative research (COREQ) were adopted[14-15].

Results

Considering the various objectives of government determinations applied in coping with the pandemic by COVID-19 in the health sector, the documents collected were divided into blocks, according to their specificities, namely: economy [33]; public management [27]; social context [15] and health care [67], subdivided into "health institutions", "health professionals" and "populations", presented schematically in Figure 1.

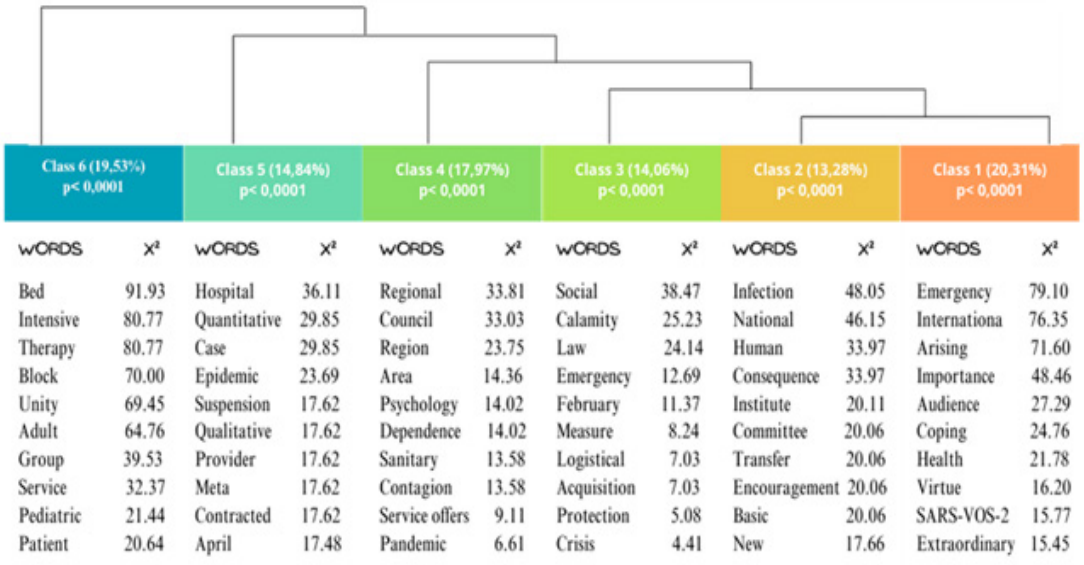
Figure 1– Schematic representation of the Federal Government's determinations for the health sector and the due specificities: economic, public management, social aspects and health care. Fortaleza, Ceará, Brazil – 2021.



Source: created by the authors.

The processing in IRaMuTeQ subsidized the construction of the DHC, which presented six distinct classes, with 83.66% of the analyzed textual corpus. At this stage, the classes were grouped according to their similarity, with recorded average frequency (>=3:184), whose chi-square values (X^2) of words, p value and percentage of representativeness of each class are expressed in Figure 2:

Figure 2 – Descending hierarchical classification. Fortaleza, Ceará, Brazil – 2021



Source: created by the authors.

To support better analytical reflection on the data, this section presents some parts of the constitutional acts analyzed according to axes of analysis contemplated in each class. It is necessary to emphasize that two classes (5 and 6) were grouped according to their interpretative similarity.

Class 1, entitled "COVID-19 in Brazil", has 20.31% representativeness of the analysis performed and includes official government documents that established the COVID-19 pandemic19 as an emergency of international importance and establishes general guidelines for its confrontation. "Provides for measures to address the public health emergency of international importance arising from the coronavirus responsible for the 2019 outbreak"[16]. "It declares, throughout the national territory, the state of community transmission of the coronavirus (COVID-19)"[17].

Class 2, with 13.28% of representation of the textual corpus, was called "Public management in coping with COVID-19", because it relates to governmental decisions on the creation/institution of new committees, secretariats and/or commissions to support public management in coping with the pandemic with transfer and hierarchy of powers at the national level. "Establishment of the Integrated Office for Monitoring the Coronavirus-19 Epidemic (IMOC-COVID-19)"[18]. "Delegates competence to the Secretary of Specialized Health Care of the Ministry of Health, to make requests for medicines, equipment, immunobiologicals and other inputs, goods and services of interest to health, during the validity of the public health emergency declaration of international importance arising from the coronavirus (COVID-19)"[18].

Class 3, named "Social Impact", with 14.06% of the analysis carried out, refers to the block of governmental conducts related to coping with the crisis caused by the COVID-19 pandemic19 in the perspective of establishing a state of public calamity with a strong social impact,

whose focus of action, among other measures, was to establish norms of protection and combat violence against children, adolescents, women, the elderly and people with disabilities. "It provides measures to address the public health emergency of international importance arising from the coronavirus, COVID-19, within the Unified Social Assistance System"[19]. "Provides for measures to combat domestic and family violence against women and to confront violence against children, adolescents, elderly and disabled people during the public health emergency of importance of the coronavirus responsible for the outbreak of 2019"[20].

Class 4, representing 17.97% of the analysis, was called "Economy in the pandemic" and deals with decisions related to the extension of accountability by some class councils, in addition to the blocks of costing government actions. It should be noted that, among the determinations, there are resolutions that regulate the export of medicines and products intended for health surveillance. "Establishes a resource from the Costing Block of Public Health Actions and Services, to be made available to the states and the Federal District, for health actions to combat the Coronavirus – COVID-19"[21]. "Extends the deadline for submission of the accounts of the Federal Council of Dentistry for the financial year 2019"[22]. "It provides for prior authorization for the purpose of exporting chloroquine and hydroxychloroquine and products subject to health surveillance intended to combat COVID-19"[23].

Classes 6 and 5 represent 19.53% and 14.84%, respectively, of the analyzed textual units and were entitled: "Direction to health care". In them, the determinations related to the increase in the supply of numbers of beds, especially in adult and pediatric intensive care, as well as pacta are not required to achieve goals related to health indicators. "Authorizes the qualification of Adult and Pediatric Intensive Care Unit beds for exclusive care of patients with COVID-19"[24]. "It extends until September 30, 2020, the suspension of the obligation to maintain the quantitative and qualitative goals contracted by health service providers, of any nature, within the Unified Health System (SUS)"[25].

Regarding the governmental decisions related to the performance and professional conduct of Nursing itself, the determination of the Federal Nursing Council (COFEN) that standardized the units of Advanced Life Support, land and waterways, stands out without the presence of the doctor, must be taken control of nursing, technical or nurse professionals. "Standardize, 'ad referendum' of the Plenary of Cofen, until further decision, the performance of nursing professionals in mobile, Terrestrial and Waterway Pre-hospital Care (PHC), whether in direct assistance and in the Emergency Regulation Center (ERC)" [26].

In addition, in these classes were also compiled decisions that deal with changes in the legal aspects for the professional practice of nursing, within the Regional Nursing Council of the State of Ceará (COREN-CE). "It determines the strategies for emergency action to face the Coronavirus pandemic (COVID-19) within the Regional Nursing Council of Ceará and provides other measures"[27].

In short, the results presented express the directions, decisions and governmental orientations related to the economic, social, public management and health care aspects, within the Ministry of Health and the Nursing Class Councils, facing the COVID-19 pandemic in Brazil.

Discussion

The governmental determinations, although to minimize the problems caused by COVID-19, were explained the significant juggling of public management in coping with the pandemic and highlighted the curative and reductionist nature of health care. These aspects negatively impacted the practice of clinical Nursing care.

The decision-making, in attention to the measures to contain COVID-19, once mentioned in this study, had a significant social impact, because due to the serious and unprecedented nature of the disease, the Brazilian population

was faced with a new reality, considering all the problems that emerged with it.

Initially thought of as a democratic disease in the social sphere, COVID-19 accentuated the vulnerabilities experienced by a large portion of the population who, ironically (or not), group at greatest risk of being affected by the disease because of the socio-environmental and economic conditions in which they live. It is precisely this aspect that tends to expose the highest rates of morbidity and mortality[2], to the detriment of excessive densification and worse social condition, which hinders the feasibility of social isolation and, consequently, the containment of the disease[28-29].

There is therefore evidence of the impact that the Social Determinants have on individual and collective health, as well as on health services and the importance of establishing measures that favor the improvement of the entire social environment in which Brazilians are inserted, as they promote jobs with decent income, access to education and health services, among others.

Moreover, inequities demand from health professionals, including nurses, a praxis based on competencies for intersectoral articulation, to elaborate integrated care that favors the achievement of equitable health and well-being conditions[30-31].

The crisis generated by the pandemic transposes health actions and points to the emerging need to plan clinical nursing care to reduce health disparities and strengthen the processes of intersectoral and interdisciplinary work to development of effective actions for their mitigation and overcoming[32] that consider the life contexts of users and favor the development of congruent health care.

Clinical care in nursing requires, by its own subjective nature, the approach of the professional to the patient beyond the curative logic[5]. However, the complexity of understanding the subjectivities inherent to illness was submerged in the need for intensive care, the exponential growth of infected and the incipient number of health professionals working at the front line.

Thus, one of the most significant impasses for the implementation of clinical care in Nursing in this pandemic scenario is outlined: How to meet the population demands, through the implementation of health promotion actions, considering the physical and subjective, individual and collective characteristics? How to ensure social distancing and establish measures that enable the containment of the disease, bypassing the scarcity of resources and the workload?

When analyzing the impacts of the pandemic on the work of Brazilian nursing, it was evidenced that the precariousness experienced daily by this team was exacerbated and materialized in the excess of workload, with inhuman scales, changes in mental health, unfair wages, scarcity of personal protective equipment with the imposition of reuse and improvisation, as well as maintenance of professionals in the risk group in direct assistance to the infected[8].

In this scenario, unhealthy working conditions, limited spending, high number of confirmed suspected cases and deaths that cause an imbalance between supply and demand[33-34], the dichotomy of recommendations in the health field and its centrality in curative actions contribute to the perpetuation of technical care, fragmented and centered on the disease, which meets the assumptions of the subjectivity of clinical care in nursing.

The governmental determinations reinforced the hospital-centered, curative logic, when they established at least 17 constitutional acts directed to the opening of beds of the Intensive Care Unit (ICU), both adult and pediatric, but only one decree for Primary Health Care[35]. This shows that curative strategies for COVID-19 are the focus of care practices.

It is important to emphasize that this reflection is not intended to deny the need for investments in bed openings and expansion of health care at the secondary/tertiary level, but to point out that prioritizing this type of health care, paradigmatic assumptions that guide public/collective health in Brazil.

Based on the above, this problem refers to the conception of a clinic centered on disease and hospital-centered care – at the bedside – as a center of health actions[36]. This aspect contradicts a more current conception, which broadens the perspective of clinical care for the subjective aspects, contemplating the nuances of the experiences/experiences of individuals and how they interfere positively or negatively in their perception of health-in the search for better qualitative life rates.

Nursing care must go beyond survival, must transcend the hard technical dimension, to favor the subject who is taken care of the feeling of trust, security and protagonism in this process. In this sense, it is necessary that the technical and structural dimensions coincide with the procedural and subjective dimension of care, expanding and qualifying care, both from the perspective of those who care and those who are cared for[37].

In addition to the issues already exposed, there is still an important challenge that is the posture of federal public management as to the severity of the pandemic, especially in relation to the manifestation contrary to the implementation of isolation measures and the establishment of adequate economic and social support for workers[38].

Although the official documents give some direction to actions against COVID-19, the numerous determinations related to the creation of sectors to assist in public management in coping with the pandemic reflect its instability and uncertainties regarding technical capacity, economic and coordination to face it.

These weaknesses are manifested by the frequent exchange of ministers of health, defense, use of medications for treatment of COVID-19 without scientific support, cancellation of vaccine purchases, the slowness of financial transfers to States and the false dichotomy between economy and health[39].

Although the recommendations proposed by the Federal Government imply moral and ethical dilemmas in health[34], the need for professionals to incorporate the use of Evidence-Based Practice (EBP) into clinical nursing care is reinforced as an essential tool for the quality of health care[40].

It should be considered that the dismantling actions are not only intended for social and health public policies, but also for the work that operationalizes them[2]. The absence of minimum resources to perform health care weakens the clinical care of nursing, whereas, associated with existing problems, there is still personal conflict – professional, Since, when undergoing professional exercise without the minimum resources for their safety, the professional, automatically, is faced with a significant dichotomy: Work with risks to the safety of your patient, your and, consequently, your family members? or refuse to act under these conditions and lose your job?

How to look at the other, considering all its dimensions and provide adequate assistance if, often, there is no minimum support for this to occur? How will health care be provided in the context of SUS in the post-pandemic scenario? What are the emotional issues that health workers will face post-pandemic? Will the advances achieved in the logic of health promotion be sustained by future policy determinations? How will this direction of public management impact on professional performance in the SUS? Will this new reality precede a new perspective of clinical health care? Is it a breakthrough or a historical resumption?

The clinical care in Nursing requires of the professional an expanded look on the subject, their needs, experiences and on all factors that impact on their physical and mental health. However, the current social, political and health situation experienced in the national scenario makes it difficult, or even impossible, the effectiveness of this practice.

It is also noteworthy that there are numerous social issues of ethical and moral nature that emerge from the analysis on the confrontation of the pandemic in Brazil that, for now, does not fit details. However, it is stated that, directly or indirectly, health care practices, professional accreditation and society in the public health

system are increasingly weakened and this strengthens the current multisectoral crisis.

Although the methodological rigor has been guaranteed in the selection of the documents analyzed and in the discussion of the findings, this study has limitations on the temporal restriction of the recommendations analyzed, their associated with the current nature of the pandemic at the time and the period of publication of this article, pointing to the non-exhaustion of the reflections woven here and the possibility of other emerging challenges.

The discussions raised point out useful guidelines for the development of research, whose answers only the future will bring. It is necessary that Brazilians, especially users of the health service, professionals, researchers and other social instances, can claim from society and public management measures, strategies and investments that expand the logic of health care with the purpose of promoting quality of life and health to Brazilians.

In addition, this study allows us to reflect on the influence of political decisions, regardless of the level of power, in the operationalization of clinical care in the since, through all the problems known to be present in the daily work of this group, they still face a significant battle regarding the ideological setback that impacts on clinical health care.

Final Considerations

From the point of view of the adopted reference, the proposed determinations go against the logic of clinical care in nursing since these actions reduce the body to illness and disregard the subjectivities inherent in the health-disease process. This subjectivity, when not contemplated in the process of care, constitutes an obstacle to the integrality of care.

The discussions postulated here allowed us to reflect on the nurse's praxis in the context of the pandemic, to consider theoretical and epistemological aspects of care, its interlocution with the still hegemonic, and the need to re-signify the models of health care for the effectiveness of clinical care, to ensure completeness and quality of care in the context of public/collective health.

Collaborations:

1 – conception and planning of the project: Samyra Paula Lustoza Xavier;

2 – analysis and interpretation of data: Samyra Paula Lustoza Xavier;

3 – writing and/or critical review: Samyra Paula Lustoza Xavier, Emanuelly Vieira Pereira, Raquel Sampaio Florêncio, Karla Corrêa Lima Miranda, Ana Virginia de Melo Fialho, Ana Ruth Macedo Monteiro and Vera Lúcia Mendes de Paula Pessoa;

4 – approval of the final version: Samyra Paula Lustoza Xavier, Emanuelly Vieira Pereira, Raquel Sampaio Florêncio, Karla Corrêa Lima Miranda, Ana Virginia de Melo Fialho, Ana Ruth Macedo Monteiro and Vera Lúcia Mendes de Paula Pessoa.

Competing interests

There are no competing interests.

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