

Obesity in Severe Acute Respiratory Syndrome death records by Covid-19, Brazil, 2021

Obesidade nos registros de óbito de Síndrome Respiratória Aguda Grave por Covid-19, Brasil, 2021

Obesidad en los registros de defunción del síndrome respiratorio agudo severo por Covid-19, Brasil, 2021

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REVISIA

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According to the World Health Organization (WHO), overweight and obesity can be defined as the abnormal or excessive accumulation of fat, which can be harmful to health.¹ These public health problems have acquired pandemic proportions, where approximately, 4 million people die each year from it or from related complications.^{1,2}

Thus, and according to estimates, obesity since 1975 around the world has almost tripled and, in 2016, more than 1.9 billion adults who were 18 years old or more were overweight and of these, more than 650 million were obese.² Obesity has a high prevalence in Europe and the United States (USA), generating an incidence greater than 40%.^{3,4}

Currently, obesity and Covid-19 are considered worldwide pandemics, and for some researchers, obesity can greatly aggravate the impacts on people affected by this viral disease.⁴ In relation to obese patients, clinically considered severe with a diagnosis of Covid-19, who have a high body mass index (BMI), are at greater risk than non-serious.^{3,4}

Obese patients who develop Covid-19 and who have a high BMI have a greater need for treatment in the Intensive Care Unit (ICU) and the use of mechanical ventilation (MV), as a form of support for those who are unable to develop respiratory incursions spontaneously.^{5,6} In addition to obesity, metabolic syndrome (MS) can allow the onset of damage to various organs of the body, stimulating their irregular functioning, when faced with a high degree of stress in which the patient is, during the your treatment.^{5,6,7}

For some researchers, the problem of obesity is accompanied in the organism by the increased expression of the angiotensin 2 converting enzyme (ACE2), which would have the possibility of binding with the virus' S protein, and thus, would develop an entry for invasion of the virus, making the heart and lungs of the affected patient very vulnerable to Covid-19.⁷⁻⁹ In this sense, ACE2 constitutes an enzyme component of the renin angiotensin aldosterone system (RAAS), being responsible for the process of conversion of angiotensin II into angiotensin 1-7 (Ang 1-7), deriving its pathogenesis from numerous cardiovascular-type disorders, such as arterial hypertension (AH), arteriosclerosis and myocardial infarction.⁵⁻¹⁰

Thus, it constitutes itself as a component of the well-known renin-angiotensin system (RAS), this genomic sequence being discovered in the year 2000.⁷⁻¹¹ Analyzing its structural issue, ACE-2 is similar to the classic one, however, in relation to their functionality, because they present opposition, because ACE converts angiotensin 1 to angiotensin 2, causing the emergence of deleterious effects, due to the stimulation process of known AT1 receptors, allowing the expansion of sympathetic activity, and also, the reabsorption of salt and water, in addition to inflammation, vasoconstriction, and also the release of aldosterone and vasopressin, thus stimulating endothelial dysfunction, tissue fibrosis, and HA.⁹⁻¹³

Other obesity-related problems are that it is accompanied by an "overactivated" inflammation process, as well as an immune response, which may allow the emergence of an excessive inflammatory response, in addition to an immune fragility related to Covid-19.^{6,7,8,9,10} Even as weaknesses related to patients diagnosed with obesity, increased abdominal pressure, chest movements and their limited expansion can be mentioned as a complication, leading to the respiratory process in an insufficient way, which require the emergence of its compensatory function.⁸⁻¹⁰

In Brazil, the Ministry of Health (MS) through its Health Surveillance Secretariat (SVS), using the Severe Acute Respiratory Syndrome Database - SRAG 2021 (SIVEP-Influenza), identified several comorbidities and related risk factors to death records of SARS by Covid-19, up to epidemiological week 42 (SE 42).¹⁴ As comorbidities and risk factors were identified, respectively, heart disease, diabetes mellitus (DM), obesity, neurological diseases, kidney diseases, pneumopathies, immunosuppression diseases, asthma, liver diseases, hematological diseases and Down's Syndrome (DS), as shown in table 1.¹⁴

In a universe of 386,094 entries of comorbidities and risk factors related to death records from SARS by Covid-19, heart diseases registered the highest preponderance with 39.2% (n=151,358) and DS the lowest with 0.4% (n=1,384).¹⁴ In this context, obesity accounted for the third largest preponderance with 11.9% (n=44,951) among the comorbidities and risk factors identified among the SARS death records by Covid-19.¹⁴

Among people under the age of 60 years, it was possible to identify a universe of 114,950 death records, with comorbidities and risk factors for SARS by Covid-19, and of these, heart diseases accounted for the greatest preponderance with 32.3% (n=37,176) and the lowest DS with 0.8% (n=936).¹⁴ In relation to people aged over 60 years, who reported death from comorbidities and risk factors from SRAG/Covid -19, heart diseases registered the highest preponderance with 42.1% (n=114,182) and DS the lowest with 0.2% (n=448).¹⁴

Table 01 - Frequency of obesity releases identified in death records of people aged under 60 years and aged 60 years or more with Severe Acute Respiratory Syndrome (SRAG) by Covid-19, up to SE 42, Brazil, 2021 (n=386.094):*,**,***

Total		< 60 years	60 years or more
	f (%)	f (%)	f (%)
Heart Diseases	151.358 (39,2)	37.176 (32,3)	114.182 (42,1)
Diabetes	107.644 (27,9)	28.437 (24,7)	79.207 (29,2)
Obesity	44.951 (11,6)	26.248 (22,8)	18.703 (6,9)
neurological diseases	18.598 (4,8)	3.411 (3)	15.187 (5,6)
kidney diseases	18.360 (4,8)	5.026 (4,4)	13.334 (4,9)
Lung diseases	16.786 (4,3)	2.708 (2,4)	14.078 (5,2)
Immunosuppression	11.418 (3)	4.690 (4,1)	6.728 (2,5)
Asthma	8.267 (2,1)	3.555 (3,1)	4.712 (1,7)
Liver diseases	4.369 (1,1)	1.785 (1,6)	2.584 (1)
Haematological diseases	2.959 (0,8)	978 (0,9)	1.981 (0,7)
Down's syndrome	1.384 (0,4)	936 (0,8)	448 (0,2)
Total	386.094 (100)	114.950 (100)	271.144 (100)

Source: SIVEP-Gripe, MS, 2021.

* Table adapted by the authors; ** Data updated on 10/25/2021 at 12:00; *** Data is subject to constant revisions.

In addition to other issues usually related to obesity, such as obstructive sleep apnea syndrome (OSAS), glucose decompensation, chronic comorbidities, endocrine, liver, among others can be cited as impairments due to this metabolic and inflammatory disease. 8-13 Thus, the importance and need for the development of actions to combat and control obesity and Covid-19 is easily perceived, requiring the redoubling of care, with regard to the correct hand hygiene, in the use of masks in preventing access to the pandemic virus, the immunization process in its various stages and the respective reinforcements made available, in addition to the awareness and active participation of society in its efficient and effective combat and control.

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The consequences of the coronavirus pandemic and mourning in nursing

As consequências da pandemia do coronavírus e o luto na enfermagem

Las consecuencias de la pandemia de coronavirus y el duelo en la enfermería

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Objetivo: descrever as principais consequências da pandemia do coronavírus para a saúde dos profissionais de enfermagem, especificamente diante do luto em que muitos estão vivenciando durante as mortes devido aos contágios da Covid-19. Buscou-se também abordar sobre a percepção da enfermagem diante da morte e do morrer durante a pandemia do Covid-19. **Método:** Trata-se de revisão narrativa com abordagem de pesquisa qualitativa. A busca de artigos foi realizada na Biblioteca Virtual de Saúde (BVS) nas bases de dados Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS), Centro Latino-Americano e do Caribe de Informação em Ciências da Saúde (BIREME) e Scientific Electronic Library Online (SCIELO), com publicação entre os anos de 2018 até 2021 em português e inglês. **Resultados:** O processo de luto é único e evolui de acordo com as características do luto e as circunstâncias de morte cada vez mais comuns nos hospitais. Existem muitas dificuldades em lidar com o luto durante a pandemia. **Conclusão:** O enfermeiro durante a pandemia da Covid-19 experimenta em seu labor diário, inúmeras tensões devidas as mortes e os perigos de contágio no qual diariamente presencia. O luto é algo que precisa ser encarado como um momento circunstancial que merece todo cuidado e atendimento adequado preservando a saúde integral dos profissionais de saúde e dos familiares enlutados.

Descritores: Covid-19; Morte; Luto; Pandemia; Enfermagem.

ABSTRACT

Objective: to describe the main consequences of the coronavirus pandemic for the health of nursing professionals, specifically in view of the grief that many are experiencing during deaths due to the Covid-19 contagions. We also sought to address nursing's perception of death and dying during the Covid-19 pandemic. **Method:** This is a narrative review with a qualitative research approach. The search for articles was performed in the Virtual Health Library (VHL) in the Latin American and Caribbean Literature in Health Sciences (LILACS), Latin American and Caribbean Center on Health Sciences Information (BIREME) and databases. Scientific Electronic Library Online (SCIELO), published between 2018 and 2021 in Portuguese and English. **Results:** The mourning process is unique and evolves according to the characteristics of mourning and the circumstances of death that are increasingly common in hospitals. There are many difficulties in dealing with grief during a pandemic. **Conclusion:** Nurses during the Covid-19 pandemic experience in their daily work, countless tensions due to deaths and the dangers of contagion in which they daily witness. Grief is something that needs to be seen as a circumstantial moment that deserves all care and adequate care, preserving the integral health of health professionals and bereaved family members.

Descriptors: Covid-19; Death; Mourning; Pandemic; Nursing.

RESUMEN

Objetivo: describir las principales consecuencias de la pandemia de coronavirus para la salud de los profesionales de enfermería, específicamente ante el dolor que muchos están experimentando durante las muertes por los contagios de Covid-19. También buscamos abordar la percepción de la enfermería sobre la muerte y el morir durante la pandemia de Covid-19. **Método:** Se trata de una revisión narrativa con un enfoque de investigación cualitativa. La búsqueda de artículos se realizó en la Biblioteca Virtual en Salud (BVS) en la Literatura Latinoamericana y del Caribe en Ciencias de la Salud (LILACS), Centro Latinoamericano y del Caribe de Información en Ciencias de la Salud (BIREME) y bases de datos. Biblioteca Electrónica Científica en Línea (SCIELO), publicado entre 2018 y 2021 en portugués e inglés. **Resultados:** El proceso de duelo es único y evoluciona de acuerdo con las características del duelo y las circunstancias de la muerte que son cada vez más comunes en los hospitales. Hay muchas dificultades para lidiar con el duelo durante una pandemia. **Conclusión:** Las enfermeras durante la pandemia de Covid-19 experimentan en su trabajo diario innumerables tensiones por las muertes y los peligros de contagio en los que a diario presencian. El duelo es algo que debe ser visto como un momento circunstancial que merece todos los cuidados y cuidados adecuados, preservando la salud integral de los profesionales de la salud y de los familiares en duelo.

Descritores: COVID-19; Muerte; Luto; Pandemia; Enfermería.

Introduction

Pandemic is the term used to indicate that an epidemic has spread to two or more continents with sustained transmission from person to person. This is a global risk factor, with impacts on population survival and important impacts on the economy, in addition to imposing significant changes in social life and causing an increase in deaths and poverty. This scenario observed worldwide since the identification of the new Corona virus has mobilized researchers to develop studies aimed at combating the pandemic and contributed directly to changes in health care practices.¹

In this scenario of complex contingencies, health professionals emerge, like nurses, who have made every effort to reduce the number of infected and consequently deaths. For this reason, the death of infected patients has been presented as a frequent news in the media systematically, thus, it has been a constant emotional exercise and an even time challenging task the fact of dealing with the loss of people daily, including several health professionals.²

The conceptions of death and mourning are the result of a long historical process, marked by different cultural and social influences. Given the ephemerality of life and death being inherent to it, there is a need to qualitatively understand death and dying in the health area by professionals, in order to base their attitudes towards these conditions in their daily lives. During this covid-19 pandemic period, dozens of people, including health professionals, are experiencing moments of mourning and pain.³

Grief is an emotional reaction to a significant loss, a natural process and is part of recovery in the face of loss. It is seen as a mental process in which physical balance is restored after the loss of a loved one, being a mental response to any significant loss. In mourning one experiences in its fullness the pain that is usually accompanied by the loss of interest in relation to the outside world, concern with the memories of the lost object and decreased ability to invest in new relationships and promising friendships. Noteworthy, the stages of mourning, systematized and described by Elisabeth Kubler-Ross are: denial, anger, bargaining, depression and finally, acceptance.⁴

It reinforces the stage of mourning, on the agenda, the fact that the process of death and dying, has been appreciated from several perspectives, both that of the patient, his family members and all health professionals involved in the care of the population contaminated by the new coronavirus. This highlights the need for understanding and caring for feelings that involve loss and non-existence.²

Given the theme of death and the pain it causes, many questions arise at the moment of loss. Among these observations something that is always worked with people in mourning, refers to the fact that death has always been considered something of the natural course of life. Death occurs within the family, and rites take place in public ceremonies in which everyone can participate and express their feelings for the loss.⁵

The Middle Ages dying as a family and embracing religious beliefs provided a death that sought peace in the midst of ideological conflicts and pre-established designs. Many dying people felt separation and exclusion in life as they performed their own farewell rituals. Gradually death comes to be seen as a man's struggle in the face of his finitude and impotence to change the destinies of life. After death, it was left to the family to enjoy the mourning.⁵

The grieving process is unique and evolves according to the increasingly common characteristics of mortuary circumstances whether in homes or in hospitals. There are many difficulties in dealing with grief in the Western world, so it is important to offer help to those who suffer loss. Suffering and sadness are not diseases, but reflect the erroneous thinking of the absolutization of life. Death is an undeniable fact and so pain is present, and it does not need to be pathologized.⁶

Pain is an emotional response to a significant loss, a natural process and recovery from loss. It is seen as a mental process of restoring physical balance after the loss of a loved one, a mental response to any significant loss and the most common pain, usually accompanied by a loss of interest in the outside world by memories of this lost object and less ability to invest in new relationships.³

All mourning needs to be monitored, although not all mourners need care, which reinforces the need for special attention for those who need medical and psychological attention. Caring for survivors and helping families overcome pain and maintaining joy involves continuing grief.⁶

In the current context, pandemic in Brazil, it is emphasized that the high transmissibility of the virus makes it essential to reflect on which nursing care is necessary to preserve the safety of professionals working in this service during primary care and interinstitutional transfers of confirmed and/or suspected patients to Covid-19.¹

In this context, the present theme is justified, due to the fact that it is nurses, professionals who are at the forefront of care for patients with COVID-19, and they are the largest contingent of active health professionals. According to the Federal Nursing Council (Cofen), in Brazil there are approximately two million and four hundred thousand professionals among nurses, nursing technicians and nursing assistants. Illness and death has not spared this professional class. Thus, it is essential to study the effect of the pandemic on health and mourning in nursing, and thus, the fundamental question is this: what are the consequences for nurses in the face of the face of losses and mourning during the exercise of the profession in the midst of the Covid-19 pandemic in Brazil?

The hypothesis that is based on this research refers to the concept that the nurse's performance during the new coronavirus has provided the emergence of lack of mental health and difficulties to nursing to deal with adversities and often mourning during this pandemic period.

Given this reality, the objective of this research is to describe the main consequences of the coronavirus pandemic for the health of nursing professionals, specifically in view of the mourning in which many are experiencing during deaths due to covid-19 contagions. We also sought to address the perception of nursing in the face of death and dying during the Covid-19 pandemic.

Method

This is a narrative bibliographic review with a qualitative research approach. The search for articles was carried out at the Virtual Health Library (VHL) in the Latin American and Caribbean Literature databases in Health

Sciences (LILACS), The Latin American and Caribbean Center for Information on Health Sciences (BIREME) and Scientific Electronic Library Online (SCIELO). The descriptors were selected from the health terminology consulted in the Descriptors in Health Sciences (DECS-BIREME): Covid-19, mourning, pandemic and nursing.

After reading the texts, the main articles and their similarities were gathered for analysis, aiming to group materials that help in the analysis of the main consequences of the coronavirus pandemic for the mental health of health professionals and the mourning experienced by nursing in Brazil.

In the context of bibliographic research, the research was exploratory and as for the approach, the study is qualitative, because this research does not seek generalization, aims to understand a phenomenon in its most intense sense, instead of producing inferences that may lead to the constitution of general laws or extrapolations that allow making valid predictions about the future reality.

The criteria used for the selection of the sample were: articles that addressed the theme in question, written in Portuguese and English, published between 2018 and 2021, which had the full text available online on sites recognized by the smoothness and scientific rigor. Considering these criteria, 35 articles were identified in the databases from which 16 journals were used. Articles published before 2018, parts of books, undergraduate monographs and texts on the Internet without authorship were excluded.

Results e Discussion

In the time period delimited for this study (2010-2021) 16 publications were found and analyzed. In 2018, an article was found (6%). In 2019 three articles (17%), in 2020 ten articles (62%), in 2021 three articles totaling (17%).

Regarding the coherence of the results, the 16 articles were selected to meet the objectives, because it is fundamental for a bibliographic review that the comprehension of the published article is in thematic harmony with the other scientific papers. Of the 16 articles selected, most of them fit more than one theme, so the sum of the percentage reached 100%. Six articles analyzed (38%) they deal with nursing, death and dying with coping with grief. With 43%, the articles on death and mourning during the Covid-19 pandemic and, finally, three articles (18%) refer specifically to the mourning of nursing in the face of cases of death during the pandemic.

Grief in Western Societies

Pain has different effects on people and should be understood in isolation and linked to social processes, since the sensations and behaviors caused by pain are influenced by society. Grief is therefore a subjective and social process that affects many aspects of life, including professionals.⁷

Freud was the first author to use pain as a theme for understanding psychological processes. In his famous book "Mourning and Melancholy", the author described grief as a non-pathological psychological process after the loss of a loved one. From an existential point of view, this can be understood as a typical experience in the case of a sudden change in the way of donating in the I-You relationship. Pain is the death of the relationship between the deceased and

the pain caused by the collapse of the body. With the oppression of others, the loss of meaning in the world of life goes hand in hand with the need for a new meaning.⁷

The grieving process is unique and evolves according to the characteristics of grief and the circumstances of death increasingly common in hospitals. There are many difficulties in dealing with grief, so it is important to offer help to people who are suffering. The grieving process is triggered by an experience of deprivation that can be perceived as the personal and profound loss of an important person. Deep losses are a difficult reality throughout the life cycle, especially by the death of parents, spouses, children, siblings, and friends. Grief is usually accompanied initially by crying, which has historically been an inherent experience in human life.^{8,6}

Pain is experienced in a unique way; there is no response model. There are differences in intensity and duration, which are influenced by factors such as the context of death and the characteristics of death. For this reason, natural reactions should not be interpreted as pathological. In this sense, grief pain comprises a variety of intimate experiences that can lead to significant breakdowns and disorganizations in daily life, especially in the first months after the death of a loved one.⁸

In order for grief support to be effective and to avoid misunderstandings, it is necessary to consider the cultures, beliefs, contexts and dynamics of family relationships and identify the factors that can influence the management of non-expression of feelings, postponement of the process or denial of loss. The grieving process can be understood as the phase in which suffering decreases in the face of the memories of the deceased and the interest of family members for life is recovered.^{8,6}

Given this reality, it is worth considering a fundamental fact about death. It exists only for those who speak. It is brought by language. The animal doesn't die properly. He perishes. Between perishing and dying there is an enormous distance that will be filled by life, by the meaning of life, which thus begins to be given by death. We die, therefore, in language and sense. And death will give the speaker a new meaning to life. Having been taken from a "natural" place since classical Greek thought, death brings us the dimension that we are beings immersed in the symbolization that will constitute and affect our entire way of life.⁹

Death is, therefore, a fact of language that refers and attests our belonging to this social dimension in which we move. Not by chance, religions and philosophies have always provided the means for death to acquire the meaning that speakers give it, a sense that is social, a different sense of institution in each society, but in any case, a sense that works to some extent to ward off fear. Every culture is, among other things, an attempt to tame death.⁹

The mourning in the pandemic of Covid-19

The emergence of the pandemic leads to a marked deviation in this scenario in which the collective experience of death is constituted, with its expression in singularities, which in turn refer to where we are in the civilization in which we are Life. As expected, when we are exposed to more than 400,000 deaths in less than a year and six months, when we have sad experiences with

our acquaintances and immediate friends, and when we see everyday life, lifestyle, habits, customs and habits. The way we treat death in life has completely changed and threatened its existence.⁹

For this reason, the death of infected patients has received prominence in the media, especially recently, and has been a permanent challenge for health professionals, especially the care team. In this sense, although death is part of the cycle of human life, it still represents a great challenge for health workers in general and for nurses in particular, because this is the period of care during the pandemic and the daily life of deaths in hospital units, and feelings of the most diverse end up, among them the revolt and attempts to deny death.²

Human rituals are common to all people and are symbolic acts, repetitive, standardized and highly valuable behaviors that help people channel emotions, share their beliefs with their peers, and convey their values. The funeral rites, which mark the transience of life, have always been present in history, with the aim of delinusing a state of mourning to recognize the value and meaning of this loss, to favor the change of roles and allow the passage of the life cycle.¹⁰

In this context, the importance of burial rituals for psychological maturation should also be considered, as they help in coping with the concrete loss of people and trigger their mourning process, thus allowing the public manifestation of their mourning. The lack of body separation rituals makes it difficult for loss to occur psychologically. Associated with this, sudden and unexpected deaths make it impossible to prepare for pain, because the temporality of physical death does not coincide with that of social and psychological death, which can generate difficulties to work the mourning process.¹⁰

The high rates of deaths in the middle of the pandemic, and the occurrence of illness of several people from the same family, has been a factor that adds more stressful elements to the processes of discharge and adjustment to loss. The negative effects that occur in these cases may be increased depending on the phase of the life cycle and the functions performed in the family by the deceased.¹¹

In general, the deaths of young people linked to the pandemic are particularly traumatic, especially among children and adolescents or even adults who have cared for families. Although the COVID-19 mortality rate tends to increase with age, with the majority of deaths occurring in people over 60 years of age, deaths have also been reported in young people, particularly with comorbidities such as hypertension, diabetes, and diseases that ultimately result in symptoms of worsening infection by the new coronavirus. Although children and adolescents have a lower mortality rate than the elderly due to COVID-19, they remain vulnerable to the psychosocial effects of the pandemic on their development and in their family and community relationships.¹¹

Grief is the response to the situation of serious loss that takes control of the world as we know it and leads us to review the roles we play now without the presence of our loved ones. Its effects are observed in a wide variety of areas of life and reactions to losses depend on several factors. Therefore, it is of great importance to understand the specificities of the mourning process in the life cycle, taking into account the specificities of each bereaved individual, especially when death, rituals and mourning become lonelier.⁵

Nursing experiences great challenges, among many, the updating of knowledge in thanatology, in all dimensions, especially in reference to pain and grief due to COVID-19.

The management of pain of loss in the context of the pandemic aims to minimize the feeling of despair and anguish intrinsic to the moments of death of close relatives. It is up to all involved to contribute to a true reflection for satisfactory responses to pain at various stages of human development in mourning.

The UN in publication on COVID-19 has reported on the need for action meeting the mental health needs of infected people and makes it clear that the COVID-19 pandemic is linked to a wide-ranging potential health crisis and could worsen the misery of the existing world. Among the problems stand out:

1. Fear: falling ill and dying of illness; infect other people; losing loved ones; Losing livelihoods and income; Being socially excluded by illness or as a first-rate professional
2. Feeling of insecurity about the future, helplessness in the face of events, helplessness, loneliness, sadness, pain and fear.
3. Behavior changes: eating (having more or less appetite) and sleeping (insomnia or excessive sleep, nightmares).
4. Worsening interpersonal conflicts with family members and at work.
5. Change of thought: recurring thoughts about the pandemic, the health of loved ones, death and dying.

Based on these considerations, the scientific community should respond quickly to the virus outbreak that has led researchers around the world to share relevant results, protocols, and data as quickly as possible.

Nursing and new challenges in care in times of pandemic

The greatest representation of health professionals is among nurses. According to who and the International Council of Nurses (CIE), the world has 28 million nursing professionals. According to Brazilian data, more than 2 million workers are allocated in all organizational structures of the health system.²

On July 3, 2020, the CIE recorded more than 600 deaths of nurses worldwide due to the infection. Of this number, according to the Federal Nursing Council (COFEN), 30% of the deaths of these professionals originate in Brazil.²

It has been notorious that the SARS-CoV-2 virus has affected the entire world and thousands of people have died as a result of this pandemic. The relatives and friends of these people cannot recover their losses and will need a lot of support and empathy to deal with them. Respecting the grieving process is one of the possible ways to care for these people, because this process requires a lot of sensitivity and subtlety, because each one can develop it in its own way in a very original way. This singularity can also be perceived in the way pain is viewed, depending on the historical moment and culture of each individual, as each society establishes acceptable cultural codes for the establishment of funeral rituals for loved ones that result from farewell ceremonies. Tributes to different forms of body treatment, such as burial or cremation. Pain is a natural process when someone is lost or a bond is broken.¹²

The number of infected cases varies widely in different countries, depending on coping measures, which depend on how diagnostic tests are performed, social distance, population, level of education and government interventions. The rate of increase in cases and deaths is high. The Centers for Disease Control and Prevention (CDC) found that the U.S. territory quickly reached 1/3 of the world's cases in two months, up to 1/4 of that in July/2020 due to the growth of cases in other countries around the world's cases decreased. In Brazil, the first case was confirmed at the end of February/2020 and, thanks to mitigation and repression measures, initially grew under "controlled" conditions. By gross negligence on the part of the federal government with an unprecedented political crisis that led to the resignation of two health ministers and their insistence on maintaining a negative narrative with speeches contrary to the recommendations of national researchers and institutions, as well as international health regulators, we reached nearly 5,000,000 cases and more than 142,000 deaths by the end of September/2020. However, the number of cases is even higher and it is estimated that it should be multiplied by six.¹³

The COVID-19 pandemic underscores the need to rebuild resilient health systems with better access to quality health services. The ability to respond to changes in demand is critical. Resilience is important because all countries have communities at risk. The topic could be explored using an inventory of lessons learned more than ever as an example of resilience, particularly on the agenda of World Health Organization meetings. Stakeholders need to work together to accelerate progress toward universal access to critical health information through flexibility.¹⁴

Grief is usually the reaction to the loss of a loved one or an abstraction that puts itself in its place, such as land, freedom, ideal, etc.", is how Freud presents in his classic "Mourning and melancholy" mourning. The pandemic of -19 (disease with the new Coronavirus SARS-CoV-2) has dramatically affected the socio-emotional and physical well-being of billions of people worldwide, leading us to a smaller or larger scale, in a process of mourning (or There are many losses: the freedom to move freely, the opportunity to meet, working conditions , study and fun that we mistakenly take for granted, and the usual distancing from the idea of death that makes our Mental function to which Freud drew attention in "Current Reflections on War and Death.¹⁵

In Brazil, in particular, the prospects for containing the epidemic are unfavorable due to unfavorable political scenarios and the lack of national planning and integration of states and communities. Given that a significant number of cases of the disease are developing adversely, understanding the weight of COVID-19 in the country's mortality profile should be a priority in the management of the various epidemics that have arisen since the first suspected case of the disease was recorded. The use of data from existing information systems in Brazil can provide a good reference base for monitoring the epidemic, establishing prevention and control measures and evaluating the impact of this new disease on the morbidity and mortality of the country.¹⁶

The first case of COVID-19 in Brazil occurred on February 26. Since then, more than 1 million cases and 50,000 deaths have been reported. This makes Brazil the second country with the highest number of cases and deaths in the world. However, the number of reported cases and deaths depends heavily on the defined test policy. Some countries test only patients who need

hospitalization, others recommend testing all patients with symptoms, regardless of the need for hospital care, and there are still countries that do mass testing.

Grief is a complex and heterogeneous process that occurs and manifests itself in many ways and is subject to considerable cultural variations and changes. It is a unique experience influenced by factors such as: ideas and beliefs about the nature of death or death, the relationship that existed with the deceased, the circumstances in which the death occurred and the characteristics of the deceased. sadness. With this caveat, recurrent aspects can be identified in multiple attempts to describe grief and understand whether these are autobiographical reports or theoretical collection efforts, of which we will highlight the following three.¹⁵

The first and most immediate of these is the "shock", the dimension of the inevitable existential intersection that the loss of a loved one triggers. The initial response to a loss is a strong shock or blow that disrupts existence at its core and is usually felt as a sudden physical weakness. The second is that the bereaved have a fundamental ambiguity between present and absence, between present and past, between living in a world that is still shared and survived with the loved one, and living in experiences of a transformed and silent World. After all, grief is a process that "develops gradually with high expenditure of time and investment".¹⁵

Conclusion

This study showed the importance of new research aimed at those who are faced with the process of death and mourning in their daily work. The findings highlight that there are many specificities of people with loss in the pandemic period.

Studies confirm that many families have more complications during the mourning period, which can lead to a more intense and prolonged grieving process. More intense psychopathological symptoms and higher psychosocial morbidity in these families may also be associated with sudden deaths in the context of Covid-19 contagion.

It was noticed that during mourning, although pain is a natural factor for all people, negative feelings about the loss of other people and even about the finitude itself are noticed, often leading to pathological pain that can present a number of complications, including depressive aspects, addictions and, to a large part, affecting nursing professionals.

We concluded that nurses during the Covid-19 pandemic experience in their daily work, numerous tensions due to deaths and the dangers of contagion in which they daily witness. Grief is something that needs to be seen as a circumstantial moment that deserves all adequate care and care while preserving the integral health of health professionals and bereaved family members.

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Nursing facing the Covid-19 pandemic and the quality of life at work

A enfermagem diante do enfrentamento da pandemia da Covid-19 e a qualidade de vida no trabalho

Enfermería frente a la pandemia Covid-19 y la calidad de vida en el trabajo

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RESUMO

Objetivo: analisar os principais desafios que os profissionais de Enfermagem têm no enfrentamento da Covid-19. Buscou-se também analisar o papel da enfermagem diante do enfrentamento da pandemia quanto as carências de infraestruturas nos serviços de saúde e descrever a importância da qualidade de vida no trabalho em tempos de pandemia. **Método:** Trata-se de revisão integrativa com abordagem de pesquisa qualitativa. A busca de artigos foi realizada na Biblioteca Virtual de Saúde (BVS) nas bases de dados Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS), Scientific Electronic Library Online (SCIELO) e Publish or Perish, com publicação entre os anos de 2012 até 2021 em português. **Resultados:** Um dos grandes desafios para os enfermeiros diante a pandemia da Covid-19, refere-se as condições de trabalho. Dada a infraestrutura inadequada, principalmente de leitos hospitalares, unidades de terapia intensiva lotados e riscos iminentes de contaminação da Covid-19. **Conclusão:** O enfrentamento da pandemia por parte da enfermagem, requer medidas conjuntas e urgentes para amenizar o medo e a insegurança gerados pelo COVID-19. Percebeu-se que é necessário que exista medidas estratégicas e pontuais minimizando a sobrecarga, o estresse e os danos psicológicos que acometem os enfermeiros no ambiente de trabalho. **Descritores:** Enfermagem; Covid-19; Pandemia; Qualidade de vida no trabalho.

ABSTRACT

Objective: to analyze the main challenges that nursing professionals face in coping with Covid-19. We also sought to analyze the role of nursing in dealing with the pandemic in terms of the lack of infrastructure in health services and describe the importance of quality of life at work in times of pandemic. **Method:** This is an integrative review with a qualitative research approach. The search for articles was performed in the Virtual Health Library (VHL) in the Latin American and Caribbean Literature in Health Sciences (LILACS), Scientific Electronic Library Online (SCIELO) and Publish or Perish databases, published between the years from 2012 to 2021 in Portuguese. **Results:** One of the greatest challenges for nurses in the face of the Covid-19 pandemic refers to working conditions. Given the inadequate infrastructure, especially hospital beds, crowded intensive care units and imminent risks of contamination of Covid-19. **Conclusion:** Coping with the pandemic by nursing requires joint and urgent measures to alleviate the fear and insecurity generated by COVID-19. It was noticed that there is a need for strategic and specific measures to minimize the burden, stress and psychological damage that affect nurses in the work environment. **Descriptors:** Nursing; Covid-19; Pandemic; Quality of life at work.

RESUMEN

Objetivo: analizar los principales desafíos que enfrentan los profesionales de enfermería para enfrentar el Covid-19. También buscamos analizar el papel de la enfermería en el abordaje de la pandemia en términos de falta de infraestructura en los servicios de salud y describir la importancia de la calidad de vida en el trabajo en tiempos de pandemia. **Método:** Se trata de una revisión integradora con un enfoque de investigación cualitativa. La búsqueda de artículos se realizó en la Biblioteca Virtual en Salud (BVS) en las bases de datos de Literatura Latinoamericana y del Caribe en Ciencias de la Salud (LILACS), Biblioteca Electrónica Científica en Línea (SCIELO) y Publish or Perish, publicados entre los años 2012 a 2021 Portugués. **Resultados:** Uno de los mayores desafíos para las enfermeras frente a la pandemia Covid-19 se refiere a las condiciones laborales. Dada la infraestructura inadecuada, especialmente camas de hospital, unidades de cuidados intensivos abarrotadas y riesgos inminentes de contaminación de Covid-19. **Conclusión:** Hacer frente a la pandemia desde la enfermería requiere de medidas conjuntas y urgentes para paliar el miedo y la inseguridad que genera el COVID-19. Se advirtió que existe la necesidad de tomar medidas estratégicas y específicas para minimizar la carga, el estrés y el daño psicológico que afectan al enfermero en el ambiente laboral. **Descritores:** Enfermería; Covid-19; Pandemia; Calidad de vida en el trabajo

Introduction

At the beginning of 2020, with the disease widely widespread on several continents, the World Health Organization (WHO) determined a pandemic situation. In Brazil, the health condition of the population worsens with the growth in the epidemic curve. As of November 30, 2020, the country had 173,165 cases of deaths. SARS-CoV-2 has shown a high transmissibility pattern in some geographic areas of Brazil. This rapid growth has expanded suspected cases, without the necessary confirmation notification, implying a probable undersized Brazilian epidemic curve, which weakens pandemic containment strategies.¹

Since the World Health Organization (WHO) classified the new coronavirus (SARS-CoV-2) as the cause of the Covid-19 pandemic, and Brazil began to live with and record an increase in the number of cases of this disease, thus, the concern with an unusual and complex scenario of action for health workers, especially for nursing professionals, intensified.²

Even before a crisis was established in health services due to the pandemic, nursing already suffered from the effects of the precariousization imposed by the neoliberal ideology in its labor process. In June 2020 in Brazil, despite the lack of official data from the Ministry of Health regarding the illness of nursing professionals, the Federal Nursing Council, through the Nursing Observatory, confirmed 143 deaths of professionals in the category and 17,044 cases of infected.²

The Covid-19 pandemic has produced significant numbers of infected and deaths worldwide. The speed with which Covid-19 has spread among countries, and especially in Brazil, has influenced the daily lives of millions of people on the planet, influenced the way health professionals face the disease.³

The pandemic spreads, imposing a worrying mortality rate and the need for patients with the disease to be treated differently in order to preserve lives and reduce the high risk of contagion, with harmful consequences for society. Suddenly the routine of health services is transformed, with overcrowded intensive care units, patients in serious condition, equipment in insufficient quantities, lives that are lost; and in the case of health professionals, comprehensive journeys, often exceeding human limits, such as tiredness, physiological, emotional and, above all, their occupational safety needs.⁴

Quality of life at work is a multidimensional concept that applies when the employee, through employment and his own perception, can cover the following personal needs: institutional support, security and integration to his role at work and satisfaction with his role, identifying the well-being obtained through his work and the personal development achieved, as well as the administration of your free time. Thus, it is worth reflecting that nursing is in difficulties during the coronavirus pandemic.⁵

The present study is justified, because nursing needs to work safely in the face of the new pandemic in Brazil, and also through specific interventions to support to minimize the effects of Covid-19 on infected individuals. Since nurses are at the forefront and putting their knowledge and their lives at the service of the general population, it is urgent to produce knowledge about the quality of life in hospital work with emphasis on nursing activities. Therefore, the fundamental question is: what are the main challenges nursing professionals face in coping with Covid-19 in Brazil in relation to the quality of life of work?

The hypothesis of this research can be understood as follows. The coronavirus pandemic could have much more devastating results if nursing shied away from its responsibilities and delivers to the care of patients with covid-19.

Thus, the article from now on aims to analyze the main challenges that nursing professionals have in coping with Covid-19. As for the specific objectives, the following stand out: to analyze the role of nursing in the face of the problem of the pandemic and the lack of infrastructure in health services and to describe the importance of quality of life at work in times of pandemic.

Method

The bibliographic survey was conducted in databases such as The Scientific Electronic Library Online (SciELO), Virtual Health Library (VHL), Latin American and Caribbean Literature databases in Health Sciences (LILACS), Brazilian Digital Library of Theses and Dissertations (BDTD) and on the portal of the nursing journal (REBEn).

The Descriptors in Health Sciences (DeCS) was created in 1986 by Bireme from MeSH (Medical Subject Headings). The use of a structured vocabulary allows the researcher to retrieve the information with the exact term used to describe the content of that scientific document, which is why the descriptors are of paramount importance.⁶

Therefore, the main descriptors used in the data collection were: covid-19, pandemic, quality of life at work and nursing.

All publications included were submitted to new readings and that after analysis were used to formulate the theoretical framework in a scientific way. Research in the area of science involves questioning and analysis of knowledge issues expressed in literary works at all levels. The solution of scientific questions aims to minimize doubts and bring reflection on new knowledge, based on clearly defined methodological procedures.⁷

The inclusion criteria involved complete articles in Portuguese from 2015 to 2020. It is noteworthy that in view of the selected articles, we chose to exclude those who did not contemplate the specific theme, those who did not have the descriptors that contemplated the general theme, or also used the integrative review methodology.

Results and Discussion

Forty-four articles were found, and exploratory reading of them was performed, of which 28 were excluded because they characterized escape to the theme. Thus, 16 complete articles were used that met the objectives of the literature review.

The pandemic and the nursing profession

Involved in the challenge of addressing the pandemic of Covid disease 19 caused by the new Coronavirus SARS-CoV2, we, teachers and nurses, have the opportunity and opportunity to promote important considerations about processes and working conditions in nursing. The work environment of these

professionals is characterized by experiences of pain, suffering and death associated with intensive work rates, long working hours, working hours, low wages, complex human relationships and scarcity of materials and personnel. These are stressful factors that can lead to diseases. Despite what is known today about the process of occupational disease, it still does not seem sufficient to sensitize governments and health managers to plan effective measures that ensure decent working conditions and quality of life at work (QVT) by nurses.⁸

Healthcare professionals pose a risk group for Covid-19 because they are directly exposed to infected patients, which gives them a high viral load (millions of viral particles). In addition, they are extremely stressed in the care of these patients, many of whom are in serious condition, in often inadequate working conditions. It should also be highlighted that health workers are not homogeneous, because they differentiate in terms of gender, race and social class, structure access to different levels and career plans and provide and reproduce opportunities for insertion in the labor market, always with the daily working conditions in the health sector.³

All health professionals are directly and indirectly involved in combating the pandemic and are consequently exposed to the risks of developing coronavirus on a day-to-day date. It is perceived that the heterogeneity that characterizes this contingent of workers determines different forms of exposure, both to the risk of contamination and related to factors and working conditions. Problems such as physical fatigue and psychological stress, inadequacy and/or neglect of the protective measures and health of these professionals do not have the same effect in the different categories, because the respective peculiarities should be taken into account to avoid the quality of patient care is affected.³

The challenges faced by the Federal Nursing Council and the Regional Nursing Council in the face of nursing care in the care of people with COVID-19 are directly related to the monitoring and support of the category in the daily life of the profession, highlighted by the structural difficulties of the working condition, devaluation of the specialist in the face of their technical responsibility, underemployment of the workforce , overwork and mental health-related problems.⁹

Brazilian nursing as a professional category is divided into three categories: nurse, nursing technician and nursing assistant; Their professional practice is standardized and supervised by the Federal Nursing Council (COFEN) and their regional councils (CORENS), also known as cofen / CORENS system. The agencies responsible for nursing professionals have the mission of ensuring the quality of the services provided, respecting the legislation that defines the rights and obligations of professionals and, above all, to ensure professional protection. In the current health and epidemiological scenario of COVID-19, it is understood that the complexity that encompasses the various work processes of care, especially in the prevention and treatment of those affected, with an impact on the pathological process or even on the death of these professionals is a challenge to be faced by all.⁹

Stressful factors for nursing during the Covid-19 Pandemic

The pandemic of severe acute respiratory syndrome of Coronavirus 2 (SARS-Cov2), better known as Novo Coronavirus 2019 (COVID-19), represents a

challenge for the global health system to be faced due to the number of people infected and the need for resources. In several countries, there is an explicit number of patients requiring hospitalization and intensive care in hospitals. Dealing with COVID-19 within health units requires professional diversity, which includes health professionals and support services: employees, maids, security guards and others. They are professional groups with different employment relationships, workloads and working hours.¹⁰

In this context, care is at the heart of health systems around the world. However, long working hours and differentiated working conditions due to regional and contractual differences expose these skilled workers to the risk of physical and mental illness, and may alienate them from work. Given this context so people during the pandemic have shown to live in full work with emotions at the peak, and situations of fear and anxiety have thrived in the face of this pandemic scenario. In addition to these feelings, others have been outthere, such as anguish, worry, anger and helplessness. Such feelings arise both from the uncertainty of what is to come and from the social isolation of family members who, in the midst of a risk situation, experience the conflict of departing from daily functions, even if they are often familiar. Financial and social conditions do not allow this option.¹⁰

The role of the care team in the face of the COVID-19 pandemic is highlighted, not only because it is a broad category in this context, but because most work in direct and daily contact with patients and put them at greater risk of contamination. In this context, it is observed that in first-line health care, some differential attitudes are essential for biosafety in the work process, as well as care when removing clothing to avoid contamination, observe hygiene measures and comply with hand washing.

The news and specialized literature highlight the number of deaths caused by the new disease generating fear and panic worldwide, because its treatment and mode of transmission are not yet fully understood. This panic is also common among health professionals, especially nurses who, by the nature of their work, are closer to the patient for 24 hours and become more susceptible to contamination.¹¹

Nursing is described by several media as one of the first-line professions in the fight against the patient of the new pandemic causes of Coronavirus. Effective, sensitive and direct help and care that ensure essential life support is not produced without care. It is necessary to confirm that its expressiveness and relevance require a socially referenced evaluation and care at all levels regarding health prevention.¹¹

It is known that the nursing work process is often characterized by high occupancy rates, long working hours, working hours, low wages, complex human relationships, lack of material and human resources, and skilled workers suffering from pain, suffering and death. All these determinants expose workers to situations of vulnerability that can lead to diseases. This context worsens in the face of public calamity due to the Covid-19 pandemic, as the workload becomes even greater and the shifts more stressful, along with fears of contamination, sometimes the lack of information flow and human and material scarcity. This can be perceived in the television media and social networks, which broadcast daily reports denouncing the working conditions of the care team in the current conjuncture, focusing on the lack of EPIs.¹²

It is interesting to note that at this moment, in addition to the adequate supply of PPE, it is also necessary to welcome nurses and open a listening room to meet their real needs and expectations, especially those affected by the new coronavirus. The quality of life in hospital and outpatient work in times of pandemics requires prerogatives as special care in order to prevent any type of contamination.¹³

In a research on the Working Conditions of Health Professionals in the Context of Covid-19 in Brazil, the following entities/institutions were supported by the following entities/institutions Conass, Conasems, CNS, Cofen, CFM, the following was found:

[...] The data indicate that 43.2% of health professionals do not feel protected in the work of coping with The Covid-19, and the main reason, for 23% of them, is related to the lack, scarcity and inadequacy of the use of EPIs (64% revealed the need to improvise equipment). The research participants also reported the widespread fear of becoming infected at work (18%), the absence of adequate structure to perform the activity (15%), in addition to inefficient hospitalization flows (12.3%). The technical unpreparedness of professionals to work in the pandemic was cited by 11.8%, while 10.4% reported the insensitivity of managers to their professional needs.¹³

In addition, the increased risk of nurses developing mental illness is evident due to the social isolation that keeps them away from their families and loved ones. There is a large number of deaths of patients under their care and these facts and new experiences with the death of colleagues due to contamination by SARV-CoV-2.²

In addition to this scenario, the configuration of an international economic crisis and the worsening of financial instability in Brazil can lead to widespread unemployment for both health workers and their families. Thus, there is a context of anxiety and panic disorder, depression, stress, insomnia, irritability, anger, signs of suicidal behavior and other manifestations that aggravate the mental health of health professionals and especially nurses.²

Challenge for nursing in the face of challenges

One of the great challenges for nurses in the face of the Covid-19 pandemic refers to working conditions. Given the inadequate infrastructure, mainly hospital beds, intensive care units and mechanical breathing apparatus (respirators) in the SUS, the implementation of "field hospitals" has been accelerated, a strategy that brings with it the immediate need for "outsourced" personnel without employment and without labor guarantee, which represents the so-called momentary overvaluation of health workers.³

The daily work of nurses includes adverse environment, poor working conditions, overload, intensive pace, long working hours, physical and mental stress, stress at work, interpersonal conflict, low salaries, professionals. During the pandemic, these conditions intensified, the exercise of the current profession, a prospective analysis of the health work they performed, their working conditions and patient safety.¹⁴

The emergency measures, although necessary, cause new problems resulting from the ignorance of institutional norms and the inexperience of professionals recruited about the procedures to combat the pandemic, which

requires greater efforts in terms of training and permanent training of these professionals.³

In addition, disease mapping has become an essential public health tool. In this context, the use of GIS (Geographic Information System) technology is a valuable tool to solve complex planning and management problems and to support decision-making in disaster management and epidemic propagation cycle. These technologies, with their rapid development and advances, have created innovative ways to study the health situation and its trends, enabling a better understanding of socioeconomic and environmental factors.¹⁵

Spatial analysis enables the implementation of health programs that cover several municipalities or regions of a state and play an important role in the diagnosis and planning of public health. COVID-19 has become a major public health challenge in all countries and its behavior and effects are still unknown. Therefore, studying its pattern of dissemination is fundamental to guide the next steps towards overcoming this crisis.¹⁵

Dealing with COVID-19 within health units requires occupational diversity that includes health workers and support services: employees, maids, security guards and others. These are categories of work with different employment, workloads and working hours. In a pandemic situation, physical and mental exhaustion is common among these workers. It becomes contradictory to act with ethics and responsibility in the midst of overwork. The constant situations of death and stress in often overloaded environments of patients with high viral transmittance require accurate and careful care, both in technical procedures and with rigid clothing and inattention as scientifically recommended.¹⁰

In this context, care is at the heart of health systems around the world. However, long working hours and different working conditions due to regional and contractual differences expose these skilled workers to the risk of physical and mental illness and can desuade them from work.¹⁰

The enormous workload in nursing is historical, and has a sharp increase in times of collective health crises, such as in times of pandemic. Health professionals care for their patients based on their clinical priorities or in a situation of total weakness. It is often necessary to make bioethically questionable decisions about which patients to care for and who will receive intensive respiratory support and monitoring, for example. Given this complex scenario, nursing care is even greater. In these circumstances, one can expect a rapid renewal of the workforce and the parallel increase in stress and psychosocial diseases.¹⁴

Universal public health systems, such as the SUS, are anchored in primary health care, and thus constitute one of the pillars of a society that respects the most basic human rights. Thus, measures such as the reorganization of the flows of service users during the pandemic and improvements in the physical structure of health units can and should be taken seriously at times such as Brazil covid-19.¹⁶

The literature states that awareness of individual protection, the provision of adequate EPIs in sufficient numbers and training according to national and international protocols can help reduce the risk of infection in health professionals. Despite intensive training and the correct technical procedures, there is still a risk of biological exposure during occupational activity, which

often leads to worker contamination. Due to the characteristics of technical activities, overload and tiredness, such exposure can occur and cause temporary vacation at work or even the death of the professional.¹⁰

We understand that due to the COVID-19 pandemic, nursing lives a unique moment due to work overload, the specificity of high transmission of the virus and the handling of specific protective equipment. An experience that is lived by both public and private networks in the country and even in the world. Care is believed to be a link of the multiprofessional health chain in the management of COVID-19, with emphasis on human life and worker health and patient safety. Faced with a challenging scenario for workers and institutions, the presence and positioning of councils and class associations is fundamental.¹⁰

Conclusion

Aiming to analyze the main challenges that nursing professionals have in coping with Covid-19. The research highlights that promoting the health of health professionals is essential to ensure emotional conditions and psychological adaptation of nurses in their toil.

Emerging challenges permeate the occupational health of health professionals, as the pandemic has generated fear and concern, as well as questions about the future after the chaos in public health.

The findings of this review indicate that in the current scenario of narrowing the curve of new indicators of coronavirus infection in the world, the consequences for mental health of nurses and other professionals in the hospital environment end up having impairment due to the deleterious effects of tensions and difficulties over a long period of time in the pandemic.

We concluded that coping with the pandemic by nursing requires joint and urgent measures to alleviate the fear and insecurity generated by COVID-19. It was perceived that it is necessary that there are strategic and punctual measures minimizing the overload, stress and psychological damage that affect nurses in the work environment.

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Nursing care in postpartum depression – Integrative Review

Assistência de enfermagem na depressão pós-parto: Revisão Integrativa

Cuidados de enfermería en la depresión posparto: Revisión integrativa

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RESUMO

Objetivo: Objetivo: Diante da necessidade do aprofundamento da temática para a enfermagem, o objetivo do presente estudo foi revisar produções científicas que investigaram como é realizada a assistência de enfermagem na depressão pós-parto e sua importância para a saúde da puérpera. **Método:** O estudo trata-se de uma Revisão Integrativa da Literatura. As bases de dados consultadas foram BVS, SciELO, LILACS, Ministério da Saúde e OMS. **Resultados:** De acordo com o texto foram encontrados durante a pesquisa 58 artigos, os quais sofreram seleção e 11 compõem a amostra final. Os estudos foram publicados num intervalo de tempo de cinco anos, no entanto, não existem estudos suficientes que padronizem uma ferramenta para o diagnóstico e nem que mostrem como têm sido realizados esses diagnósticos nas unidades de saúde. Sendo notória a necessidade de realização de mais estudos sobre o assunto, esclarecendo as principais dúvidas, solucionando os problemas encontrados e possibilitando a agregação de conhecimento dos profissionais de saúde neste processo. **Conclusão:** Os profissionais da saúde devem buscar mais conhecimento se habilitando para um atendimento cada vez melhor, proporcionando tratamento precoce, favorecendo uma rápida e surpreendente recuperação da puérpera.

Descritores: Depressão Pós-Parto; Assistência de Enfermagem; Enfermagem Obstétrica.

ABSTRACT

Objective: Given the need to deepen the theme for nursing, the aim of this study was to review scientific productions that investigated how nursing care is performed in postpartum depression and its importance for the health of the puerperal. **Method:** The study is an Integrative Literature Review. The databases consulted were VHL, SciELO, LILACS, Ministry of Health and WHO. **Results:** According to the text, 58 articles were found during the study, which were selected and 11 compose the final sample. The studies were published within five years, however, there are not enough studies to standardize a diagnostic tool or show how these diagnoses have been made in health units. The need to conduct more studies on the subject is notorious, clarifying the main doubts, solving the problems encountered and enabling the aggregation of knowledge of health professionals in this process. **Conclusion:** Health professionals should seek more knowledge by enabling themselves to better care, providing early treatment, favoring a rapid and surprising recovery of the puerperal woman.

Descriptors: Postpartum Depression; Nursing Care; Obstetric Nursing.

RESUMEN

Objetivo: Dada la necesidad de profundizar el tema de enfermería, el objetivo de este estudio fue revisar las producciones científicas que investigaron cómo se realiza el cuidado de enfermería en la depresión posparto y su importancia para la salud del puerperal. **Método:** El estudio es una Revisión Integrativa de la Literatura. Las bases de datos consultadas fueron BVS, SciELO, LILACS, Ministerio de Salud y OMS. **Resultados:** Según el texto, durante el estudio se encontraron 58 artículos, los cuales fueron seleccionados y 11 componen la muestra final. Los estudios fueron publicados dentro de los cinco años, sin embargo, no hay suficientes estudios para estandarizar una herramienta diagnóstica o mostrar cómo se han realizado estos diagnósticos en las unidades de salud. La necesidad de realizar más estudios sobre el tema es notoria, aclarando las principales dudas, resolviendo los problemas encontrados y possibilitando la agregación de conocimientos de los profesionales de la salud en este proceso. **Conclusión:** Los profesionales de la salud deben buscar más conocimientos permitiéndose una mejor atención, proporcionando un tratamiento temprano, favoreciendo una recuperación rápida y sorprendente de la mujer en el posparto.

Descritores: Depresión pós-parto; Cuidados de Enfermería; Enfermería Obstétrica.

Introduction

Pregnancy is a singular milestone in a woman's life, which causes physiological and psychological changes, causing feelings of fear, anguish, insecurity and doubts.¹ After childbirth, the woman experiences the mourning of the pregnant body and the baby within her, needing to adjust to it and to her rhythm and to a real baby who demands care and attention. A new routine begins.²

Postpartum Depression is a mental disorder that can lead to serious consequences, both in women, babies and people living nearby.³ The reported rate of postpartum clinical depression among new mothers is 10% to 20% and 1 in 7 women may have PPD in the year following delivery. Among the millions of live births that occur each year, this equates to hundreds of thousands of diagnoses only by live births.⁴

Postpartum depression (PPD) or puerperal depression is called episodes marked by mood disorders, insomnia, sadness without apparent cause, fatigue, rejection of family members and in most cases rejection of the baby who had just had, troubled thoughts, usually occurring in the puerperal period. It can be associated with several specific causes, but in its entirety has characteristics similar to other depressive cases.⁵

Puerperal Depression usually occurs between the fourth and eighth week after delivery and presents prolonged symptoms. Symptoms settle slowly and may intensify during the next six months. Symptomatology can be quite comprehensive, from changes in sleep and rest patterns, appetite, discouragement, sadness, fear of hurting your child, to obsessive and/or suicidal thoughts.⁶

The depressed mother suffers great influence from her own expectations, and may feel worried that she could not be the ideal mother she expected, or feel frustrated by noticing that her life as a mother is not as she imagined.⁷ However, the complaints reported in the consultations require a careful evaluation of the health professional, for early identification of Postpartum Depression (PPD).⁸

Health professionals need to acquire competencies, instruments and resources to detect PPD appropriately and treat PPD appropriately, extending the temporal criterion for the diagnosis of postpartum pregnancy. Moreover, the nursing professional must have skills such as cunning, weighting and harmony when directing their care in overcoming the difficulties characteristic of PPD.⁹

The integral look and technical and scientific knowledge of nurses throughout pregnancy are determining factors to recognize and intervene early in the initial phase of postpartum depression, developing programs and methods to interact with pregnant women and family members thus creating bonds of trust where they will feel safer, having a place to express their fears and expose doubts for preparation at the time of delivery and postpartum. It is necessary that nurses act based on knowledge specific to the professional area, always seeking advancement, improving techniques and executing them competently.¹⁰

Postpartum depression or puerperal depression is a high-prevalence mental disorder, whose early detection of its symptomatology is of extreme need. It is necessary to understand that PPD is not a disease linked to the woman's personality but to the state of psychological disorder that can be cured. In view

of this and the need to deepen this theme for nursing, the aim of this study was to review scientific productions that investigated how nursing care is performed in postpartum depression.

Method

Type of Study

This is an Integrative Literature Review. An integrative review of the literature makes it possible to apprehend themes or problems relevant to the field of health and public policies through the capture, critical appreciation and synthesis of knowledge about the object investigated. This method contributes to Evidence-Based Practice, when it follows a standard of excellence regarding methodological rigor.¹¹

Methodological Procedures

Starting from the elaboration of the guide question, in which we asked: What is the relevance and how is nursing's performance performed in the face of postpartum depression? - The stages of the study were established, divided into six stages to obtain the final synthesis, the stages were composed of identification of the theme, inclusion and exclusion criteria, selection of studies, data analysis, interpretation of the material, presentation of results and discussions.

Data collection and organization

During the first stage, the following focused on the identification of the theme, which was postpartum depression and the care provided around it. In the second stage, the inclusion and exclusion criteria were chosen, being inclusion criteria: national and international scientific articles, published from 2016 to 2021, which talk about the theme and guide the response of the guiding question defined in the previous stage. Exclusion criteria were: materials of theses and dissertations; and publications outside the pre-established period. The databases used were: Virtual Health Library (VHL), Scientific Electronic Library (SciELO), Latin American and Caribbean Center for Information on Health Sciences (LILACS) and data from the Ministry of Health (MS) and the World Health Organization (WHO). The descriptors used were: Postpartum Depression, Nursing Care and Obstetric Nursing. In the third stage, the studies that attended the second stage were selected. In addition, all those who considered themselves most relevant for the preparation of this review were separated by reading titles and abstracts. In the fourth stage, the selected studies were critically evaluated until the third stage. All the characteristics in common were listed among them, and they were sectioned by subjects for the best visualization of the author during the production of this review. The subjects listed were: 1) PPD, symptoms and factors; 2) Diagnosis; 3) Nursing care in PPD. In the fifth stage, the individual interpretation of each selected material was performed. Excessive reading with griffins of passages considered interesting for this work was essential in this stage. The sixth stage consists of the presentation of the results and discussion of the results during this review.

Data analysis

Table 1- Numerical result from the initial selection to the final sample.2021.

Selection by titles and abstracts	Full reading	More than 1 database	Outside the criteria	Final Sample
58	29	2	16	11

According with the Table I, 58 articles were found during the study, which were previously selected through the analysis of their titles and abstracts that had to respond to the objective of this study. After this first selection, 29 articles were read in full, of which 2 studies appeared in more than one database, 16 did not meet the work criteria and 11 comprise d'or in the final sample (Table 1 and Chart 1).

Results

Chart 1 - Description of the articles selected for the preparation of the results and discussion. 2021.

	Journal(Year)	Tittle	Method	Objective	Conclusion
1	Universidade de Mindelo (2017)	Nursing care for parturients with postpartum depression (PPD) at the maternity service of The Dr. Baptista de Sousa Hospital	Descriptive Qualitative	To provide nursing professionals with knowledge about this pathology and how to develop a prevention and control strategy for parturients with postpartum depression.	Nursing within its professional scopes could be contributing greatly to the prevention, guidance, and early detection of PPD, reflecting on the quality provided to women in the pregnancy and postpartum period.
2	Caderno da Saúde Pública (2017)	Depression among puerperas: prevalence and associated factors	Descriptive Quantitative	Measure prevalence and identify factors associated with the occurrence of depression among puerperwomen.	The need to increase actions by health services in the care of pregnant women, in order to provide greater care.
3	Revista de Ciências Saúde Nova Esperança (2016)	Postpartum depression: knowledge about signs and symptoms in postpartum women	Descriptive Quantitative Data collection through interviews	Discuss the signs and symptoms of PPD in puerperum women and allow visibility of this subject to professionals in the field, as well as for society in general.	The puerperity will present symptoms that will change her relationship with the family, as well as the relationship with the baby, which, as a consequence, will directly affect the development of the same.
4	Revista da FAESF (2019)	Nurses in the prevention of postpartum depression: integrative review	Descriptive Qualitative	To identify the role of nurses in preventing postpartum depression, describe the work process of these professionals with the multidisciplinary health team in the construction of mechanisms for pathology and to investigate the difficulties, advances and challenges of nurses in the care of patients with Postpartum Depression.	It is important for nurses together with the multidisciplinary team to structure stronger barriers to prevent postpartum depression, prioritizing the holistic and including family look more and including the family in their action plan, because family support is fundamental.
5	PROPSICO (2017)	Postpartum Depression	Descriptive Qualitative	Recognize signs and symptoms of PPD, as well as know its main clinical characteristics and consequences; Make the differential diagnosis between PPD, postpartum melancholy and puerperal psychosis; Identify risk factors for the development of	Despite the high prevalence of PPD and its consequences for the whole family, this clinical condition is still underdiagnosed and, consequently, undertreated. It is therefore necessary to develop new approaches that increase their detection and treatment

				PPD; Know the main models of conceptualization of PPD; identify the most relevant aspects to consider in the evaluation of PPD; To know the different approaches of prevention and treatment of PPD.	
6	Centro Universitário São Lucas (2018)	Factors associated with postpartum depression	Integrative Review	Identify the factors associated with PPD and nursing team care used for women with PPD to minimize high prevalence.	It is essential that nurses understand the biopsychosocial transformations that puerperal women experience, and use their observation and empathy skills, identifying possible pregnant women with depressive predisposition.
7	Journal Health NPEPS (2016)	Maternal mental health: tracking the risks causing postpartum depression	Descriptive Qualitative	Identify the risk factors that contribute to PPD in women assisted in maternity in the interior of Maranhão	The approach to this theme shows that there is still a long way to go for the improvement and agility of health services in the screening, prevention and treatment of puerperal depression.
8	Revista Eletrônica Estácio Saúde (2016)	Postpartum depression: consequences for mother and newborn - a systematic review	Descriptive Quantitative	To analyze the theoretical scientific aspects related to postpartum depression and its consequences for the mother and newborn.	The studies point to the occurrence of behavioral, affective and cognitive disorders, involvement and social interaction, added to the lower willingness to stimulate the child.
9	Periódicos Eletrônicos em Psicologia (2017)	Postpartum depression: discussing the temporal criterion of diagnosis	Descriptive Qualitative	To discuss the temporal criterion of diagnosis, through a qualitative research with a critical review of the literature.	The official manuals that guide clinical practice do not reflect the advances obtained in scientific research published in the area, so it is necessary that professionals in the area consider expanding the temporal criterion of diagnosis up to one year after delivery.
10	Psicologia Argumento (2017)	The implications of postpartum depression in the baby's psyche: Considerations of Analytical Psychology	Descriptive Qualitative	To present and comment on the contribution that Analytical Psychology, created by Carl Gustav Jung (1961), brings as a theoretical support in this field, bringing his understanding of the mother-baby relationship to the issue of postpartum depression, seeking to partly address the scarcity of studies in this regard in Analytical Psychology.	Understanding that a depressed mother needs professional attention to be a caregiver is important to refer her to the necessary treatments, as she may not be able to understand them and seek help for herself.
11	Revista Ciência e Sociedade (2016)	Use of the Edinburgh scale by the nurse in the identification of Postpartum depression: integrative literature review	Integrative Review	To analyze the use of the Edinburgh Scale by nurses in the identification of Postpartum Depression.	PPD affects one in eight women in the postpartum period and can have adverse consequences for the mother, baby and her family, as it was found that PPD is the result of the psychological, social and cultural adaptation of women in the face of motherhood.

The studies were published in a five-year time interval, however, there are not enough studies to standardize a tool for diagnosis or show how these diagnoses have been made in health units, reaffirming the need for studies focused on the performance of the nursing team. This fact is important for the search for results that reflect the current view of the research scenario, showing the importance of new contributions and a better understanding on the subject. Description of the 11 studies resulting from the research in which they were collected in 2016 (36.4%), 2017 (45.4%), 2018 (9%) and 2019 (9%), were published

in 11 different journals. The articles were carried out in Brazil, in the context of women's health care.

Discussion

Care for women with postpartum depression

Motherhood is a fundamental evolutionary moment in the development of female identity, in which there are several changes in the female life cycle and also of extreme vulnerability. The birth of a child is an event of great importance in the life of women and family members, where it requires changes in various aspects to absorb the new limb in the dynamics and routine of the house.⁷

Faced with these changes that are physical and hormonal, the woman still comes across the emotional factor that may be shaken and exerting a great power of persuasion on her, causing frustration and uncertainty that she will be the mother that everyone is idealizing her to be. From there comes the feeling of sadness and discouragement, which will affect not only the mother and the baby, but everyone around them and so the support of the family at this time is crucial, so that such sadness does not evolve to a picture of Depression.⁵

PPD is the result of the psychological, social and cultural adaptation of women in the face of motherhood. In agreement², they said that the woman, when she gets pregnant, even if she is not especially involved with her pregnancy, needs some adaptation in her life and this change does not end with childbirth, lasting the puerperium.¹²

PPD affects one in eight women in the postpartum period and can have adverse consequences for the mother, baby and her family, because PPD is the result of the psychological, social and cultural adaptation of women in the face of motherhood.¹³ For this reason, it is stated that nursing care should begin in prenatal care with the assessment of self-esteem, the social support network and the contentment of future mothers.⁹

Corroborating this idea, for⁵ it is essential that the entire health team is involved in the process of prevention of PPD, qualified listening in the follow-up of these puerperary women is important, because it will be through the integral view of the professional that it will be possible to identify risk factors. The woman likely to develop a depression will always give signs, it is up to the nurse and his team to be attentive to them. The absence of prenatal consultations, for example, is not good evidence.

There are negative automatic thoughts, which are an important component of ppd symptomatology. Thoughts related to the baby in the postpartum period can be adaptive and be part of a normal phenomenon after pregnancy, or be negative and intrusive thoughts that generate feelings of strangeness and guilt, and can influence the functioning of the postpartum woman as a woman and as a mother. For the authors, PPD is not a

homogeneous clinical condition, with variation in the period of onset, severity and evolution of symptoms.¹⁴

Regarding symptomatology¹², they describe that signs or symptoms such as depressed or dysphoric mood, sleep disorder, loss of pleasure, ideas of death and suicide, decreased performance and guilt should be reported to build a satisfactory prognosis, because these are the initial symptoms that trigger the pathological picture in the puerperium.

Nursing Care for Women with Postpartum Depression

In this sense⁹, it is stated that health professionals need to acquire skills, instruments and resources to detect PPD as soon as possible, extending the temporal criterion of pregnancy diagnosis up to one year after delivery.¹⁴ A longer time for diagnosis is justified when they state that although there is a gradual improvement after the first postpartum year, some mothers continue to experience depressive symptoms after this period, if there is no treatment.¹⁵

When discussing the signs and symptoms of this pathology, they report that the use of a self-assessment scale, it comes up with an alternative that can contribute to the detection and early diagnosis of PPD, besides allowing the most afraid puerperal women to transcribe their feelings.

In view of these factors, we highlight the Edinburgh scale, which is considered an effective method for diagnosing PPD, since it is easily used, being possible for investigation at different socioeconomic levels and ethnicities, which aims to detect depression early, through an effective and effective intervention by nursing professionals, who from the knowledge of the risk factors of postpartum depression, will be able to plan and execute preventive actions, based on the emotional support of family, friends and partner, providing strengthening of the mother-child bond.¹²

The Edinburgh Postpartum Depression Scale (EPDS)¹⁶ was validated for use in Brazil.¹⁷ This self-assessment scale is composed of ten items that refer to depressive symptoms frequently presented in the puerperium, with four possibilities of responses that score from 0 to 3, evaluating the presence or intensity of the symptom.¹³

Far beyond the use of the above scale as a very supportive method¹⁹, they point out the important role of professionals in medical, psychological, social and nursing care services. The knowledge of the risk factors of postpartum depression by health professionals is important for the execution of preventive actions and that allows proper support for the family and provides safety to the postpartum. Therefore, early identification will allow the referral of the mother with risks for postpartum depression for care and specialized follow-up.

Nursing work in the care of women with postpartum depression

The nurse in charge of social support, should have knowledge about the network of assistance the puerperous, being possible to strengthen the relationship between women and family members. This professional represents a safe and reliable source of information and guidance, directing the family to provide proper care to the woman.²⁰

Even in the face of maternal frailty, nursing team members should not assume a higher position, seeing pregnant women as helpless, weak and submissive people.²¹ The nurse, by restraining on behaviors and attitudes that are based on proximity to the parturient, has privileged access and sometimes facilitated for the early arrest of risk factors of postpartum depression. The preventive work of nursing during this period can provide the new mother with the support she needs to face possible episodes of depression.⁷

Pregnant women need to be allowed to freely express their fears and anxieties, and a well-trained nurse can provide assistance and guidance, helping the pregnant woman to face the various situations in a more adaptive, realistic and confident way. This is a preventive work, if it begins with prenatal follow-up and/or crisis support, in the case of postpartum depression already installed.⁷

In a sense, it is up to nurses²¹ to understand the biopsychosocial transformations that puerperal women experience, and to use their observation and empathy skills, identifying possible pregnant women with depressive predisposition, reducing risks and increasing their quality of life, to provide a relationship of sensitivity, commitment and dialogue, as a facilitator of early identification and in the provision of nursing care, therefore they must be empowered and rich in knowledge and mastery on the subject. For registration purposes, it is necessary to observe attentive to several variables, such as the social factor, symptoms and their appearance, duration, evolution, among others, for a correct and rapid diagnosis and referral to the appropriate treatment. The goal is that the consequences of depression are minimal, both for the mother and for the baby, avoiding possible subsequent sequelae of an unavailable mother and a destituted child. Understanding that a depressed mother needs professional attention to be a caregiver is important to refer her to the necessary treatments, as she may not be able to understand them and seek help for herself.²

Conclusion

PPD is a disease that affects women and everyone around them and therefore should be studied to bring clarity to the professional practice of nurses in order to perform the best possible care to minimize as much as possible the negative effects caused by it. The professional has the duty to be attentive to the signs presented by women and family members and should never let their judgment be affected by personal emotions in the face of these symptoms that for laypeople can be deviations of character or even freshness, when in the literature it is treated as a public health problem. The absence of further studies on this pathology contributes to a late diagnosis harming the mother, the child and family members. Therefore, health professionals should seek more knowledge by enabling themselves to better care, providing early treatment, favoring a rapid and surprising recovery of the puerperal woman.

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Autonomy of nurses in Urgency and Emergency in the flow of care in the Covid-19 pandemic

Autonomia dos enfermeiros em Urgência e Emergência no fluxo ao atendimento na pandemia da COVID-19

Autonomía del enfermeiro em Urgencias y Emergencias em el flujo de atención em la pandemia COVID-19

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REVISA

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RESUMO

Objetivo: identificar a importância e atuação dos enfermeiros no fluxo de atendimentos a pacientes com suspeita ou COVID-19 confirmados em serviço de Urgência e Emergência. **Método:** estudo de revisão integrativa da literatura. Trata-se de um estudo realizado por meio de levantamento bibliográfico e baseado na experiência vivenciada pelas autoras. **Resultados:** os enfermeiros que atuam nas emergências, são importantes para o direcionamento dos fluxos de atendimento de acordo com a gravidade da doença e na assistência direta. A criação dos fluxos são diárias e mudam constantemente, portanto a adequação de protocolos e fluxo é essencial para o enfrentamento da pandemia, sendo marcante a presença de enfermeiros nesse processo. **Conclusões:** a atuação do enfermeiro no pronto-atendimento, em meio à pandemia da COVID-19, desenvolve ações de assistência, gerencia além da participação na formalização e implantação de fluxos, protocolos e normas para o setor, evidencia-se como essencial o seu papel nos serviços de saúde. **Descritores:** Emergências; Enfermagem; Coronavírus; Serviços de saúde.

ABSTRACT

Objective: to identify the importance and role of nurses in the flow of care to patients with suspected or COVID-19 confirmed in na Urgent and Emergency service. **Methods:** study of na integrative literature review. This is a study carried out through a bibliographic survey and based on the authors' experience. **Results:** nurses working in emergencies are importante in directing care flows according to the severity of the disease and in direct care. The cretion of flows is daily and changes constantly, so the adequacy of protocols and flow is essential to face the pandemic, with the presence of nurses in this process being remarkable. **Conclusions:** the role of nurses in emergency care, in the midst of the COVID-19 pandemic, develops care, management actions, in addition to participating in the formalization and implementation of flows, protocols and standards for the sector, its essential role in the health service.

Descriptors: Emergencies; Nursing; Coronavirus; Health services.

RESUMEN

Objetivo: identificar la importancia y rol del enfermeiro em el flujo de atención a pacientes com sospecha o COVID-19 confirmado em um servicio de Urgencias y Emergencias. **Métodos:** estudio de una revisión integradora de la literatura. Se trata de um estudio realizado através de um relevamiento bibliográfico y basado em la experiencia de los autores. **Resultados:** las enfermeiras que trabajan en emergencias son importantes para orientar los flujos de atención según la gravedad de la enfermedad y en la atención directa. La creación de flujos es diaria y cambia constantemente, por lo que la adecuación de los protocolos y el flujo es fundamental para enfrentar la pandemia, siendo destacable la presencia de enfermeiras em este proceso. **Conclusiones:** el rol del enfermeiro em la atención de emergencias, em médio de la pandemia COVID-19, desarrolla acciones de atención, gestión, además de participar em la formalización e implementación de flujos, protocolos y estándares para el sector, su rol fundamental em la Servicio de salud.

Descritores: Emergencias; Enfermería; Coronavirus; Servicios de salud.

Introduction

COVID - 19, is the new virus identified in the coronavirus family (Severe Acute Respiratory Syndrome Coronavirus 2 (SARS- Cov - 2) and was first identified worldwide after cases of viral pneumonia of unknown origin appeared in December 2019 in Wuhan City, China.¹⁻²

The disease is characterized by various clinical manifestations with different severities. In the mildest cases, they can be defined as flu syndrome (SG), and is characterized by the appearance of symptoms such as fever, cough, sore throat, headache, among others. In more severe cases, such as severe acute respiratory syndrome (RSS), they may progress to severe pneumonia, also accompanied by dyspnea and other symptoms such as hypoxemia, aquipnea, hypotension.²⁻³

Therapeutic measures evolve from general care, without the need for hospitalization until the use of supplementary oxygen therapy and mechanical ventilation requiring hospitalization and urgent and emergency care.⁴⁻⁵ Although it may affect the elderly more severely and those with comorbidities, all ages are susceptible.⁶

The clinical-epidemiological diagnosis is performed by collection (CPR - RT), in which it evaluates viral RNA by the oronasal or bronchoalveolar region.⁴

The World Health Organization (WHO), on January 30, 2020, declared the outbreak of this disease as a public health emergency, on March 11 it was declared a pandemic and the first case of COVID-19 in Brazil was confirmed on February 25, 2020, by the Brazilian Ministry of Health (MS).^{7,8}

Pandemic evidences have been evidenced by the need for rapid response, such as measures of social distancing, adequate isolation and infection control, and the decisions made will reflect on the number of cases and collapse or not of the health system.⁹ In coping with the pandemic by COVID-19, all hospitals and their respective emergency units and the Ministry of Health carried out care flows to assist and develop care in an organized, comprehensive and joint manner.¹⁰

In this sense, the aim of the study was to identify the importance and performance of nurses in the flow of care to patients with suspicion or COVID-19 confirmed in the Emergency and Emergency Service.

Method

Integrative literature review study. It is a method that provides the synthesis of knowledge and the incorporation of the applicability of results of significant studies in practice. This is a study conducted through a bibliographic survey and based on the experience experienced by the authors at the time of an integrative review.

For the preparation of this review, the following methodological procedures will be followed: formulation of the question and the objectives of the review; establishment of criteria for the selection of articles; categorization of studies; evaluation of the studies included in the integrative review; data analysis and presentation of results.¹¹

A study conducted through online search and the capture of these productions was processed through the Virtual Health Library (VHL), using the databases: Latin American and Caribbean Literature on Health Sciences (LILACS), Nursing Databases (BDENF), Medline and Scielo. The selected descriptors were, based on the health terminology consulted in the DeCS Health Sciences Descriptors (BIREME): emergencies, nursing, coronavirus and health services.

The inclusion criteria were texts published in full and that respond to the object of this study. Exclusion criteria were texts that deal with other areas and do not meet the inclusion criteria.

Using the descriptors mentioned and in the chosen databases, respecting the inclusion and exclusion criteria, 35 studies were found. After analyzing the titles and abstracts of the published papers, 16 were selected for reading the full text and analysis. After a complete reading of the studies, 12 articles answered the guide question and were chosen to write this work.

Results and Discussion

The International Year of Nursing was defined by the World Health Organization (WHO) in 2020, due to the 200th anniversary of the birth of the founder of Modern Nursing, Florence Nightingale, in which it was marked by discussions for improvements to the profession beyond the tributes to the entire class, coinciding, with the challenge of the Covid pandemic - 19, needing to make abrupt changes in the work processes with the reality experienced at the moment, in the operational procedures, routines, reorganization of services and care flows.¹²

Brazilian emergencies have become the main environment for the care of the disease and its diseases, resulting in a chaotic reality, reflecting the increased demand for suspected cases of Covid - 19, associated with other existing health problems.¹³

The emergency units and the Ministry of Health organized flowcharts for patient care with Covid-19, promoting an organized and safe care, prioritizing care upon arrival, with priority levels.¹⁴⁻¹⁵

The nurse is the management agent in the emergency sector, promoting teamwork, stimulating and articulating through organization, planning, leadership, decision-making and conflict management, to effect an integrated work, so he has the ability to develop and organize, flowcharts, pre-established or not, to improve patient care with Covid -19.^{12,14}

The multidisciplinary team needs to be aware of the flow when the patient is admitted to the emergency room with signs and symptoms of Covid- 19. First, patients with suspected or confirmed patients need to have separate care flow from patients with other comorbidities. In a pandemic it is necessary to consider that patients not affected by the virus will need health care that could not be postponed. The importance of risk classification in nursing screening leads to cases, promoting a rapid, priority and lower risk of contamination for the unit, patient and multidisciplinary team.^{14,16-17}

Patients with flu-like syndrome (GS) or severe acute respiratory syndrome (RSS), with worsening signs and symptoms, such as dyspnea, fall in saturation and respiratory distress, are referred directly to the emergency room, and after

thorough evaluation, there is the possibility of being referred to the ICU, and those with milder symptoms, can be referred to home isolation or hospitalization in the infirmary.^{14,18-19}

Nurses who work in emergencies are important for directing care flows according to the severity of the disease and direct care, and the risk classification provides a decrease in clinical deterioration of patients by waiting time, avoidable mortality and reorganizes the service, making it possible to manage care flows.¹³

Nurses are pioneers in developing best practices for patient management, capacity and effectiveness thrive in the face of wars, disasters, crises and in the country, as well as Covid-19.²⁰

The creation of flows are daily and constantly change, it is understood that managers have the greatest knowledge and preparation for this function of performing flowcharts, but it is known that in many times these professionals do not act in direct care to patients and do not have full knowledge of what occurs in practice. It is important that professionals working on the front line are present in the creation and implementation of new flows.²¹

It is also part of the flows, the active participation in the management and coordination processes of strategic and programmatic actions, preparation of contingency plans, assistance protocols, operational, personnel management, materials, beds, continuing education of the units and administration of the units in all their levels of complexity.²² Therefore, the adequacy of protocols and flows is essential for coping with the pandemic, and the presence of nurses in this process is remarkable.²³

Final Considerations

The importance of nurses in the performance in the flow of care to Covid-19 is evident, but there is still a social devaluation in relation to medical professionals. However, every day, it is recognized that the nurse has the training and the preparation to be a reference in the multidisciplinary team.

The role of nurses in this pandemic scenario represents the visibility of the performance of professionals and managers and it is noted that this process of hospital restructuring nursing management was fundamental, since there were several changes in care flows and institutional protocols, in order to ensure safe and quality care for all involved, in a short period of time and novelty of some actions caused by COVID-19, supported by legislation, bioethics, ethics and technical and scientific evidence.

Therefore, the role of nurses in the emergency care, in the midst of the Covid-19 pandemic, develops care actions, management, in addition to participation in the formalization and implementation of flows, protocols and standards for the sector, showing it as essential its role in health services.

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Nurse's role in the prevention and care of patients with pressure ulcers in the intensive care unit

Atuação do enfermeiro na prevenção e cuidado ao paciente com úlcera por pressão na unidade de terapia intensiva

Papel de la enfermera en la prevención y atención de pacientes con úlceras por presión en la unidad de cuidados intensivos

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RESUMO

Objetivo: analisar a assistência da equipe de enfermagem nos cuidados e na prevenção de pacientes com lesões por pressão que se encontram internados na Unidade de Terapia Intensiva, evidenciando a contribuição e importância do enfermeiro no cuidado a esses pacientes. **Método:** o estudo trata-se de uma revisão de literatura, de abordagem qualitativa, com recorte temporal de 2006 a 2021. Foram selecionados 8 artigos para o estudo, captados na Biblioteca Virtual em Saúde (BVS). **Resultados:** Os cuidados de enfermagem às úlceras por pressão abrangem intervenções relacionadas ao acompanhamento integral do paciente em risco de adquirir a lesão, por meio da utilização de escalas de predição de risco, conhecimento dos fatores de risco e da realidade das unidades de saúde pelo enfermeiro. **Considerações finais:** a importância do enfermeiro por meio da prescrição dos cuidados e as intervenções relacionadas ao acompanhamento integral do paciente, é de suma importância à prevenção e ao tratamento das úlceras por pressão como forma de reduzir o tempo de permanência do paciente na Unidade de Terapia Intensiva e, conseqüentemente, os custos hospitalares, melhorias no prognóstico do paciente e prevenção de infecções.

Descritores: Unidade de Terapia Intensiva; Cuidados de Enfermagem; Úlcera por pressão.

ABSTRACT

Objective: to analyze the assistance of the nursing team in the care and prevention of patients with pressure injuries who are hospitalized in the Intensive Care Unit, highlighting the contribution and importance of nurses in caring for these patients. **Method:** the study is a literature review, with a qualitative approach, with a time frame from 2006 to 2021. Eight articles were selected for the study, captured in the Biblioteca Virtual em Saúde (BVS). **Results:** Nursing care for pressure ulcers encompasses interventions related to comprehensive monitoring of patients at risk of acquiring the injury, through the use of risk prediction scales, knowledge of risk factors and the reality of health units by nurses. **Final considerations:** the importance of the nurse through the prescription of care and interventions related to comprehensive monitoring of the patient, is of paramount importance to the prevention and treatment of pressure ulcers as a way to reduce the length of stay of the patient in the Therapy Unit Intensive and, consequently, hospital costs, improvements in patient prognosis and infection prevention.

Descriptors: Intensive Care Unit; Nursing care; Pressure ulcer.

RESUMEN

Objetivo: analizar la asistencia del equipo de enfermería en el cuidado y prevención de pacientes con lesiones por presión que se encuentran hospitalizados en la Unidad de Cuidados Intensivos, destacando la contribución e importancia del enfermero en el cuidado de estos pacientes. **Método:** el estudio es una revisión de la literatura, con enfoque cualitativo, con un período de tiempo de 2006 a 2021. Se seleccionaron ocho artículos para el estudio, capturados en la Biblioteca Virtual en Salud (BVS). **Resultados:** La atención de enfermería de las úlceras por presión comprende intervenciones relacionadas con el seguimiento integral de los pacientes en riesgo de adquirir la lesión, mediante el uso de escalas de predicción de riesgo, el conocimiento de los factores de riesgo y la realidad de las unidades de salud por parte del enfermero. **Consideraciones finales:** la importancia del enfermero a través de la prescripción de cuidados e intervenciones relacionadas con el seguimiento integral del paciente, es de suma importancia para la prevención y tratamiento de las úlceras por presión como forma de reducir el tiempo de estancia del paciente en la Terapia. Unidad intensiva y, conseqüentemente, costes hospitalarios, mejoras en el pronóstico del paciente y prevención de infecciones.

Descritores: Unidad de Cuidados Intensivos; Cuidado de enfermera; Úlcera de presión.

Introduction

Pressure lesions or ulcers consist of lesions located on the skin and/or tissue or underlying structure, usually on a bony prominence resulting from isolated pressure or pressure combined with shear. These injuries may occur in patients admitted to intensive care units due to the patient's stay in these places, which may hinder positive results in treatment, due to pain caused by these lesions and possible infections.¹

Pressure injuries are a challenge for health services, because their occurrence is considered an indicator of the quality of nursing care provided to the patient, besides generating pain, discomfort, delay in recovery, development of infections, besides causing expenses due to the increase in the patient's hospitalization time.^{2,3}

The analysis of risk factors for the development of lesions is essential for quality care and the nursing team should seek not only the clinical stability of the patient until discharge, but also the non-occurrence of complications during the hospitalization period.^{2,3} Avoiding the development of pressure ulcer scans of critically effective patients in the Intensive Care Unit is still a major challenge for the nursing team. Prevention is necessary to ensure the quality of care.⁴

The present work aims to perform an integrative review, evidencing the contribution and participation of intensive care nurses in the prevention and care of pressure injuries of patients hospitalized in the Intensive Care Unit.

Method

This study is a literature review, with a qualitative approach, which aims to analyze the care of the nursing team in the care and prevention of patients with pressure injuries who are hospitalized in the Intensive Care Unit, evidencing the contribution and importance of nurses in the care of these patients.

The analysis of bibliographic documentation was used in the period from 2006 to 2021, in the Virtual Health Library (VHL) and the descriptors/keywords used were: Nursing Care, Pressure Ulcer, Pressure Injury, Intensive Care Unit, Patient Care, with the Boolean operator "AND".

After collecting the bibliographic data, the results obtained were read. Then, the inclusion and exclusion criteria were applied, selecting the articles to be used in the constitution of the review.

A total of 19 articles were found and 8 articles were selected after the inclusion and exclusion criteria were selected.

The criteria used and established for the inclusion of scientific articles were: articles that present the benefits of nurses' actions in the prevention and care of patients with pressure injury in the Intensive Care Unit, as well as the benefits of this professional's interventions in the clinical improvement of the patient in the Intensive Care Unit, articles available in full and in Portuguese.

The exclusion criterion was around articles that fit other hospital sectors not specifically related to intensive care for patients and studies that did not meet the inclusion criteria.

Results and Discussion

Data were obtained from a research initiated between January 2021 and September 2021, in bibliographic publications attached in databases in electronic format from the VHL search form.

Chart 1. Articles collected in the VHL. 2021.

Origin	Title	Considerations/Thematic
ALCÂNTARA, Catarina Vieira. Revista Eletrônica Atualiza Saúde.	Pressure ulcers in intensive care from the eyes of nurses	To analyze the national scientific production of nurses on pressure ulcers in Intensive Care.
FIGOZZI et al. Revista Feridas	Decubitus Changes: Preventing Complications	To present the importance of decubitus change in the prevention of complications in ICU patients.
LOPES, Clara Cristina de Paula. Revista Científica Multidisciplinar Núcleo do Conhecimento	Nursing care for patients with pressure injury in an intensive care unit	Describe nursing care to patients suffering from pressure injury in the Intensive Care Unit.
MATA et al. Revista Científica FacMais	Nursing care in the care of patients in the intensive care unit with predisposition to pressure ulcer: a literature review	Evaluate extrinsic factors to decubitus ulcer in patients hospitalized in intensive care units.
MEDEIROS et al. Revista da escola de enfermagem da USP	Analysis of the prevention and treatment of pressure ulcers proposed by nurses	Identify actions for prevention and treatment of pressure ulcers performed by nurses.
PESTANA, Margareth Pereira; VIEIRA, Rosemeire dos Santos. Revista Recien	Nursing actions in the prevention of pressure ulcers in ICU	Present the nurse's role in the prevention of pressure ulcers in the Intensive Care Unit.
ROLIM et al. Revista Rene	Prevention and treatment of pressure ulcers in the daily life of intensive care nurses	Identify activities for the prevention and treatment of pressure ulcers planned and implemented by nurses in Intensive Care Units.
TEIXEIRA et al. Revista Estima	Incidence of pressure injuries in intensive care unit in a hospital with accreditation	Analyze the incidence profile of pressure injuries in intensive care units in adults.

The nursing team is one of the most important professionals within the intensive care unit environment, due to the follow-up of the patient for twenty-four hours a day, providing the care, from the simplest as a bed change to the most complex.^{5,6}

Considering that the patient's health leads to their well-being in the physical, mental and spiritual dimensions, nursing practice can be favored by the institutionalization of a nursing assessment instrument that guides professionals to, for example, predict whether or not the client admitted to the ICU presents

risk factors for developing pressure ulcer, since this pathology has a high incidence in the reality of these care units.^{7,8}

International and national guidelines advise the use of the Braden scale to contribute to the identification of patients who present the risk for pressure injury since admission and during the hospitalization period and application of preventive measures by professionals. It is suggested that reassessment occurs at least every 48 hours after admission or whenever patient conditions change.^{7,8}

Nursing care for pressure ulcers includes interventions related to the comprehensive follow-up of patients at risk of acquiring the lesion, through the use of risk prediction scales, knowledge of risk factors and the reality of health units.⁹

In the event of the prevention of pressure ulcers, it is necessary to develop a care plan. In this plan should be recorded the therapeutic approach, which contemplates the classification, location, size of tunnels, aspect of the wound bed and adjacent skin, drainage, pain or hypersensitivity and temperature. For this care to be considered effective, it is necessary to have debridement, wound cleaning, dressing application, and in some cases, reconstructive surgery. In all cases, specific wound care strategies should be consistent with the overall objectives or treatment goals of the client.¹⁰

The prevention of pressure ulcers is an essential role of nursing professionals. Important measures in the prevention of ulcers are the hygiene of the patient in bed, that is, keeping the clothes of the body and bed dry, clean, without foreign and non-wrinkled bodies, in addition to keeping the skin stimulated, relaxed, hydrated and the use of moisturizers; constant skin inspection in at-risk patients; keeping skin clean and dry; reducing humidity; the change of position every two hours, with protection of the areas of greater friction; assessment and correction of nutritional status; the use of special mattresses and/or pillows; the raised headboard; adequate hydration; seek to avoid sedative drugs and red blood cell transfusion.¹⁰

In view of the importance of nursing care to prevent the PU, especially in the ICU, where this problem is prevalent, it is necessary to qualify nursing professionals to assess the risk of the patient developing this problem, and to plan preventive actions, since, after they appear, care becomes more complex, and this requires more demands from both the institution and the team. Despite the importance of these measures and the commitment of professionals, it is known that their operationalization is often unfeasible due to the work overload of employees, the critical state of the client and the unplanned absences.^{11,12}

Conclusion

Patients who are hospitalized in Intensive Care Units may be considered at higher risk of developing pressure ulcers, due to the high degree of complexity of care and high dependence.

Although it can be avoided with simple measures, UPPs are a constant problem in ICUs, with high incidences and prevalences, increasing the time of hospitalization, costs and care to the patient.

To patients with pressure ulcers or predisposed to them, nurses and their staff should offer care and treatment focused on each stage and seek strategies for predisposing factors.

According to the above, the importance of nurses through the prescription of care and interventions related to the integral follow-up of the patient, is of paramount importance to the prevention and treatment of pressure ulcers as a way to reduce the length of stay of the patient in the Intensive Care Unit and, consequently, hospital costs, improvements in the patient's prognosis and prevention of infections.

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Women who developed complications of the New Coronavirus SARS-CoV-2 during pregnancy

Mulheres que desenvolveram complicações do Novo Coronavírus SARS-CoV-2 durante a gestação

Mujeres que desarrollaron complicaciones del Nuevo Coronavirus SARS-CoV-2 durante el embarazo

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RESUMO

Objetivo: Analisar as complicações do novo coronavírus SARS-CoV-2 em mulheres que desenvolveram a infecção durante a gestação acolhidas no Hospital Regional de Taguatinga (HRT). **Método:** Este estudo utilizou como referencial os pressupostos de Minayo, por meio de abordagem qualitativa e método de pesquisa exploratória. As entrevistas tiveram início somente após autorização do CEP e foram realizadas por meio da plataforma Google Forms. Para a coleta dos dados as participantes primeiramente fizeram o aceite para participação da pesquisa por meio do TCLE. **Resultados:** Foram entrevistadas 10 mulheres com idade acima de 18 anos, onde responderam um questionário referente ao diagnóstico, sintomas e complicações pelo novo coronavírus na gestação. Para a discussão, os dados foram organizados em gráficos e categorias. **Considerações finais:** Este estudo atendeu aos objetivos propostos, descrevendo sobre as complicações que o novo coronavírus pode causar na gestação, sendo assim, evidenciando que as gestantes são mais propensas a infecção pelo novo coronavírus SARS-CoV-2. Portanto, este estudo deixa esta contribuição para os profissionais de saúde, apresentando os comprometimentos que esta infecção pode causar na gestação.

Descritores: Complicações; Novo coronavírus; Gestação.

ABSTRACT

Objective: To analyze the complications of the new SARS-CoV-2 coronavirus in women who developed the infection during pregnancy at the Hospital Regional de Taguatinga (HRT). **Method:** This study used Minayo's assumptions as a reference, through a qualitative approach and exploratory research method. The interviews started only after authorization from the CEP and were carried out through the Google Forms platform. For data collection, the participants first accepted to participate in the research through the IC. **Results:** 10 women over 18 years of age were interviewed, where they answered a questionnaire regarding the diagnosis, symptoms and complications of the new coronavirus in pregnancy. For discussion, data were organized into graphs and categories. **Final considerations:** This study met the proposed objectives, describing the complications that the new coronavirus can cause during pregnancy, thus showing that pregnant women are more prone to infection with the new SARS-CoV-2 coronavirus. Therefore, this study leaves this contribution to health professionals, presenting the impairments that this infection can cause in pregnancy.

Descriptors: Complications; New coronavirus; Pregnancy.

RESUMEN

Objetivo: Analizar las complicaciones del nuevo coronavirus SARS-CoV-2 en mujeres que desarrollaron la infección durante el embarazo en el Hospital Regional de Taguatinga (HRT). **Método:** Este estudio tomó como referencia los supuestos de Minayo, a través de un enfoque cualitativo y un método de investigación exploratorio. Las entrevistas comenzaron solo después de la autorización del CEP y se llevaron a cabo a través de la plataforma Google Forms. Para la recolección de datos, los participantes primero aceptaron participar en la investigación a través del CI. **Resultados:** Se entrevistó a 10 mujeres mayores de 18 años, donde respondieron un cuestionario sobre el diagnóstico, síntomas y complicaciones del nuevo coronavirus en el embarazo. Para la discusión, los datos se organizaron en gráficos y categorías. **Consideraciones finales:** Este estudio cumplió con los objetivos propuestos, describiendo las complicaciones que puede ocasionar el nuevo coronavirus durante el embarazo, mostrando así que las mujeres embarazadas son más propensas a contagiarse con el nuevo coronavirus SARS-CoV-2. Por tanto, este estudio deja este aporte a los profesionales de la salud, presentando las deficiencias que esta infección puede ocasionar en el embarazo.

Descritores: Complicaciones; Nuevo coronavirus; Gestación.

ORIGINAL

Introduction

Pregnancy is a remarkable event in a woman's life, where psychological, hormonal and physical changes occur that prepare the maternal organism to generate a new being. These modifications can generate fears, doubts, anxieties or only the curiosity to know what is happening to your body.¹

The pregnancy cycle has an average duration of 40 weeks, divided into quarters, totaling three trimesters. This is due to the characteristics of each of these periods. The woman's body prepares for the formation of the child and for childbirth, and each week is marked by important advances in the development of the baby.²

Respiratory disease caused by the SARS-CoV-2 virus called the new coronavirus (COVID-19) was first identified in Wuhan - China in December 2019. The World Health Organization (WHO) was monitoring the evolution of the disease and on March 11, 2020, COVID-19 declared a pandemic. Due to this circumstance, in January 2020, the Ministry of Health activated the Center for Emergency Operations in Public Health, to coordinate this nationwide emergency and contribute to the definition of appropriate strategies and actions to cope with COVID-19.³

267,344,049 cases of COVID-19 and 5,274,405 deaths were confirmed worldwide as of December 7, 2021.⁴ In Brazil there are 22,157,726 confirmed cases of COVID-19 and 616,018 deaths, according to the updated data, released on December 7, 2021.⁵

The forms of transmission of SARS-CoV-2 are by direct contact, indirect and maternal-fetal contact. Direct counting occurs through respiratory secretions such as coughing, sneezing, talking or singing and saliva expelled by infected people, indirect contact occurs when the individual touches objects and surfaces contaminated by respiratory secretions and then leads to the face, mouth, nose or eyes, and the maternal-fetal although rare, may be possible occurring by transplacental route or during childbirth. It is noteworthy that breastfeeding is safe, does not transmit and should be maintained.⁶

Some population groups are more vulnerable to infections, pregnant women and puerperal women were included in this context, therefore, they are considered as a risk group for COVID-19. Therefore, care for pregnant women and postpartum women should be rigorous and continuous, regardless of the clinical history of patients.⁷

Infection with the new coronavirus during pregnancy, can happen at any stage of the gestational period, usually causes mild symptoms such as fever, general malaise and cough. However, women who are infected after 28 weeks of gestation are at increased risk of developing severe symptoms such as difficulty breathing and mental confusion, which may increase the risk of pregnancy complications.⁸

In view of the above this study proposes the following research question: Did the new Coronavirus SARS-CoV-2 bring complications to women who developed the infection during pregnancy?

The aim of this study was to analyze the complications of the new Coronavirus SARS-CoV-2 in women who developed the infection during pregnancy received at the Regional Hospital of Taguatinga (HRT).

This study evidences data collection to women who developed complications of the new Coronavirus SARS-CoV-2 during pregnancy. Thus, in the feeling of collaborating for the improvement of care, providing pregnant women with care through better qualification, ensuring better treatment.

Thus, the study becomes important because it can contribute to the learning and development of nursing professionals working with pregnant women, also assisting teachers and students in the area as support material and, moreover, stimulating new studies.

Finally, this study becomes relevant, as it can bring benefits to nursing professionals who accompany pregnant women in day-to-day practice within hospital units.

Method

This study used Minayo's⁹ assumptions as a reference, through a qualitative approach and exploratory research method.

The research respected the ethical aspects contained in Resolution No. 510/2016 of the National Health Council (CNS), which provides for the norms that regulate research involving human beings, seeking to respect the social, moral, religious and cultural values, as well as customs and habits of each subject of the research.¹⁰

Para este estudo foram mantidos o sigilo, o anonimato, a confidencialidade e a fidedignidade dos dados obtidos.

The collection of information began only after the release of the Ethics and Research Committee (CEP) of the Foundation for Teaching and Research in Health Sciences/FEPECS/SES/DF under the opinion number: 5,090,056.

The research was carried out in a public hospital in the Federal District. It was inaugurated on March 2, 1974 in the city of Taguatinga, which has an estimated population in 2016 of approximately 222,598 inhabitants. The participants of the research were women who developed complications of the new Coronavirus SARS-CoV-2 during pregnancy and who voluntarily agreed to participate in it.

For effective participation in the research, women had to meet the following inclusion criteria: voluntarily accepting participation in the research; 18 years of age or older; are in good mental health; women who developed infection with the new coronavirus during pregnancy and who have signed the TCLE.

As exclusion criteria, women who were excluded were excluded: they did not voluntarily accept participation in the research; who were under the age of 18; who were not in good mental health; women who did not develop infection of the new coronavirus during pregnancy and finally, women who did not sign the TCLE.

The research scenario was a public hospital in the Federal District, where women were approached and invited to participate in this study. To conduct the interview, the Google Forms platform was used with the formulation of a questionnaire with 10 objective and subjective questions. The study had 10 participants.

After the acceptance to participate in the research, information about their rights and objectives of this study was presented to each participant, in

addition to instructing them about the risks and benefits related to their participation. The participants were instructed to be able to give up the research at any time before the publication of the data, at no cost to both parties. It was also emphasized that they would not receive any particular benefit and/or material

For data analysis, three phases were used, denominated as pre-analysis, analytical description and inferential interpretation that allowed the presentation of the data in a more understandable way, as follows.

Results and Discussion

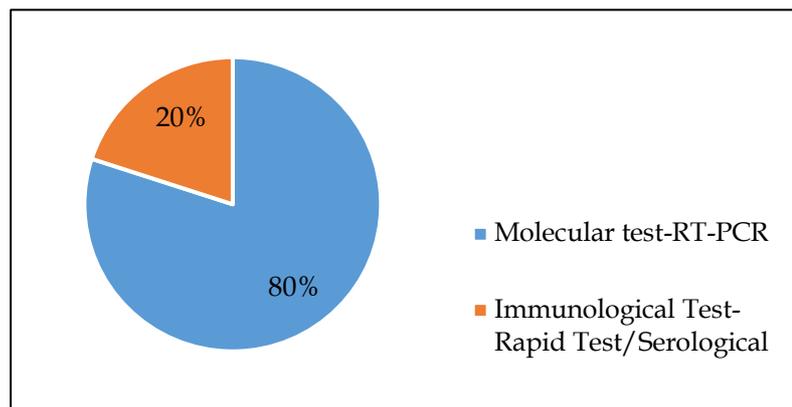
The results for this research counted on the reports of the participants who are presented with the letter "P" plus a growing numeral (P1 [...] P10) to identify them, thus maintaining their anonymity, confidentiality and confidentiality of data.

Women aged between 18 and 36 years, whose educational level ranged from high school to post-graduation, although most of them presented complete high school. And in relation to the number of children, the number ranged from 1 to 5 children. For the discussion of the theme, the data found were organized in the form of graphs and categories, as presented below:

New coronavirus diagnosis (Covid-19)

Among the tests performed for diagnosis of coronavirus; a significant number, answered that they were diagnosed by molecular test -RT-PCR, available in health units in that period.

Figure 1- Diagnosis of infection by the new coronavirus COVID-19. Federal District, 2021.



The RT-PCR molecular test is the best applicable for diagnosis of coronavirus infection, which detects viral RNA of the virus in samples collected by nasopharynx swab and oropharynx. This test directly detects the presence of components of the virus genome. Ideally, it needs to be done in the first week of symptoms, not exceeding the 12th day, because in this period the viral load is higher. The RT-PCR test is the gold standard for diagnosis of sars-cov-2 virus. On the other hand, rapid tests are serological tests with the identification of IgM and IgG antibodies, can be done in capillary blood, whole blood, serum or plasma. If they are made early on symptoms, there is a higher risk of giving a

false negative result. For the production of these antibodies, on average it is 7 to 10 days after the onset of symptoms for IgM antibodies and 10 days or more for IgG.¹¹

Although the Ministry of Health in contradiction published that the tests for the new coronavirus in Brazil were made available to the population, this confrontation was not quite. BBC News published on 20 May 2021 on the Official Testing Index in Brazil showing the country with a rate similar to Zambia, which appeared at number 88 in ranking with 111 countries. "More than a year after the onset of the pandemic and at the time epidemiologists warned of the risk of collapse in winter, testing against covid-19 in Brazil was still low and disorganized."¹²

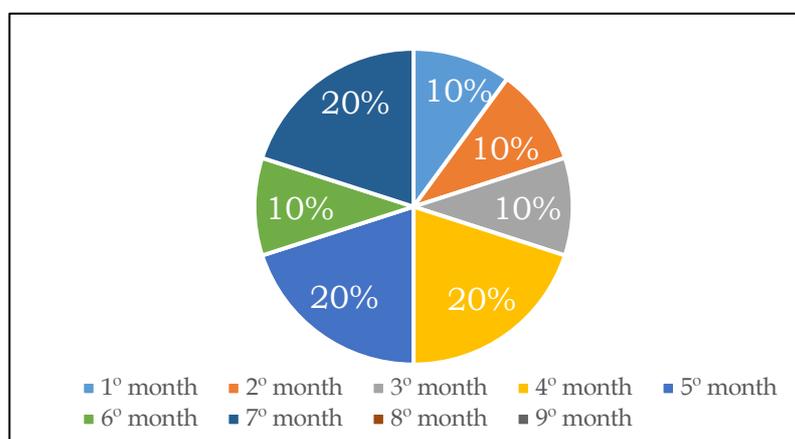
In *correio Braziliense* of July 11, 2021, the article on serological tests publishes data in which "Brazil does not yet have one of the necessary pillars to fight the new coronavirus: the mass testing of the population". With the exchange of three ministers the strategic plan for the distribution of testing kits, were still in the role.¹³

It is worth explaining that the pregnancy period of vulnerabilities and risks for women in this condition, great challenges were faced such as: knowing the ideal moment of infection to perform the tests; biological material to be used; type of methodology employed and availability of tests.¹⁴ For the latter, it is worth remembering that the non-availability of tests in the public network and with the impediment of agreements to carry out them, it was required that a large part of the population was required to mobilize more and even a financial reorganization for the test to be performed,¹⁵ all of which cause concern, fear and insecurity in the day-to-day life of pregnant women.

Gestational Period

In this category, participants were asked to answer in which gestational period they contracted the new coronavirus (COVID-19). The answers varied between the 1st to the 7th month of gestation, but the vast majority reported contracting the infection in the second and third trimester of pregnancy, at 4, 5 and 7 months.

Figure 2- Period of pregnancy that the participants contracted covid-19. Federal District, 2021.

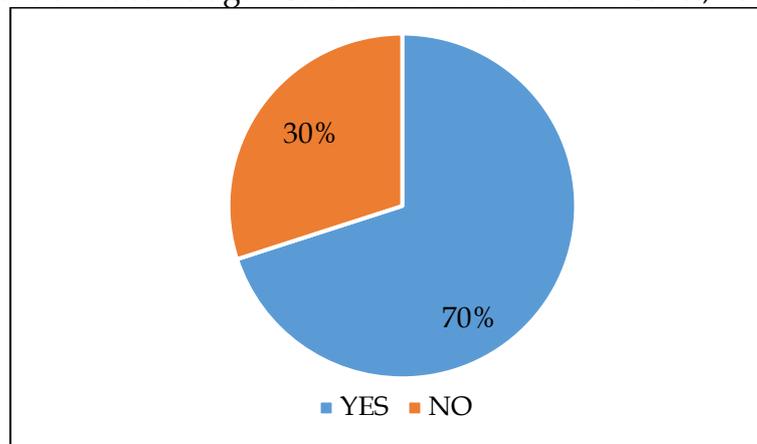


Coronavirus infection during pregnancy can occur at any stage of the gestational period.⁸ In the last trimester of pregnancy and in the postpartum period, more severe conditions become worse. Thus, pregnant women and postpartum women up to the 14th day of postpartum are considered risk groups.¹⁶

COVID-19 vaccine

In this category, participants were asked to answer whether they were immunized against COVID-19. The vast majority of participants in this study answered that they were immunized against COVID-19.

Figure 3- Vaccine against COVID-19. Federal District, 2021.



Pregnant women, puerperal women and lactating women belonging to the priority groups, especially if they have any comorbidity, can be vaccinated against COVID-19 in Brazil. This is the guidance of the Ministry of Health, based on national and international studies that examined the risks and benefits of immunizing women in these conditions.¹⁷

Pregnant women should be immunized with doses of Coronavac and Pfizer. At the end of April, the National Immunization Program (PNI) determined that pregnant and postpartum women, up to 45 days postpartum, should be vaccinated due to the epidemiological scenario of coronavirus and an increase in maternal deaths.¹⁸

About the symptoms of the infection

Although a minority of the participants claimed to have comorbidity and this may also influence the disease clinic, in this category the participants reported on the symptoms that were presented by the new coronavirus (COVID-19), which claimed several symptoms, which were:

I felt difficulty performing routine activities, total loss of appetite, weight loss, tiredness, shortness of breath, and extreme muscle weakness. I didn't walk for days. (P1)

I had difficulty performing routine activities, dry cough, fever and body pain. (P2)

I had difficulties in performing routine activities, sinusitis, body pain, indisposition, loss of taste, loss of smell. (P3)

I had no difficulty in performing routine activities, lack of taste and smell. (P4)

I felt difficulties in performing routine activities, loss of smell, loss of taste, tiredness. (P5)

I had difficulties in performing routine activities, body pain, runny nose, headache, no taste and smell. (P6)

I felt difficulties in performing routine activities, shortness of breath, tiredness, loss of taste and smell, lack of appetite, muscle pain. (P7)

I had difficulties in performing routine activities, pain in the legs, a lot of body pain, fever, tiredness. (P8)

I had difficulties in performing routine activities, dry cough, headache, anosmia, febrile state. Mild but persistent symptoms. (P9)

I had difficulty performing routine activities, I was without taste, without smell. (P10)

COVID-19 is a disease caused by the Coronavirus SARS-CoV-2, which presents a higher risk of severity in patients with chronic diseases, such as heart diseases, diabetes, hypertension, among others. The Brazilian Ministry of Health expanded this high-risk group, adding pregnant women, puerperal women and women after abortion due to low immunity and low tolerance to hypoxia (decreased oxygen).¹⁹

The U.S. Centers for Disease Control and Prevention has added new symptoms of the new coronavirus, which may manifest between two and 14 days after exposure to the virus, including: fever, cough, dyspnea, chills, myalgia, headache, sore throat, loss of taste or smell (anosmia).²⁰

Impairments of the route of delivery and NB

The participants described in the vast majority, that regarding the delivery route there were no alterations, followed as planned. They also reported, in the vast majority, that the baby's health was not compromised after contagion of the new coronavirus.

My route of delivery did not change after Covid-19 and also did not compromise the baby. (P1)

I followed the planned birth path and my baby's health was not compromised. (P2)

I continued with the delivery route I desired and there were no compromises in my baby's health. (P3)

My route of delivery did not change after Covid-19 and did not compromise the baby's health. (P4)

I did not follow the route of delivery she wanted and had no compromises in the baby's health. (P5)

I remained with the way of delivery i intended and there were no compromises in my son's health. (P6)

I went on with the life of childbirth I wanted and my baby's health was compromised. (P7)

I continued with the life of planned delivery and had no compromises in the health of my baby. (P8)

My route of delivery has not changed and it has not compromised the baby's health either. (P9).

I remained with the desired route of delivery and my baby's health was not compromised. (P10)

The time and route of delivery, in most cases, should not be established by maternal infection by the new coronavirus SARS-CoV-2. A multidisciplinary evaluation is essential, taking into account the general condition of the patient, gestational age and fetal vitality.²¹

COVID-19 infection is not an indication to change the route of delivery. Cesarean delivery will be performed by standard obstetric recommendations, which may include acute decompensation of the mother with COVID-19 or fetal indications.²²

Complications after contagion of the new coronavirus

In this category, the participants of this study reported on the complications they developed after the contagion of the new coronavirus, revealed short and long-term complications; serious and unserious complications, as follows:

Low immunity, extreme fatigue and shortness of breath. (P1)

Vaginal bleeding at the end of pregnancy where I don't know if there are complications related to the COVID I had. (P4)

Pneumonia. (P5)

Gestational diabetes. (P7)

Leg pain. (P8)

Anemia and onstart of thrombosis. (P10)

As pregnant women have a suppressed immune system, they may have a higher risk of developing serious or critical diseases related to COVID-19, in particular pneumonia and respiratory failure.²³

Pregnancy is a condition that enables thrombosis, the formation of blood clots, a mechanism similar to that of COVID-19, which can make the disease during pregnancy more dangerous. Especially in the postpartum period, the so-called puerperium, when the body struggles to stop bleeding and return the uterus to its normal volume, prothrombotic mechanisms are fundamental.²⁴

Pregnant women and puerperum women have a higher risk of contracting serious diseases due to COVID-19 compared to non-pregnant

women, including risk of hospitalization and deaths. Furthermore, pregnant women with COVID-19 have an increased risk of preterm delivery and may have a higher risk of other adverse outcomes in pregnancy.²⁵

Final Consideration

Pregnant women constitute a group of the population with particularities, especially related to their physiological and immunological alterations. This study met the proposed objectives, describing the complications that the new coronavirus can cause during pregnancy, thus evidencing that pregnant women are more prone to infection by the new Coronavirus SARS-CoV-2.

We concluded that it is of paramount importance that health professionals, especially nursing, have knowledge of the symptoms of the new coronavirus (Covid-19), in order to prevent the worsening of the disease and intervene through guidance and referrals to the health care of pregnant women and fetuses. Therefore, this study leaves this contribution to health professionals, presenting the impairments that this infection can cause during pregnancy.

Although there is an avalanche of publications about the new coronavirus and, in particular, several studies related to pregnant women and their vulnerabilities in relation to infection; the truth is that complications don't have much to reveal. For, like other pandemics, COVID-19 still has much to show, to reveal itself throughout history. To point out here some questions that could guide new studies would be naïve on our part, because every moment that a variant appears, it instigates us to redo the information. Certainly in the near future we will have other more incisive contributions to present.

Acknowledgement

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Workers Health on the Roads- Extension Data in Goiás

A Saúde dos Trabalhadores nas Estradas- Dados da Extensão em Goiás

La salud de los trabajadores de la carretera- Datos de extensión en Goiás

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REVISA

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RESUMO

Objetivo: discorrer sobre a execução do projeto, bem como apresentar parte dos dados obtidos por meio da ação comunitária desenvolvida no Estado de Goiás em 2021, denominada: Projeto Saúde na Estrada. **Método:** trata-se de um estudo descritivo, tipo relato de experiência originado em um projeto de extensão, cujos dados coletados foram de aproximadamente 2277 participantes. **Resultados:** Os resultados deste estudo trouxeram a necessidade profunda de mudanças organizacionais, de logística e até na gestão dos serviços de saúde. Apresentaram um número significativo de pessoas que dirigem na estrada, em condições pouco saudáveis. **Conclusão:** É necessário que sejam fomentados projetos e pesquisas da parte do poder público para esses trabalhadores, que possuem pouco ou nenhum tempo para procurar uma unidade básica de saúde ou um hospital público por onde passam. As políticas de saúde hoje desenvolvidas no âmbito da promoção da saúde e da prevenção de doenças, ainda estão muito limitadas a um local, de comodidade para os que nele trabalham. A mentalidade do trabalho dentro da instituição faz parte de um processo cultural difícil de ser quebrado.

Descritores: Saúde do Trabalhador; Saúde Comunitária, Vigilância em Saúde do Trabalhador.

ABSTRACT

Objective: describe the execution of the project, as well as present part of the data obtained through the community action developed in the State of Goiás in 2021, called: Projeto Saúde na Estrada. **Method:** this is a descriptive study, experience report type originated in an extension project, whose collected data were from approximately 2277 participants. **Results:** The results of this study brought about a deep need for organizational, logistical and even management changes in health services. They showed a significant number of people driving on the road, in unhealthy conditions. **Conclusion:** It is necessary to promote projects and research by the government for these workers, who have little or no time to look for a basic health unit or a public hospital where they visit. Health policies developed today within the scope of health promotion and disease prevention are still very limited to a place of convenience for those who work there. The work mentality within the institution is part of a cultural process that is difficult to break.

Descriptors: Occupational Health; Community Health; Surveillance of the Workers Health.

RESUMEN

Objetivo: es hablar sobre la ejecución del proyecto, así como presentar parte de los datos obtenidos a través de la acción comunitaria desarrollada en el Estado de Goiás en 2021, denominada: Projeto Saúde na Estrada. **Método:** se trata de un estudio descriptivo, tipo relato de experiencia originado en un proyecto de extensión, cuyos datos recolectados fueron de aproximadamente 2277 participantes. **Resultados:** Los resultados de este estudio provocaron una profunda necesidad de cambios organizativos, logísticos e incluso de gestión en los servicios de salud. Mostraron un número significativo de personas conduciendo por la carretera, en condiciones insalubres. **Conclusión:** Es necesario impulsar proyectos e investigaciones del gobierno para estos trabajadores, que tienen poco o ningún tiempo para buscar una unidad básica de salud o un hospital público donde visitan. Las políticas de salud desarrolladas hoy en el ámbito de la promoción de la salud y la prevención de enfermedades aún están muy limitadas a un lugar de conveniencia para quienes allí laboran. La mentalidad laboral dentro de la institución es parte de un proceso cultural difícil de romper.

Descritores: Salud Laboral; Salud Pública; Vigilancia de la Salud del Trabajador.

Introduction

Since 2008, Ipiranga Produtos de Petróleo, a private oil derivatives distribution company in Brazil in partnership with Estrada Serviços, a company specialized in the transportation sector, the Health on the Road Program, whose objective is to provide quality health care for truck drivers providing them with precise guidance and guidance on their health.

Through a structure set up at ipiranga rodo rede stations, located along the main highways and transport corridors of the country, the Health on the Road Program aims to bring health, information and prevention to those who spend much of their life behind a steering wheel and do not have time to take care of themselves: "the truckdriver".

Saúde na Estrada has a structure totally designed for the care of the driver on the road, with comfortable and appropriate facilities for performing health procedures, which include several tests such as: blood pressure measurement, glucose test, Vision Tests, Body Mass Indexes, vaccines and others. Participants also receive information about safe sex, disease prevention and health promotion. Since then, year after year, the Program has been gaining increasing strength and being present on the main roads from north to south of the country.

With itinerant structure and installed in Ipiranga stations on highways throughout the country, since its first route, Saúde na Estrada has performed more than 600,000 services, of which 200,000 were truckers. There was passage in 190 different municipalities, on routes that have traveled more than 450,000 km from Brazil. In total, there are more than 1,500 events, involving more than 50,000 volunteer health professionals. The Project started in 2008, and this year it turned.¹⁴

After describing the importance of this project, it is appropriate to discuss law No. 13,103 of March 2, 2015, which provides for the exercise of the profession of driver, which is free to citizens provided that it meets the conditions and qualifications provided for by law. The occupational group to which the Law refers are drivers whose direction requires professional training and who exercise their occupation in the activities of road transport of passengers or cargo.¹

According to Silva et al, almost two million truckers are responsible for the most important means of cargo transporting in the Brazilian economy, the bus station, and have strenuous working hours.²

Despite their economic importance, truckers are often exposed to poor working conditions, including long working hours, irregular working hours, lack of rest breaks, poor road structure, thefts and traffic accidents. The effects of the aspects mentioned may be harmful to the health of these workers, particularly obesity, hypertension, diabetes mellitus, sleep disorders, stress and fatigue, which are more frequent in this occupational group in relation to the general population.³

According to Batista et al, many of the health research conducted with this professional group is limited to the biomedical perspective, examining the risk factors for diseases, and studies on the self-care behavior of truck drivers are inadequate and even little publicized.⁴

In addition to this problem, this study aimed to discuss the implementation of the project, as well as to present part of the data obtained

through the community action developed in the State of Goiás in 2021, called: Projeto Saúde na Estrada.

Method

This is a descriptive study, a type of experience report originated from an "action research", while the action was conceived in which researchers and participants representing the situation are involved in a cooperative or participatory manner.

The figures show how great the demand for the Program throughout Brazil and in many cases is the opportunity that the road professional has to take care of his health. The work is carried out with several partnerships in each municipality that is home to the event, such as: the Health Departments, the Health Courses and Highway Police of each municipality where the Program passes.

The physical structure comprises the tents of 3.0 by 4.5 meters, tables and chairs, side coverings, carpets, partitions and materials of the health area. It is prepared for various factors, such as heat or rain.

The tents are divided by examinations, with the aid of partitions and carpets. In all tents there are trash cans and towels for cleaning during the day, remembering that this year due to the pandemic by the new coronavirus the structure and materials are used so that both students, professionals and drivers had all possible security. Also, the service has a wide computer network for data collection and recording. At the entrance, a list shows drivers the service services that are offered on the day.

In 2021 the nursing course of the Planalto University Center of the Federal District - UNIPLAN formalized the partnership with Ipiranga Indústria de Petróleo for the realization of the Health on road program, held between June 23 and 28 of the current year, in the cities of Formosa, Luziânia, Guapó and Aparecida de Goiânia, and in some of these were more than one day of care.

At the time of arrival of health teams, a meeting is held where details of the Program and the service profile are explained. After that, the teams are distributed among the procedures to be performed. Participants are distributed vests and badges of the Program, in addition to the breakfast, afternoon and lunch voucher (on behest of the organization) in the restaurant of the post, as well as will be guaranteed the lodging of all students.

The Federal and State Highway Police support the Program, in addition to guidelines to drivers in the structure, also assist with an educational blitz on the highway, directing drivers to participate in the Program.

Following, the Ipiranga Industry team approaches drivers in the station yard, explaining the Program and inviting them to participate. On average, 300 drivers are served per day. Before the checks, a driver's registration is performed and he receives a card for the notes of his health data.

At the end of the action in the State of Goiás, the spreadsheets were obtained with the results recorded, without identification of the people attended and the organization and compilation of the data was made.

Results and Discussion

The results of this study show the majority of male participants, between 31 and 45 years old, followed by men between 46 and 59 years of age. Among the data collected regarding the health of truck drivers follows analysis and discussion as follows:

Figure 1 - Total number of men's and women's blood pressure and blood glucose. Goias, 2021.

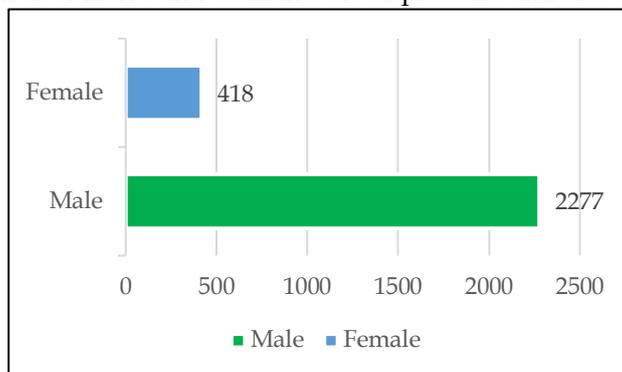
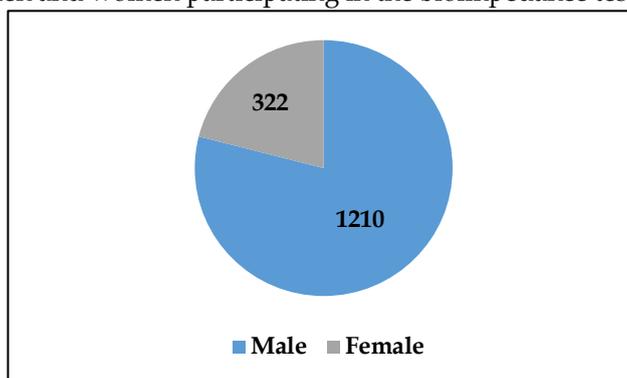
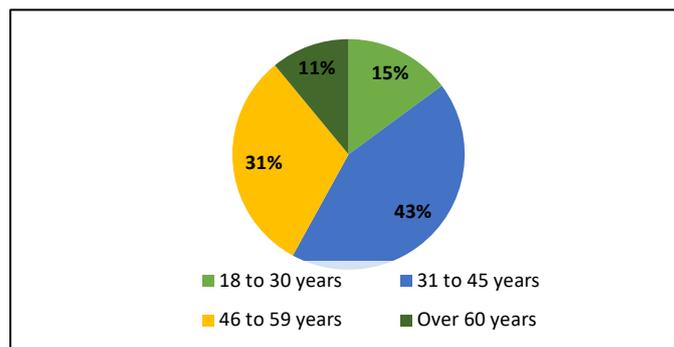


Figure 2 - Men and women participating in the bioimpedance test. Goias, 2021.



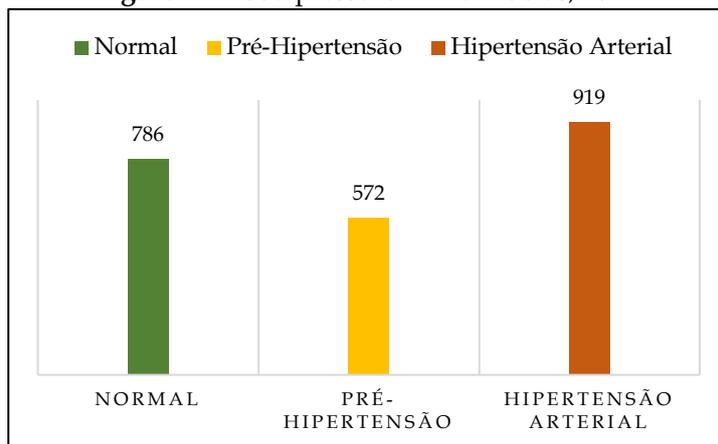
Truck drivers are predominantly men who make long, uninterrupted journeys to meet the delivery times set by the companies for which they work. Therefore, it is common for them to work long shifts to achieve their goals, and this can put their health in danger. The truckers' work and health aspects found that this occupation can trigger the emergence of several health problems associated with constant exposure to physical and ergonomic risk factors, besides contributing to the development of harmful habits to stay awake.⁵

Figure 3 - Age group of male participants who underwent blood pressure and blood glucose. Goias, 2021.



Regarding men's blood pressure, the following data were obtained:

Figure 4 - Blood pressure in Men. Goiás, 2021.



Of the total of 919 diagnosed with hypertension, 355 examined are between 46 and 59 years old, which corresponds to 38.63% of the total. Then, the age group from 31 to 45 years presented 327 people with hypertension, estimated at 35.58%. The age group between 18 and 30 years had 94 hypertensive men, which corresponds to 10.23%, and the elderly had 15.23% of the total hypertensive patients (143 of the total number of men).

In relation to the 572 examined with alteration in BP, 272 examined correspond to the age group from 31 to 45 years (47.55%), followed by 156 interviewees aged 46 to 59 years (27.27%). Of the younger ones, from 18 to 30 years old, 104 had BP alterations (18.36%), and 40 of the elderly presented (6.99%).

Hypertension is defined as systolic blood pressure greater than or equal to 140 mmHg and diastolic blood pressure greater than or equal to 90 mmHg in people who do not use antihypertensive drugs. In addition to blood pressure values, the overall cardiovascular risk, estimated from the presence of risk factors, presence of target organ lesions and associated comorbidities, should be taken into account in the diagnosis of SAH.⁶

In younger age groups, blood pressure is higher in men, while the increase in pressure per decade is higher in women. For example, in the sixth decade of life in women, blood pressure is usually higher and the prevalence of AH is higher. In both sexes, the incidence of AH increases with age, reaching 61.5% and 68.0% in the group aged 65 years or more, for men and women, respectively.⁷

Systemic arterial hypertension is the most common cardiovascular disease. It is also the main risk factor for the most common complications, such as stroke and acute myocardial infarction and chronic end-stage kidney disease. Because it is asymptomatic in most of its development, its diagnosis and treatment are often neglected, in addition to the patient's poor treatment of the prescribed treatment, the main factors that lead to inefficient control of SAH at the levels considered. In the course of developments around the world, despite the various existing protocols and recommendations and improved access to medicinal products.⁶

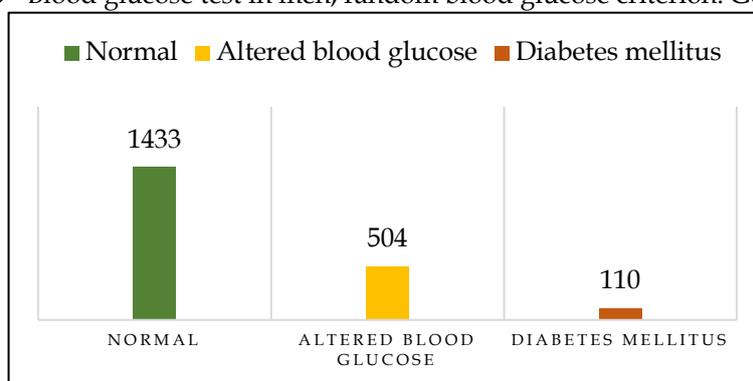
In addition, according to Barroso et al, SAH has a significant impact on the medical and socioeconomic costs of fatal and non-fatal complications in target organs, such as: heart: coronary artery disease (CHD), heart failure (HF), atrial

fibrillation (AF), and sudden death; Brain: ischemic (VAS) or hemorrhagic stroke (stroke), dementia; Kidneys: CKD that may evolve to need dialysis therapy; and arterial system: peripheral arterial disease (PAD).⁷

According to Moraes et al, the treatment is due to weight control, since obesity is associated with increased risk of AH. There are several dietary suggestions to prevent AH that also help control patients with hypertension and contribute to overall health. Excessive sodium intake is one of the most important modifiable risk factors for the prevention and control of AH and cardiovascular diseases, and sodium restriction has shown antihypertensive effect in many studies. Sedentary lifestyle is also a risk factor for the prevalence of Cases of AH.⁸

In the blood glucose tests performed in the total number of patients examined, the following data were recorded:

Figure 5 - Blood glucose test in men, random blood glucose criterion. Goias, 2021.



Of the total of 504 with altered blood glucose, 192 examined are between 46 and 59 years old, which corresponds to 38.1% of the total. With approximate values, the age group from 31 to 45 years presented 188 people with hypertension, estimated at 37.3%. The age group above 60 years had 84 diagnosed (16.67%) and young people aged 18 to 30 years had 7.94%, which corresponds to a total of 40 people.

The majority of those diagnosed with Diabetes mellitus were between 46 and 59 years old, with 60 diagnosed (54.55%), followed by men over 60 years of age, with 28 diagnosed (25.45%), 20 men aged between 31 and 45 years were diagnosed with DM (18.18%) and only two men (1.82%) from 18 to 30 years had results above normal levels.

Diabetes Mellitus type 2

According to the Ministry of Health, the expression "diabetes mellitus" (DM) denotes a heterogeneous-based metabolic disorder indicated by hyperglycemia and changes in the metabolism of carbohydrates, proteins and fats arising from defects in insulin secretion and/or action.⁹

Among chronic non-communicable diseases (NCDs), type 2 diabetes mellitus is considered an epidemic and accounts for about 90% of all cases of diabetes. It is estimated that in 2010 there were 285 million people over the age of 20 living with diabetes worldwide and that the number could reach 439 million by 2030. It is also believed that about 50% of diabetics do not know they have the disease.¹⁰

According to Moraes et al, Brazil is the fourth largest country with the most cases of the disease in adults in the world (14.3 million people). In 2015 alone, there were 130,700 deaths from DM2. A 2013 household survey in the country on the incidence of DM found that the prevalence of self-reported disease was 6.2%, with a higher proportion among women and residents in urban areas.⁸

According to Barroso et al, Diabetes mellitus can be diagnosed by the following criteria: fasting plasma glycemia of > 126 mg/dL; glycated hemoglobin $> 6.5\%$, measured by high performance liquid chromatography (HPLC); or, blood glucose > 200 mg/dL, after 2 h of oral glucose overload in oral tolerance test or random glycemia.⁷

Type 2 DM tends to have a gradual onset and milder symptoms. It usually manifests in adults with a history of obesity and a family history of type 2 DM. The term "type 2" is used to denote a relative insulin deficiency, i.e., a state of resistance to the effects of Insulin associated with a defect in its secretion that is less intense than in type 1 diabetes. Once diagnosed, type 2 can develop for many years before insulin is needed for control. Its use, in these cases, does not aim to avoid ketoacidosis, but to achieve control of hyperglycemic condition.⁹

The Ministry of Health also predicts that the characteristic signs and symptoms of diabetes are the "four Ps": polyuria, polydipsia, polyphagia and unexplained weight loss. Although they may be present in type 2 DM, these symptoms are more acute in type 1 and may lead to ketosis, dehydration, and metabolic acidosis, especially with acute stress. More vague symptoms, such as itching, blurred vision, and fatigue, may also occur. The onset of type 2 DM is gradual and the person usually shows no symptoms. It is not uncommon to suspect a late complication such as proteinuria, retinopathy, peripheral neuropathy, arteriosclerotic disease, or recurrent infections.⁹

Glycated hemoglobin A (hemoglobin A1c) stands out as the standard test for glycemic control evaluation. There is ample evidence that good blood glucose control and other risk factors, such as obesity, sedentary lifestyle and hypercaloric diet, prevent acute and chronic complications of the disease.⁸

The treatment of type 2 diabetes mellitus (DM) consists in the adoption of healthy lifestyle habits, such as balanced diet, regular physical activity, moderate alcohol consumption and smoking cessation with or without drug treatment. A healthy lifestyle is the cornerstone of diabetes treatment and is key to controlling blood sugar levels as well as controlling other risk factors for cardiovascular disease.⁶

In the BMI test performed in a total of 1532 examined, the following data were recorded: 387 have BMI less than $25\text{kg}/\text{m}^2$, that is, within normal limits; 597 had BMI between 25 and $29.9\text{kg}/\text{m}^2$, which characterizes overweight; 548 had BMI equal to or greater than $30\text{kg}/\text{m}^2$, which means obesity.

In the BMI test performed in a total of 1210 men, 277 are within normal weight, 472 are overweight and 461 were obese. Of the total number of men, 208 presented a degree of obesity within the normal range, which is between 90 and 109; 999 presented a higher degree of obesity than the bioimpedance scale parameter - grade of Obesity is the relationship between current weight and ideal weight, which is a value greater than 110.¹¹ Of the total men, 1093 are overweight and 117 are at normal weight.

Obesity

Obesity has a multifactorial origin and is quite common in Brazil, and eating habits may reflect psychological conflicts that directly affect care practices, especially diet and physical activity.¹²

According to the Ministry of Health, obesity in most cases is caused by an energy imbalance when a person uses more energy than they spend. This positive energy imbalance leads to weight gain. There are several methods to assess whether a person is overweight. In practice and for evaluation at the population level, the use of body mass index (BMI) is recommended because it is easy to measure and because it is a noninvasive and low-cost measure. In addition to weight classification, BMI is also an indicator of health risks and is related to various metabolic complications.¹³

Unhealthy eating and insufficient physical activity are the main risk factors for obesity. Indicators that measure the frequency of physical activity both at leisure and at work, as well as sedentary lifestyle are important in assessing people's lifestyle.¹⁴

Identification and admission of overweight/obese people Active search, spontaneous need, programmed need: Normal: BMI <25 kg/m²: Food and nutritional surveillance; Actions to promote adequate and healthy eating and physical activity. Overweight: BMI from 25 to 29.9 kg/m²: Food and nutritional surveillance; Actions to promote adequate and healthy eating and physical activity; Action plan to return to normal BMI. Obesity: BMI from 30 to 40 kg/m² with and without comorbidities: Food and nutritional surveillance; Guidance on adequate and healthy eating and physical activity; Prescription: Dietary; Behavioral therapy; Pharmacotherapy.¹²

For the treatment of cases of obesity (BMI from 30 kg/m² to 40 kg/m²), with or without comorbidities, a wider range of therapies is required. Reference teams should assess needs and, if necessary, organize the offer for these people. It may be behavioral therapy and pharmacotherapy in primary care. Group activities should also be offered to these individuals to promote adequate and healthy eating and physical activity, but taking into account the need for a specific group for overweight individuals to feel more welcome in a group with the same characteristics.¹⁵

Conclusion

Public health plays a fundamental role in monitoring and attentioning these comorbidities that affect road workers. This experience report, the results of which were obtained through the Road Health Project, made by Rodo Rede do Posto Ipiranga. Although the network has conducted public-private partnerships, such as vaccination and lectures given by the Federal Highway Police, the government has carried out a very discreet work in relation to the meaning that this type of project has for the community, for health workers, as well as for those who participate in it making the care.

Projects and research need to be promoted by the government to these workers, who have little or no time to seek a basic health unit or a public hospital through which they pass.

The health policies currently developed in the field of health promotion and disease prevention are still very limited to a place of convenience for those who work there. The mentality of work within the institution is part of a cultural process that is difficult to break.

The results of this study brought the profound need for organizational changes, logistics and even in the management of health services. They had a significant number of people driving on the road in unhealthy conditions. They are people who devoid of knowledge and time leave self-care always to the third plane. Also regarding the results is the praise to those who carry out projects of this large, like this Project, many others could be developed in the most diverse forms of execution.

And finally, there is gratitude for the opportunity that health courses have on the occasion of the project in their regions. For the experience achieved in each project and for the skills developed during academic training.

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The Knowledge about the Heimlich Manuver by mothers on the Facebook social network

O conhecimento a respeito da Manobra de Heimlich por mães da rede social Facebook

El conocimiento de la Maniobra de Heimlich por parte de las madres en la red social Facebook

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REVISA

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RESUMO

Objetivo: analisar o conhecimento a respeito da Manobra de Heimlich por mães da rede social Facebook, tendo como problema de pesquisa o seguinte questionamento: "Durante o pré-natal na rede pública a mãe recebeu orientações sobre a manobra de Heimlich? Que conhecimento as mães tem sobre a manobra de Heimlich." **Método:** Foi utilizada a abordagem qualitativa e método descritivo para este estudo, seguindo os pressupostos de Ludke e André (1986). **Resultados:** Foram entrevistadas 7 mulheres com idade entre 23 e 40 anos que responderam os questionamentos a respeito da Manobra de Heimlich no pré-natal e falaram sobre seus conhecimentos prévios a respeito do tema. **Conclusão:** As entrevistas realizadas revelam que as mulheres possuem conhecimento superficial a respeito da Manobra de Heimlich, no entanto esse conhecimento não foi obtido em seu pré-natal, mas sim por conta própria ou por necessidade.

Descritores: Engasgo; Manobra De Heimlich; Pré-Natal.

ABSTRACT

Objective: to analyze the knowledge about the Heimlich Maneuver by mothers of the social network Facebook, having as research problem the following question: "During prenatal care in the public network the mother received guidance on the Heimlich maneuver? What knowledge do mothers have about the Heimlich maneuver." **Method:** The qualitative approach and descriptive method for this study were used, following the assumptions of Ludke and André (2008). **Results:** We interviewed 7 women aged between 23 and 40 years old who answered the questions about the Heimlich Maneuver in prenatal care and talked about their previous knowledge about the subject. **Conclusion:** The interviews revealed that women have superficial knowledge about the Heimlich Maneuver, however this knowledge was not obtained in their prenatal care, but rather on their own or by necessity.

Descriptors: Choking; Heimlich Maneuver; Prenatal.

RESUMEN

Objetivo: analizar el conocimiento sobre la Maniobra de Heimlich por parte de las madres de la red social Facebook, teniendo como problema de investigación la siguiente pregunta: "¿Durante la atención prenatal en la red pública la madre recibió orientación sobre la maniobra de Heimlich? ¿Qué conocimiento tienen las madres sobre la maniobra de Heimlich?" **Método:** Se utilizó el enfoque cualitativo y el método descriptivo para este estudio, siguiendo los supuestos de Ludke y André (2008). **Resultados:** Entrevistamos a 7 mujeres de entre 23 y 40 años que respondieron a las preguntas sobre la Maniobra de Heimlich en la atención prenatal y hablaron sobre sus conocimientos previos sobre el tema. **Conclusión:** Las entrevistas revelaron que las mujeres tienen conocimientos superficiales sobre la Maniobra de Heimlich, sin embargo este conocimiento no se obtuvo en su atención prenatal, sino por su cuenta o por necesidad.

Descriptores: Atragantamiento; Manobra De Heimlich; Prenatal.

Introduction

Choking originates from choking and is defined by the School Minidicionário Portuguese of ciranda cultural¹ as the obstruction of the throat by some foreign body. Also, according to the Ministry of Health², choking is a manifestation of the body when some food or object takes an unexpected path during the act of swallowing.

The human body has a structure called epiglottis, located at the top of the larynx, this structure when breathing opens so that the air enter the lungs and closes when something is swallowed, so that the passage to the lungs is blocked and the food is directed towards the stomach, but when a failure occurs in the closure of the epiglottis, the food ends up going into the path of the lungs and choking occurs as an attempt to expel what is preventing the air from entering the lungs.²

In Brazil, according to data from the Department of Informatics of the Brazilian Unified Health System³, in 2019 there were 176 deaths of children under 5 years of age due to inhalation and ingestion of food causing respiratory tract obstruction (ICD-10) and inhalation and ingestion of other objects causing respiratory tract obstruction (ICD-10) and inhalation and ingestion of other objects causing respiratory tract obstruction (ICD-10 w80). According to the Military Fire Department⁴, in cases of choking, it is essential to remain calm, activate the fire department, and start performing first aid to avoid major injuries, and as a pre-hospital method of first aid recommend the performance of the Heimlich maneuver.

The Heimlich maneuver is an emergency method used to remove something that is trapped in a person's throat and that is preventing their breathing, the maneuver is performed by placing a sudden pressure on the stomach of the person to help expel what has been ingested.⁵

Currently in the Federal District, the Heimlich maneuver had its teaching mandatory, according to Law No. 6,355, of August 7, 2019, which "provides for the mandatory Heimlich Maneuvercourse in prenatal care for pregnant women in the public and private hospital network in the Federal District".⁶

In view of the above, this study proposes the following research question: During prenatal care in the public health system, the pregnant woman received guidance on the Heimlich maneuver? What knowledge do mothers have about the Heimlich maneuver?

The aim of this study was to describe the knowledge of the Heimlich Maneuver by mothers who had prenatal care in the public health network in the Federal District.

This study becomes relevant, because it may collect relevant data, to alert the manager of the basic health unit regarding compliance with Law No. 6,355 of August 7, 2019, and how the parents know about the Heimlich maneuver.

You can avoid future deaths by choking, by making sure that the maneuver is being taught in the best way.

And finally, it may stimulate further research in the area regarding the Heimlich Maneuver.

Method

This study followed Ludke and André's assumptions, through a qualitative approach and descriptive method.

Following resolution No. 510 of April 7, 2016, which deals with ethical specificities in human and social research, this research ensured respect for the interviewees, in their dignity and autonomy, protection of research participants with guarantee of anonymity and confidentiality, respect for cultural, social, moral, religious and ethical values, individual and other provisions contained in the resolutions.

The place for this study was the social network Facebook, in a group called "MOTHERS FRIENDS QNL, QNJ, M NORTE AND TOP LIFE", with the participation of mothers of children up to 02 years, who have already experienced one or more experiences of motherhood. Released in 2004, Facebook is an online social network where it is possible to share photos and videos on a variety of other social networks.

The profile called "MOTHERS FRIENDS QNL, QNJ, M NORTE AND TOP LIFE" was created on Facebook on December 14, 2014, as a group in which all interested users access all available content. The group's purpose is to offer issues related to the day-to-day life of mothers, women who wish to share their life experiences to contribute and support other women, who have experienced the same moment.

After accepting to participate in the research, the women were able to choose a more convenient date and time for data collection. The participants were also presented with the Free and Informed Consent Form (TCLE), so that they can sign authorization for the collection, dissemination and publication of data, as well as the authorization term for the use of sound and image. Remembering that they received fictitious names of stars chosen by them, with the purpose of preserving the ethical criteria of the research.

For participation in the research, women met the following inclusion criteria: being part of the virtual group; enjoy full mental health; 18 (eighteen) years of age or older; be willing to participate in the research; have undergone one or more pregnancies from 7 August 2019 and who has performed prenatal care in the public health system and has signed the TCLE. The following was used as exclusion criteria: not being part of the virtual group; not enjoy full mental health; have no pregnancy history from August 7, 2019 and have not done prenatal care in the public network and have not signed the TCLE.

No exclusion factor was any criterion related to race, religion, culture, belief, economic factor or sexual option.

The interview was conducted through a virtual Zoom Cloud Meetings meeting, where it was recorded and later, transcribed in a reliable manner for analysis. It was collected as a questionnaire of 08 discursive questions. Seventy interviews were conducted, in which the criterion of closing data collection was their saturation, as used in qualitative research. After the transcript of the interview the recording was deleted and the transcriptive of it will be saved by the researchers for up to 05 years, where after this period the data will be incinerated.

The administrator was asked to authorise the research in the group and the project was subsequently forwarded to the Ethics and Research Committee

(CEP). After the authorization of the CEP issued in the opinion embodied in nº5.189.663, the research was initiated, where the participants were invited by the researchers to participate in the research, through an invitation with a brief explanation about the objective of the research.

Results and Discussion

The results for this study were found through interviews with 07 women who received the fictitious name of "stars", to preserve anonymity, as described in the following profile.

Table 1- Profile of the women interviewed.

Identification	Age	Profession	Education Level	Number of children
ANTARES	26 years	Confectioner and home	Complete higher education	2
ATRIA	23 years	Student	Higher education attending	1
CADENTE	22 years	Office assistant	Complete higher education	1
DALVA	29 years	Monitors	Higher education attending	2
POLARIS	25 years	Administrative assistant	Higher education attending	2
SIRIUS	36 years	Frame and visual artist	Higher education attending	2
SOL	40 years	Lawyer	Complete higher education	2

For analysis of the collected data, the results were divided into 08 categories that were described immediately below. All data obtained were transcribed in a reliable manner, always respecting the anonymity of the women.

Reaction in case of possible choking at home

In this category, the participants reported how they would act or act in a choking situation with their children, in which most report similar reactions and briefly describe how they would disengage the child, as reported below:

Well, my mother taught me that when choking is to squeeze his stomach very slowly that he puts out, then I had an appointment at the post with the pediatrician and they only taught me to put him tilted forward, are the two ways that taught me to unwrap it (CADENTE)

You weren't going to turn your head down, were you? I don't know the slope exactly, but I know it tilts its head down a bit and as it is baby hits the back pushing forward (DALVA)

[...] So about that I had already studied enough [...] I know how to perform the maneuver. So I think i would keep calm, because it's right, because if you get fused you can't think about what you're going to do, so I'd keep calm, my boyfriend is a fireman so I'd talk to him [...] (ATRIA)

So my oldest daughter's already choked, huh? Very serious, with a lollipop and i was choking as a baby with breast milk, and so the first thing I did was blow and put on my back and hit the back, I know that this thing of blowing may not solve much, but it's a thing of my family, we end up learning and taking (SIRIUS)

So I think first I'd be pretty desperate, then I'd try to do the thing of disgassing, putting it face down and hitting the middle of the back (POLARIS)

[...] I did the maneuver in 3 situations, one with my oldest 4 years, he choked on milk, breastfeeding, was desperate, luck is that in the course of mothers (performed in private institution) talked about the maneuver [...]. I told him I was never going to make it, by the time he choked on milk, at the time he came here and I managed to perform. In fact, there were 4 situations [...]. Then went with my little one in two situations, one was in food initiation [...] and the other (time) two weeks ago he was eating a bullet, a ments, my 1 year and 9 months and choked, but then I was already on automatic because once you do pass the scare. More so, the notion I have, I know how to do, but I do not know how to measure strength, so it's basically a blow, it always worked, but I do not know i perform correctly (SUN)

[..] I did when I won my first daughter, she choked on saliva and with a little milk, the first reaction I had was to turn her and do the technique That I forgot the name, we get desperate inside, but if we get desperate we do not solve anything, then first I did and left to be desperate after [...] (ANTARES)

It is possible to identify through the interviewees' statements the insecurity to put into practice the Heimlich Maneuver, according to Assis and Santos⁸ unknown situations usually trigger tensions and stresses, in addition to this factor, the study of first aid usually occurs superficially and generates insecurity.⁹

In addition to insecurity it is possible to notice cultural influence in the way of acting. According to Leite and Vasconcellos¹⁰, culture and customs influence care related to children's health, usually the process of choosing how to act is due to a process of "making sense" for the individual that is based on cultural knowledge and habits.

As in the study of Nascibem and Vivero¹¹ that reports that the knowledge of a given population was passed down from generation to generation and suffered influence from culture and religion, so it is possible to notice in the interviewees' statements that report that some attitudes they took came as teaching of their family. This is because the family is the main socialization agent that shapes children/adults through their beliefs and experiences.¹²

Questioning about witnessing some choking situation

In this category, the women interviewed were able to report whether they had ever witnessed any choking situation with a child. Some interviewees reported that they never witnessed and others reported that they witnessed with their own children, in addition many reported their reaction when the choking situation occurred, as reported below:

The first time he choked, I got desperate, I didn't even know he was choking, I went to know when he put it out by the nose (TOOTH)
No (DALVA)
No, I've never seen it. Not with child (ATRIA)
I've seen it, but I didn't exactly know what to do, but when my daughter choked more seriously, she was 2 years old and I was in doubt if she did the same maneuver with the baby or if she was already doing with her in a small place (SIRIUS)
Yes, with my first daughter, I was a first-time mother and did not know what to do, so my youngest daughter choked and my mother helped me, after that I went to research how I did to unwrap a child (POLARIS)
The first time I did It I went into despair, until I reasoned. The first time recognizing that the child choked is very difficult [...]. In the second (time) [...] although the child already spoke, I went to make desperate already crying [...], then when it stopped, then I started crying [...], but the last one was very quiet, I saw it quickly and i had no change of animo [...] (SUN)
[...] with my first daughter in motherhood yet, and I even knew what to do [...] (ANTARES)

The occurrence of choking caused by foreign bodies is very common, and the incidence is significant in children.¹³ According to Costa et al.¹⁴, between 2009 and 2019 the aspiration of foreign bodies in Brazil ranked third on the list of accidents with death among children aged 0 to 9 years, in which the average number of deaths from choking in those years was 195.27 and the main cause of choking was ingestion and food.

Knowledge about what the heimich maneuver is for

In this category, the interviewees were asked if they knew what the Heimlich Maneuver was for, in which only one of the interviewees reported not knowing what it was for, how to be seen below:

No (CADENTE)
To degass (DALVA)
[...] So, about that I had already studied a lot (about the disemplant maneuver) [...]. It's for disamen. (ATRIA)
[...] my youngest daughter choked and my mother helped me, after that I went to research how I did to unwrap a child [...]. I do know (SIRIUS)
I do know (POLARIS)
Yes, I do. [...] after the first time (of the occurrence of a choking) I gave a read in some articles on google academic to see if held right [...] (SUN)
I know, to unwrap, I had already researched (ANTARES)

The fact that most participants know the technique for disemplanting can be found by the factor mentioned by three participants, who mention having

conducted research on the maneuver. Today we live in a time of ease of information at hand, never before imagined in terms of fast, unlimited and efficient access.¹⁵

Knowledge about the execution of the heimlich maneuver

In this category, the women interviewed reported that they know how to perform the Heimlich Maneuver, in which the vast majority report that they know how to perform, but do not know if they perform in the correct way. The answers about knowing how to perform the maneuver were:

I don't know (CADENTE)
Exactly not, just from above, as I had explained, I had already researched about (DALVA)
I know, because as I'm already a student in the area (ATRIA)
I know, but I don't know how it is in practice, because I've never put it into practice (SIRIUS)
I know, put the child face down on the leg, put his hand in her mouth to leave open and gives about 3 beats in the middle of the child's back (POLARIS)
So the notion I have, I know how to do, but I do not know how to measure strength, so it's basically a blow, always worked, but I do not know performing correctly (SOL)
I know how to run (ANTARES)

As in the study by Silva et al.¹⁶, the participants already had knowledge about the Heimlich Maneuver, but had doubts about details of how to perform it. In this sense, it can be evidenced, as in the study by Carvalho et al.¹⁷ it is important that educational actions for the population use theoretical-practical methodologies for their greater efficiency.

The teaching of the heimlich maneuver in prenatal care

This category deals with the teaching of the Heimlich Maneuver in prenatal care. The women were asked if they had already received any training or conversation about the maneuver, however all interviewees reported that they never received such teaching in their prenatal care or after the birth of their children, as reported below:

Nothing, nothing about it was taught, nor when I was in the maternity ward (SHOOTING)
Not taught (DALVA)
Have not taught, and I think this is not very common to speak [...] (ATRIA)
No, they never taught, nothing (SIRIUS)
No, they never taught, even because the consultations. My doctor always talked to me during consultations s were very generalist [...] all consultations were summing up in grief, check height, these things (POLARIS)
They did not say anything, it was only in the course of pregnant women that I did (held in a private institution), and after the first time (of the occurrence of a choking) I read in some articles in google academic to see if performed right, if there was any possibility of hurting the child

during the maneuver [...] and this was a doubt That I took more or less in google [...] (SUN)
No, this technique and maneuver did not teach [...]. Not even the prenatal meetings scheduled for me (ANTARES)

Contrary to what is required in Law No. 6,355 of August 7, 2019, which requires the teaching of the Heimlich Maneuver in the prenatal care of pregnant women⁶, none of the interviewees reports such teaching during their prenatal care, and according to Farinha, Rivas and Soccol¹⁸, only by expanding the knowledge and practice of the Heimlich Maneuver, it is possible to reduce deaths due to lack of management of the situation.

This result may be due to the lack of knowledge of pregnant women about what should be addressed in prenatal care, according to the study by Mendoza-Sassi et al.¹⁹, the knowledge that some women have about prenatal care is poor and unequal in terms of the components, many know the minimum number of consultations, but do not know for sure what it addresses.

Women's opinion about the importance of teaching the heimich maneuver in prenatal care

In this category, the interviewees gave their opinion on the importance of teaching the Heimlich Maneuver and highlighted important points about teaching in their views, according to the reports below:

[...] I think it should not only be spoken, but the practice could also help [...], in practice it is much better, because we are doing and not only seeing (CADENTE)

Yes, it would be very important, knowledge is everything (DALVA)

[...] it would be a thing to be taught mainly when going to talk about food introduction, because it is the time that has more choking [...] many children choke on it (food introduction) and many people do not know what it does, so I think it would be very important to teach this (ATRIA)

[...] something basic to be taught, child chokes a lot [...] even at the time of food introduction [...]. This should be taught even to teachers in children's schools (SIRIUS)

Yes, even because many mothers do not know what to do, especially first-time and end up leaving desperate in the street and sometimes are lucky enough to find a policeman a fireman who can help (POLARIS)

A lot, a lot. [...] get out of there (from the hospital) with a better notion that you won't hurt your child, that you can save, take some action if it's a more serious case until the help arrives, I think it's essential. [...] these issues that come in the postpartum, are extremely little addressed [...] when you find yourself in a situation of need and try to inform yourself about it information also and sparse, you do not have an objective material [...]. You go online and put a doll on YouTube and the person knocking. You're not hitting a dummy, you're hitting your son, there's a very big emotional issue there behind [...] (SUN)

For sure, because before you get the fireman if you can relieve even better, because the lack of oxygenation can harm your baby, so if you already manage to do the maneuver of disfigurement while the fireman does not arrive, even better [...] (ANTARES)

In agreement with the interviewees' statements, and the study by Maciel, Mendes and Pontes²⁰ the choking can occur suddenly and the rapid action will determine the result of life or death, recovery or disability in the life of this child. In addition, the Heimlich Maneuver is a simple procedure, its teaching through a tool facilitating health education such as games and videos, occupies only a few minutes more of the nursing team and can still save lives.²¹

The knowledge about the law that makes it mandatory to teach the maneuver in prenatal care in the Federal District

In this category, the women answered the question regarding the knowledge of Law No. 6,355 of August 6, 2019, which made the teaching of the Heimlich Maneuver mandatory in all prenatal care of the Federal District. All women interviewed reported not having knowledge and regretted the law not having put into practice, as reported below:

No, I had no idea, they didn't [...]. I think it should even be taught in the maternity when we are hospitalized because there they teach everything, the breast handle to suck, teach everything, only that they do not teach [...] (SHOOTING)

I didn't know, and I didn't know it, even though I was pregnant in 2020 (DALVA)

No, people who are crazy, I didn't know. I think it's very little widespread (ATRIA)

I didn't know and had no idea, but what a wonder, I'm super happy, it was already passing the time (SIRIUS)

I didn't know, and yet it wasn't taught, it's something that takes very little and makes a big difference. I find it interesting to teach in motherhood when they talk about breastfeeding, so they could talk in case of choking at the time of breastfeeding you can do such a thing (POLARIS)

I didn't know [...] I tell you that when I was pregnant at no time did they tell me about it. It is a knowledge that if I had not had the previous situation (of a choked son), I would continue without having it. And it's a situation that you think is silly until it appears on your lap [...] (SUN)

Serious? I didn't know and I didn't. For you see that to this day has a lot of choking that mothers do not do this maneuver [...] (ANTARES)

Given the statements of the participants, it is possible to notice the lack of knowledge about their rights, according to Choucino, Machado and Silva²², the lack of knowledge of personal rights is still present in the lives of citizens, and can be caused by the large amount of daily information that the Internet offers or by the difficulty of understanding.

Knowledge of choking experiences with other families

In this category, the women reported whether they were aware of choking cases that happened to other families. In this category only two women reported having knowledge of other cases of choking, as described below:

No, so my generation is having a child now. I do not remember anyone having commented with me (CADENTE)

No, I don't know (DALVA)

No (ATRIA)

No, I don't know (SIRIUS)

I know, a relative of mine choked and his mother did what was faster put his hand in his mouth and pulled what was in the throat (POLARIS)

No (SOL)

Yes, the son of a friend, but she managed to unwrap him, for I had taught her (ANTARES)

Although only two interviewees knew other cases of children who choked and needed help, the study by Gonçalves et al.²³, which reviewed 3,612 emergency medical visits involving children, registered in 2016, points out in 3rd place, of the most common types of accidents, which involve foreign bodies (ingestion, aspiration and placement of foreign bodies in the ear).

Final Considerations

During this study, we tried to understand how the knowledge about the Heimlich Maneuver is going by mothers of the social network Facebook, in which the interviewees were asked if they received guidance on the subject in their prenatal care and their level of knowledge on the subject.

Based on the information obtained, it can be concluded that, despite having become law the teaching of the Heimlich Maneuver in the prenatal of the Federal District since August 2019, this requirement has not been put into practice, in which it was evidenced women who never had in their prenatal guidelines on this subject and who think of paramount importance their teaching and training in a more real way. Although the Heimlich Maneuver was never addressed in the prenatal of the interviewees, many had superficial knowledge about how the maneuver is performed, and this fact can be due to the curiosity and need of women to understand about the subject.

With the information collected, one can reach the objective proposed in the study that was to analyze the knowledge about the Heimlich Maneuver by mothers of the social network Facebook, one can also open the following questions: the law that makes it mandatory to teach the Heimlich Maneuver was not put into practice due to the pandemic? is the high level of education of women a factor that led them to be aware of the subject?

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Strategic planning of hospital morbidities in the municipality of Caiapônia - Goiás

Planejamento estratégico das morbidades hospitalares do município de Caiapônia - Goiás

Planificación estratégica de morbilidades hospitalarias en el municipio de Caiapônia - Goiás

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RESUMO

Objetivo: Analisar as internações hospitalares no município de Caiapônia, Goiás e apresentar um planejamento estratégico para uma determinada equipe da Estratégia Saúde da Família visando à redução das internações hospitalares por agravos evitáveis. **Método:** Esta é uma pesquisa de abordagem quantitativa, do tipo descritivo e transversal que utilizou dados do Sistema de Informações Hospitalares do DATASUS para listar os principais problemas de saúde do município que conduziram as inúmeras internações hospitalares no ano de 2018. Utilizaram a metodologia TUC para definir o problema prioritário e realizar o planejamento estratégico. **Resultados:** 249 pessoas internaram no município de Caiapônia no ano de 2018 por doenças infecciosas e parasitárias, as doenças do aparelho respiratório, as doenças do aparelho digestivo, doenças do aparelho geniturinário, gravidez, parto e puerpério, doenças do sistema nervoso, doenças endócrinas, nutricionais e metabólicas e neoplasias, doenças da pele e doenças mentais e comportamentais. Notou-se que a rede causal das internações se repetia nas três principais doenças. Os pesquisadores decidiram focar nas inúmeras internações por doenças infecciosas e parasitárias e traçar estratégias para redução dessas internações no próximo ano. **Conclusão:** O elevado número de internações hospitalares para um município pequeno pode ser um resultado de deficiência no serviço da atenção básica. As possíveis causas são: falta de priorização do gestor na atenção básica, concentrando no modelo hospitalocêntrico; falta de compreensão por parte da secretaria municipal de saúde da importância da atenção básica nas ações de promoção e prevenção e rotatividade de médicos em determinadas equipes de Atenção Básica por um período considerável.

Descritores: Estratégia saúde da família; planejamento estratégico; Doenças transmissíveis

ABSTRACT

Objective: To analyze hospital admissions in the municipality of Caiapônia, Goiás and to present a strategic planning for a certain team of the Family Health Strategy aiming at reducing hospital admissions due to preventable injuries. **Method:** This is a quantitative, descriptive and cross-sectional research that used data from the DATASUS Hospital Information System to list the main health problems of the municipality that led to the numerous hospital admissions in 2018. They used the TUC methodology to define the priority problem and carry out strategic planning. **Results:** 249 people were hospitalized in the city of Caiapônia in 2018 for infectious and parasitic diseases, diseases of the respiratory system, diseases of the digestive tract, diseases of the genitourinary system, pregnancy, childbirth and puerperium, diseases of the nervous system, endocrine, nutritional and metabolic diseases and neoplasms, skin diseases and mental and behavioral diseases. It was noticed that the causal network of hospitalizations was repeated in the three main diseases. The researchers decided to focus on the numerous hospitalizations for infectious and parasitic diseases and outline strategies to reduce these hospitalizations next year. **Conclusion:** The high number of hospital admissions to a small municipality may be a result of deficiency in the primary care service. The possible causes are: lack of prioritization of the manager in primary care, focusing on the hospital-centered model; lack of understanding on the part of the municipal health department of the importance of primary care in the actions of promotion and prevention and turnover of physicians in certain primary care teams for a considerable period.

Descriptors: Family health strategy; Strategic planning; Communicable diseases.

RESUMEN

Objetivo: analizar los ingresos hospitalarios en el municipio de Caiapônia, Goiás y presentar una planificación estratégica para un determinado equipo de la Estrategia de Salud de la Familia con el objetivo de reducir los ingresos hospitalarios por lesiones prevenibles. **Método:** Se trata de una investigación cuantitativa, descriptiva y transversal que utilizó datos del Sistema de Información Hospitalaria DATASUS para enumerar los principales problemas de salud del municipio que dieron lugar a los numerosos ingresos hospitalarios en 2018. Utilizaron la metodología TUC para definir el problema prioritario y llevar a cabo la planificación estratégica. **Resultados:** 249 personas fueron hospitalizadas en la ciudad de Caiapônia en 2018 por enfermedades infecciosas y parasitarias, enfermedades del sistema respiratorio, enfermedades del tracto digestivo, enfermedades del aparato genitourinario, embarazo, parto y puerperio, enfermedades del sistema nervioso, enfermedades endocrinas, nutricionales y metabólicas y neoplasias, enfermedades de la piel y enfermedades mentales y conductuales. Se observó que la red causal de hospitalizaciones se repitió en las tres enfermedades principales. Los investigadores decidieron centrarse en las numerosas hospitalizaciones por enfermedades infecciosas y parasitarias y esbozar estrategias para reducir estas hospitalizaciones el próximo año. **Conclusión:** El elevado número de ingresos hospitalarios en un municipio pequeño puede deberse a una deficiencia en el servicio de atención primaria. Las posibles causas son: falta de priorización del gestor en atención primaria, centrándose en el modelo hospitalario; falta de comprensión por parte del departamento de salud municipal de la importancia de la atención primaria en las acciones de promoción y prevención y rotación de médicos en ciertos equipos de atención primaria durante un período considerable.

Descritores: Estrategia de salud de la familia; Planificación estratégica; Enfermedades transmisibles.

ORIGINAL

Introduction

Sensitive Conditions to Primary Care are health problems in which morbidity can be reduced through effective health actions in primary care with adequate and accessible health services offered to the population. As a result, there is a decrease in demands at the levels of medium and high complexity.¹

The identification of many hospitalizations for sensitive health conditions must be understood as a result of deficiencies in the performance of the service provided by primary health care.² Other researchers³ reinforce and complement these statements saying that the analysis of hospital admissions does not serve only as an indicator of access, and the quality of primary care, but also to evaluate the performance of the health services system, becoming a care management tool in primary care, provided that it is adapted to each reality, periodically reviewed and updated.

The coverage by the ESF contributes, according to the data, to the reduction of cases of hospitalization. The care of the population by these teams in the basic health units or even in the homes allows the work of prevention against the onset of diseases and the treatment of cases of them to be developed, before the patient needs to be hospitalized.⁴

The municipality of Caiapônia, Goiás has a large territorial extension, although it is a small city. The Rural Zone is not prioritized in primary care actions, given the lack of coverage.

A well-prepared and executed plan leads to the proposed objective. In the field of health, precisely in primary care, planning brings effectiveness in the protection, promotion, recovery and rehabilitation of health. Researchers with their “know-hows” use in their daily work several computerized systems such as the e-SUS, SIAB and DATASUS (TABNET).

For the elaboration of this work, we chose to access the TABNET data due to the ease and better understanding of the program. The possibility of the system allowing the measurement of the health status of a given population was also considered. In addition, DATASUS provides information to support objective analyzes of the health situation, evidence-based decision-making and the development of health action programs.

In addition to the practical experience of the researchers, a historical record of the main diseases that affect the population of the researched area (Caiapônia - Goiás) was sought through the health information data from TABNET, choosing among the health information options the epidemiological and morbidity.

Hospital morbidity is an important indicator to show the behavior of diseases and health problems in the local population. The construction of a coherent action plan, according to epidemiological, ethical, economic and social criteria, in order to meet the sanitary responsibility of the Family Health Strategy. Hospital morbidity is an important indicator to show the behavior of diseases and health problems in the local population.

In this sense, the objective was to analyze hospital admissions in the city of Caiapônia, Goiás and to present a strategic plan for a certain team of the Family Health Strategy aiming at the reduction of hospital admissions for avoidable diseases.

Method

This is a research with a quantitative approach, of the descriptive and transversal type. It is a practical intervention supported by strategic planning to strengthen Primary Health Care in the city of Caiapônia, Goiás. We chose to access the TABNET data to search for a historical record of the main diseases that affect the population of the researched area, choosing among the health information options the epidemiological and morbidity ones.

During the construction of the problem, workshops were held among the Family Health Strategy team to select the 10 relevant problems of the health unit, using the reports of health professionals and the health information data available on the Datasus platform.

The data collection technique used was consultation in the Datasus database, which contains health information systems available on the Internet, in the Data collection took place in July 2020 and the inclusion criteria were: Hospital admissions in the municipality of Caiapônia, within the scope of SUS and in 2018.

Initially, access to the electronic address was taken through the link <http://www2.datasus.gov.br/>. Subsequently, the topic "Health Information (TABNET)" was accessed, followed by "Epidemiological and Morbidity" and "SUS Hospital Morbidity (SIH/SUS)", selecting the option "General, by place of hospitalization - from 2018" onwards. Thus, after selecting the state of Goiás and the city of Caiapônia for research, standardized filters were used in the following information: content (number of hospitalizations, number of deaths and mortality rate), period (reference year 2018) chapter ICD-10 (all diseases), ICD-10 morb list (all diseases), age group (all ages), sex (male and female), from the municipality of Caiapônia, a city located in the interior of the state of Goiás.

The researchers listed for the team and together they grouped and listed the health problems of the municipality that were the numerous hospital admissions for: infectious and parasitic diseases, diseases of the respiratory system, diseases of the digestive system, diseases of the genitourinary system, pregnancy, childbirth and puerperium, nervous system diseases, endocrine, nutritional and metabolic diseases and neoplasms, skin diseases and mental and behavioral diseases, in that order.

To prioritize the ten main problems, the criteria of transcendence, urgency and capacity (TUC matrix) were applied, based on the highest scores for the analysis of the determinants that affect the causal network. In order to obtain a focus, the three problems that reached the highest score in the TUC methodology were analyzed, finally seeking to define the priority problem. Finally, a problem was chosen, defining it as a priority problem for the final product of the work.

Considering that the research was based on data made available electronically by the Ministry of Health, not using secondary data, which are in the public domain and, due to the fact that there is secrecy about the identification information inherent to the human beings involved, this study does not require the appreciation and approval by the Research Ethics Committee, respecting the premises of Resolutions 466/2012 and 510/2016, both of the National Health Council.

Results e Discussion

Problem selection and prioritization

It selected and prioritized the main health problems of the population of Caiapônia, Goiás that led to hospital admissions in 2018, with the following problems: infectious and parasitic diseases, diseases of the respiratory system, diseases of the digestive system, diseases of the genitourinary system, pregnancy, childbirth and puerperium, nervous system diseases, endocrine, nutritional and metabolic diseases and neoplasms, skin diseases and mental and behavioral diseases⁶, in that order. After identifying the 10 biggest problems, it was decided to transcribe them in a table along with their descriptors, according to the following information:

Table 1- Problems experienced by the population and its descriptors⁵

PROBLEM	DESCRIPTIONS
1. Occurrence of a large number of hospitalizations for infectious and parasitic diseases.	249 people were hospitalized due to infectious and parasitic diseases in 2018.
2. Occurrence of hospitalizations for diseases of the respiratory system.	246 people were hospitalized for respiratory diseases in 2018.
3. Occurrence of hospitalizations for pregnancy, childbirth and puerperium.	231 people were hospitalized for pregnancy, childbirth and puerperium in 2018.
4. Occurrence of hospitalizations for diseases of the digestive system.	218 people were hospitalized for diseases of the digestive system in 2018.
5. Occurrence of hospitalizations for diseases of the genitourinary system.	203 people were hospitalized for diseases of the genitourinary system in 2018.
6. Occurrence of hospitalizations for endocrine diseases.	63 people were hospitalized for endocrine diseases in 2018.
7. Occurrence of hospitalizations for diseases of the nervous system.	59 people were hospitalized for nervous system diseases in 2018.
8. Occurrence of hospitalizations for neoplasms.	23 people were hospitalized for neoplasms in 2018.
9. Occurrence of hospitalizations for skin diseases.	08 people were hospitalized for skin diseases in 2018.
10. Occurrence of hospitalizations for mental and behavioral diseases.	06 people were hospitalized for mental and behavioral diseases in 2018.

It was decided to use the TUC matrix to prioritize the three main problems through criteria of transcendence, urgency and capacity, based on the highest scores for the selection of problems.

Coincidentally, the problems that achieved the highest scores (score 27 in the TUC matrix) were those that were in the first order during the TABNET search, as described as morbidities due to: infectious and parasitic diseases, diseases of the respiratory system, diseases of the digestive system.

In relation to deaths from diseases of the respiratory system and from infectious and parasitic diseases, they resulted in scores of 27, which is the maximum score, according to the TUC matrix for problem selection:

Table 2- Headquarters TUC.

PROBLEM	CRITERIA (values from 1 to 3)			
	Transcendence (A)	Urgency (B)	Capacity (C)	TOTAL AXBXC
Numerous hospitalizations for infectious and parasitic diseases in 2018 in Caiapônia, Goiás	3	3	3	27
Numerous hospitalizations for respiratory diseases in 2018 in Caiapônia, Goiás	3	3	3	27
Numerous hospitalizations for diseases of the digestive system in 2018 in Caiapônia, Goiás	3	3	3	27
Diseases of the genitourinary system	2	3	3	18
Pregnancy, childbirth and puerperium	3	2	3	18
Nervous system diseases	2	3	3	18
Endocrine, nutritional and metabolic diseases	1	3	3	9
Neoplasms	3	3	1	9
Skin diseases	1	3	3	9
Mental and behavioral disorders	3	3	1	9

The researchers, together with the team, discussed the matter during the workshop and concluded that these three morbidities are present in the team's daily life, relating to the vulnerability of the population.

Problem analysis

The three problems that reached the highest score in the TUC methodology were analyzed to seek to define the priority problem. Thus, the three main morbidities were: infectious and parasitic diseases, diseases of the respiratory system, diseases of the digestive system. The problem tree was defined and the causal network was elaborated, described as follows:

Table 3. Causal Network

Problem 1:	Numerous hospitalizations for infectious and parasitic diseases in 2018 in Caiapônia, Goiás	
Descriptors	Causes	Consequences
249 people were hospitalized due to infectious and parasitic diseases in	Lack of prioritization by the manager in primary care, focusing on the hospital-centered model. Lack of understanding on the part of sms	Dehydration Hospital Admissions Higher costs for

2018 in the municipality of Caiapônia, Goiás.	of the importance of primary care in promotion and prevention actions. Territorial area of the municipality is very large, although the city is small. Rotation of physicians in certain Primary Care teams for a considerable period. Low socioeconomic level of the population. Low adherence to immunization campaigns.	the government
Problem 2	Numerous hospitalizations for respiratory diseases in 2018 in Caiapônia, Goiás	
Descriptors	Causes	Consequences
246 people were hospitalized for respiratory diseases in 2018 in the municipality of Caiapônia, Goiás.	Lack of prioritization by the manager in primary care, focusing on the hospital-centered model. Lack of understanding on the part of sms of the importance of primary care in promotion and prevention actions. Rotation of physicians in certain Primary Care teams for a considerable period.	Installation of chronicity Increase in hospital admissions Death cost increase
Problem 3	Numerous hospitalizations for diseases of the digestive system in 2018 in Caiapônia, Goiás	
Descriptors	Causes	Consequences
218 people were hospitalized for diseases of the digestive system in 2018 in the municipality of Caiapônia, Goiás.	Lack of prioritization by the manager in primary care, focusing on the hospital-centered model. Lack of understanding on the part of sms of the importance of primary care in promotion and prevention actions. Rotation of physicians in certain Primary Care teams for a considerable period.	Rising healthcare costs Increase in hospital admissions

After selecting the health problems of the population of Caiapônia, we sought to identify their causes to better understand their determination network. To this end, the “problem tree” diagram was used, distributing the causes into four large blocks: social and economic determinants (related to the way of life); cultural determinants (lifestyle-related behaviors); determinants related to the access and quality of the work of the ESF itself; determinants related to access and quality of other health services.

Table 4. Problem tree

SOCIAL AND ECONOMIC DETERMINANTS		DETERMINANTS RELATED TO ACCESS AND QUALITY OF WORK OF THE ESF ITSELF
<p>Causes</p> <ol style="list-style-type: none"> 1. Low schooling of the population; 2. Low per capita income of families in the municipality; 3. Precarious living conditions for a large part of the population. 	<p>Problem</p> <p>“<u>Numerous</u> hospitalizations for infectious and parasitic diseases in 2018 in Caiapônia, Goiás”</p>	<p>Causes</p> <ol style="list-style-type: none"> 1. Few immunization actions; 2. Demotivation and lack of commitment of the work team; 3. Lack of basic supplies.
		<p>DETERMINANTS RELATED TO ACCESS AND QUALITY OF OTHER HEALTH SERVICES</p>
<p>Causes</p> <ol style="list-style-type: none"> 1. Lack of adherence to immunization; 2. Hospital-centric culture of the population; 3. Low understanding of primary care tasks 	<p><u>descriptor</u></p> <p>“249 people were hospitalized due to infectious and parasitic diseases in the year 2018 in the municipality of Caiapônia, Goiás.”</p>	<p>Causes</p> <ol style="list-style-type: none"> 1. Little prioritization of the manager in primary care, focusing on the hospital-centered model; 2. Little understanding on the part of sms of the importance of primary care in promotion and prevention actions; 3. High turnover of physicians.

The analysis of the problems made it possible to confront some information and it was noted that the causal network was repeated, described as follows: Lack of prioritization of the manager in primary care, focusing on the hospital-centered model; Lack of understanding on the part of sms of the importance of primary care in promotion and prevention actions and rotation of doctors in certain Primary Care teams for a considerable period.

To ensure a solid intervention, it was decided to prioritize a single problem, which were numerous hospitalizations for infectious and parasitic diseases in 2018 in Caiapônia Goiás, whose descriptors were 249 people

hospitalized due to infectious and parasitic diseases in 2018 in the municipality of Caiapônia, Goiás.⁵

The municipality does not have 100% coverage of FHS teams, with a rate of 90%.⁶ An investigation⁷ evaluated the rate of hospitalizations for conditions sensitive to primary health care in municipalities with greater coverage of the FHS, which showed hospitalization rates 13% lower than in municipalities with low coverage, suggesting that this reduction may be associated with the increase in coverage of the ESF. ESF.

Based on the aforementioned work and on the discussions of the local working group, the rural area of the municipality of Caiapônia does not have coverage assisted by the family health program teams. The advances in management in relation to 100% coverage of the teams will have positive impacts on the reduction of hospital admissions due to the problem presented.

Another problem related to management is the lack of understanding on the part of the municipal health department regarding the importance of family health teams in health prevention and promotion. The discussion can be based on the principle that political management positions are frequently exchanged, being assumed in some cases by people without specific training, causing an obstacle between the importance of care models for health promotion and prevention, as the results are not so immediate.

This obstacle of care models in the municipality of Caiapônia brings the idea to the manager that the hospital-centered model is the most correct, as the results are immediate.

I emphasize that the teamwork evidenced in the Family Health Strategy leads or should lead to a process of transformation of the care model, because in addition to being interdisciplinary, it includes the family throughout the process as the focus of primary care. As a result, it goes beyond individualized care focused on the disease and contributes to modifying the biomedical model of health care.⁸

Among the range of causes of the problem prioritized in this work, there is the turnover of doctors in the family health program of Caiapônia, which can be the result of infrastructure and management problems, such as inadequate and even unhealthy conditions in health units, lack of means of communication and logistical support, lack of knowledge in the use of computerized systems, difficulty in referring patients to medium and high complexity procedures and the great spontaneous demand of the unregistered population, resulting from poor management of the service network⁹.

Intervention Plan

The Family Health Strategy 1 of the municipality of Caiapônia has the Organizational Mission that is to promote the health of its customers with humanization and quality, emphasis on prevention and health promotion, satisfaction of their needs and the improvement of knowledge in a process of continuous improvement. . In summary: Prevent, Promote, Serve and Care.

The vision of the future is to be a family health unit recognized by the population registered for excellence in prevention and health promotion, becoming a reference in the municipality of Caiapônia in prevention, promotion, care, care and education, reducing the rates as much as possible. incidence of conditions sensitive to primary care.

To fulfill its Mission (Alpha-type actions) both managers and professionals must guarantee the actions of the team to socioeconomically vulnerable groups; Ensuring complete and effective vaccination coverage for children and Ensuring minimum basic sanitation conditions for the population in the area served.

The present work allowed the elaboration of the results goals to face the problem, available below.

Table 5- Result Target/Year 2019: Coverage target: 100%. Number of people served: 4,000. Responsible: ESF Coordinator.

Final Actions	Product goal	Term	Responsible
Scheduling medical and nursing appointments	400 patients (10%) of scheduled patients	Continuous activity	Coordination ESF
Home visits	4000 (100%) of the patients visited	Continuous activity	Coordination ESF
Conference of vaccination cards	4000 (100%) of the patients conferred	Continuous activity	Coordination ESF
Check sanitation conditions and intervene effectively	4000 (100%) of the patients visited	Continuous activity	Coordination ESF

With the goals of the results outlined, it is necessary to take actions to face the problem, known as Beta-type actions.

Table 6- BETA-type actions - Facing the problem

Problem: Numerous hospitalizations for infectious and parasitic diseases in the year 2018 in the city of Caiapônia-Go.				
Objective: Ensuring coverage of basic actions by the family health team for the enrolled population.				
Result Targed: Reduce hospital admissions caused by infectious and parasitic diseases by 50% in 2019.				
Beta Shares	Product goal	Responsible	Term	Start-End (duration in days, months or years)
Focus actions on socioeconomically vulnerable groups	Actions in socioeconomically vulnerable groups implemented	Unit Manager	Continuous Action	03/2019 - continuous

Ensuring effective interventions in child health	New welcoming protocols and child health interventions implemented	Unit Manager	03/2019	01/03/2019 - 31/12/2019
Advance estimated ESF coverage	100% coverage of the implemented ESF	Municipal Manager	08/2019	01/08/2019 - 31/12/2019
Make more material and financial resources available for medical practice	Increase the budget allocation for care practice	Municipal Manager	07/2019	01/07/2019 - 31/12/2019
Intervene in the basic sanitation conditions of the enrolled population	Management actions implemented	Municipal Manager	07/2019	01/07/2019 - 31/12/2019
Organize more effective vaccination campaigns	Effective campaigns organized	Unit Manager	04/2019	01/04/2019 - 31/12/2019
Prioritize primary care by sms	Published Municipal Ordinance	Municipal Manager	04/2019	01/04/2019 - 31/12/2019
Eliminate turnover of medical professionals	Professional turnover eliminated	Municipal Manager	Continuous Action	01/03/2019 - Continuous Action
Implement Permanent Education with the entire team	Continuing Education Implemented	Unit Manager	Continuous Action	01/03/2019 - Continuous Action

Conclusion

The work proposed to elaborate a coherent action/intervention plan in the Family Health Strategy 1 of the city of Caiapônia - Goiás, according to epidemiological, ethical, economic and social criteria, in order to meet the sanitary responsibility of the Family Health Strategy.

249 hospitalizations were identified for infectious and parasitic diseases, considered a disease due to conditions sensitive to primary care. This high number of hospitalizations for a municipality with less than twenty thousand inhabitants may be a result of a deficiency in the primary care service.

Three possible causes for the problem were listed, such as the manager's lack of prioritization in primary care, focusing on the hospital-centered model; lack of understanding on the part of the municipal health department of the importance of primary care in the actions of promotion and prevention and rotation of physicians in certain Primary Care teams for a considerable period.

Ahead of the data, the intervention plan to face the problem was structured, outlining the result goals for the year 2019.

Actions to tackle the problem emerged (beta-type action), whose result goal was to reduce hospital admissions caused by infectious and parasitic diseases by 50% in 2019. It is known that the work in primary care is continuous, with daily effort by the entire team. The actions must be periodically reviewed for the complete fulfillment of the goals.

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Nurses' Work Process in Primary Health Care of users Hypertensive and Diabetics

Processo de Trabalho de Enfermeiras na Atenção Primária à Saúde de Hipertensos e Diabéticos

Proceso de Trabajo del Enfermero en la Atención Primaria de Salud a Personas Hipertensas y Diabéticas

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REVISA

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RESUMO

Objetivo: Esse estudo analisou o processo de trabalho de enfermeiras das equipes de Saúde da Família na atenção aos usuários com hipertensão e/ou diabetes. **Método:** Realizado num município baiano, em setembro/outubro de 2017, a produção de dados envolveu entrevista de nove enfermeiras, observação sistemática de quatro atividades e análise de documentos orientadores, buscando identificar suas práticas e o que compreendem como sujeito, objeto, finalidade e instrumentos do processo de trabalho. Foi utilizada a análise de conteúdo, modalidade temática. **Resultados:** Entre as práticas de atenção à saúde destaca-se a consulta de enfermagem. Como sujeito identificou-se equipe de saúde, gestão e usuários; o objeto compreende o usuário e suas demandas; a finalidade envolve a prevenção de doenças e danos, promoção da saúde, qualidade de vida do usuário, educação em saúde, adesão ao tratamento e melhora de quadro clínico; e os instrumentos consistem nas atividades educativas, consultas individuais e coletivas, acolhimento, conhecimento e registros. **Conclusão:** Constatou-se que o processo de trabalho das enfermeiras sofre influência de diversos fatores externos e se mostra confuso e desorganizado, sem clareza quanto a seu objeto de trabalho e objetivo a ser alcançado, e sobre os documentos que devem orientar sua prática na Atenção Básica.

Descritores: Trabalho; Enfermeiras De Saúde Da Família; Hipertensão; Diabetes; Atenção À Saúde.

ABSTRACT

Objective: This study analyzed the work process of nurses from the Family Health teams in caring for users with hypertension and/or diabetes. **Method:** Held in a municipality in Bahia, in September/October 2017, the production of data involved interviewing nine nurses, systematic observation of four activities and analysis of guiding documents, seeking to identify their practices and what they understand as subject, object, purpose and work process instruments. Content analysis, thematic modality, was used. **Results:** Among the health care practices, the nursing consultation stands out. As a subject, the health team, management and users were identified; the object understands the user and their demands; the purpose involves disease and damage prevention, health promotion, user's quality of life, health education, treatment adherence and clinical improvement; and the instruments consist of educational activities, individual and collective consultations, reception, knowledge and records. **Conclusion:** It was found that the work process of nurses is influenced by several external factors and is confused and disorganized, without clarity about their work object and objective to be achieved, and about the documents that should guide their practice in care Basic.

Descriptors: Work; Family Nurse Practitioners; Hypertension; Diabetes; Health Care.

RESUMEN

Objetivo: Este estudio analizó el proceso de trabajo de los enfermeros de los equipos de Salud de la Familia en el cuidado de los usuarios con hipertensión y/o diabetes. **Método:** Realizada en un municipio de Bahía, en septiembre/octubre de 2017, la producción de datos implicó entrevistas a nueve enfermeros, observación sistemática de cuatro actividades y análisis de documentos orientadores, buscando identificar sus prácticas y lo que entienden como sujeto, objeto, finalidad e instrumentos de proceso de trabajo. Se utilizó el análisis de contenido, modalidad temática. **Resultados:** Entre las prácticas de atención a la salud, se destaca la consulta de enfermería. Como tema se identificó al equipo de salud, gerencia y usuarios; el objeto comprende al usuario y sus demandas; la finalidad involucra la prevención de enfermedades y daños, la promoción de la salud, la calidad de vida del usuario, la educación en salud, la adherencia al tratamiento y la mejora clínica; y los instrumentos consisten en actividades educativas, consultas individuales y colectivas, recepción, conocimiento y registros. **Conclusión:** Se constató que el proceso de trabajo de los enfermeros está influenciado por varios factores externos y es confuso y desorganizado, sin claridad sobre su objeto de trabajo y objetivo a alcanzar, y sobre los documentos que deben orientar su práctica en el cuidado básico.

Descriptores: Trabajo; Enfermeras De Salud Familiar; Hipertensión; Diabetes; Cuidado De La Salud.

Introduction

Chronic Noncommunicable Diseases (NCDs) are responsible for a large number of hospitalizations and involve significant loss of quality of life,¹ representing the main cause of death in the country in 2013, with 29.8% of deaths occurring.² Among NCDs, systemic arterial hypertension (SAH) and Diabetes Mellitus (DM) are highlighted, with estimates of 21.4% and 6.2% of the Brazilian population over 18 years of age with a reported medical diagnosis of hypertension and diabetes, respectively.³

In this context, it is necessary to structure health care for the control and prevention of these diseases and their complications. In Brazil, this challenge is mainly primary care (PHC), especially in the Family Health Strategy (FHS).⁴ Despite this, studies⁵⁻⁷ on the care of users with hypertension and diabetes in the ESF in different Brazilian states show a scenario of low coverage by the teams, prevailing the attendance to spontaneous demand, not meeting the standard of care established by the Ministry of Health. There is development of actions based on the medical-hegemonic model, with prioritization of procedures, standards and pre-established protocols, and emphasis on the use of medication, to the detriment of the bond, reception and interaction between professionals and users.⁸

The national documents guiding practice in Primary Care highlight the fundamental role of nursing consultation in the educational process and motivation of users in relation to health care.¹⁴ In addition, the nurse's work process involves coordinating the nursing work process,⁹ and directing the health work process as an "intermediate manager", becoming paramount in the execution of health policies and in the processes of changes in the health system.¹⁰

In this sense, this study aims to analyze the work process of nurses from family health teams in the care of users with hypertension and/or diabetes. It was carried out in the light of mendes-gonçalves' theoretical framework,¹¹ which applied the Marxist theory of work to the field of health, and considers that the work process is composed of subject (involved), object (what the subject's action on), work instruments (utensils and knowledge) and purpose (productive internalization of the need that motivates the process). According to the author, these elements need to be examined in an articulated way, because it is from their relationships that the specific work process is established.

Method

This is a qualitative study conducted in a municipality of Bahia in September and October 2017. The study participants were nine nurses from six Family Health Units, who met the inclusion criteria: developing activities in the FF UsF for at least six months; and participate directly in the care of users with hypertension and/or diabetes. In the text, the participants were identified by the letter "E" followed by number 1 to 9.

Data production was based on semi-structured interviews, systematic observation and documentary analysis, which sought to identify the practices and elements of the nurses' work process.

The interviews were conducted on days and times previously scheduled, in a place convenient to the interviewed professional, having been recorded after permission of the interviewee, and guided by a script, containing information about: activities developed in the care of users with hypertension and/or diabetes, elements of the nurses' work process, facilities and frailties found. The mean time of the interviews was 12 minutes.

The systematic observation followed a script of topics formulated based on the elements that constitute the object of the investigation, and recorded in a field diary. The following activities performed by nurses were observed with hypertensive and/or diabetic users: individual consultation, group activity of body practices and group educational activity.

The documentary analysis covered local records (register of consultations), municipal documents (municipal ordinance on the prescription of medicines, Municipal Health Plan 2014-2017 and Annual Management Report 2016), national recommendations (Basic Care Notebooks no. 35, 36 and 37.^{4, 12, 13} and the National Primary Care Policy).¹⁴

For data analysis, the content analysis technique¹⁵ was used, which resulted in two analytical categories: health care practices for users with hypertension and/or diabetes; elements of the nurses' work process. The project was approved by the Research Ethics Committee, under the opinion number 2,308,427.

Results and Discussion

Health Care Practices for Users with Hypertension and/or Diabetes

The health care of users with hypertension and diabetes in Primary Care comprises a series of activities, factors and conditions that provide the follow-up of these users, for which the expected result, in addition to the control and treatment of the disease, is the development of self-care, which will contribute to the improvement of quality of life and in the reduction of morbidity and mortality.^{4,13}

Data analysis allowed the identification of several actions performed by nurses. The main one, highlighted in all statements and perceived during observation, is the nursing consultation. Other activities were also reported: educational activities, welcoming, revenue renewal, shared consultation, collective consultation, discussion of therapeutic cases and home visits.

The renewal of prescriptions is an activity provided for by municipal ordinance (of the municipality studied), which indicates that, if no need for reassessment of medications is identified, the nurse must follow the previous medical prescription by renewing the prescription. Despite this, it is noted that there is still ignorance of the content of this document by nurses, which can be seen in the following statement:

[...] the doctor renews because we can't... the patient would arrive, make the consultation, [...] we kept the recipe, but she stamped it, I raised it for her to stamp, not transcribe (E 3).

In general, it was perceived the focus of the nursing consultation on the prescription, and, therefore, on the medication, both by the user and by the professional, and the subordination of the nurse's work in the medical professional, revealing the predominance of the biomedical care model. From this perspective, it is worth inquiring how much the practice of nurses meets this model, since they are configured as a large and qualified workforce to ensure continuity of care and the implementation of medical orders, in response to the historical deepening of the technical division of medical work.¹⁶

As observed in this research, other studies about nursing consultation with users with hypertension and/or diabetes, have shown that this activity has been performed differently from what is recommended in the documents that guide the practice in AB, with a strong influence of the biomedical, curative and individual care model.

A study conducted in Fortaleza-CE identified that the nursing consultation was carried out in a very focused way in the medical consultation, and the activities developed by the nurses were restricted to anamnesis, summary physical examination and guidance on diet, medications, walks and tea use, with predominance of individual care, without considering the family and group approaches.¹⁷ Another study found that the nursing consultation was performed according to the complaints presented by the users; and that there was a lack of technical knowledge for the performance of physical examination by nurses, especially regarding cardiac and pulmonary auscultation and palpation of carotid arteries and peripheral pulses.¹⁸

When referring to the nursing consultation, the nurses revealed, in general, a reality of low numbers of consultations performed in the AC of the municipality. As a possible reason for this, the low support of users to nursing consultations was highlighted:

[...] the flow did not walk. When it happens, they are patients who did not get access to the doctor, and ended up getting a nursing consultation" (E 6).

We perceived that in addition to low access, there is an understanding of the nursing consultation as an alternative, when a medical consultation cannot be scheduled. This reveals an overvaluation of medical consultation by the user, reflecting the historical development of the health professions, which were conforming in a subordinate way to medical practice, in a process of consolidation of the biomedical model.

A scenario similar to this was evidenced in a study conducted in Cambé-PR in 2012,⁷ that found coverage of nursing consultations at a critical level, with only 1.5% of the medical records of individuals with at least one record of this activity during 12 months. The reasons for this, however, were not investigated in the study. In addition, another study¹⁹ showed that the nursing consultation is performed in a limited way, with difficulties such as excessive administrative activities, high demand for users of primary care services, disbelief of the population in the nurse, and deficiencies in the physical structure of the health unit and in the team's interaction. It is worth mentioning, however, that administrative activities are intrinsic elements of the nurse's work,¹⁰ that

comprise its managerial component, which makes us reflect on the non-recognition by this professional of the nature of the work itself.

Regarding the performance of educational activities, it is worth mentioning that specific activities or themes that emerged in the collective consultation were mentioned, but no periodic activity with a group of users with hypertension and/or diabetes. A similar result was obtained in a study conducted in Jequié-BA,⁸ which identified educational activities limited to the transfer of specific orientations, a scenario opposite to what is expected of AB.

Also, in the analysis of the health care practices of users, it was possible to learn about the definition of scheduling of medical or nursing consultations:

Those who are more compensated, we try to put the return to the nursing consultation, to reinforce guidance, and those who are decompensated, we guarantee medical consultation, for the readjustment of drug therapy (E 1).

We identify the use of the clinical condition of the user to define with which professional, doctor or nurse, should be the next consultation, which is consistent with the technical recommendations. There is, however, no clear definition of what is considered compensated and decompensated, nor is there any established periodicity. CAB no. 374 and the Municipal Ordinance on the prescription of medications suggest interspersed medical and nursing consultations, with periodicity defined by cardiovascular risk, an aspect not mentioned by any interviewee.

We highlight that practices of intersectoral actions, community involvement and singular therapeutic plan were not mentioned by the interviewees, revealing weaknesses in the work process of nurses in the ESF, because they do not understand practices with recognized importance by the guiding policies.

Elements of the Nurses' Work Process

In the data analysis, we sought to understand what nurses identify as the subject, object and purpose of their work process, and which instruments are used.

As a subject of the work process, the nurses considered the health team, management, or herself, the team's health professionals and users.

The professional and the patient, because we cannot do everything if the patient does not have the desire to do [...] (E 5).

The understanding of the above speech is consistent with merhy's idea²⁰, which argues that the health work process has two subjects, the producer agent and the consumer agent, who in this case would be the health professionals and the users, respectively. In this perspective, the consumer agent at some point becomes the object of the producing agent, but does not let present his intentions, knowledge and representations, which are expressed in his health needs.

In addition, it also highlights that the health work process is carried out on people, and therefore is based on a strong and decisive personal interrelationship for the very effectiveness of the action, since the consumer contributes to the

work process actively, also taking responsibility for the success or failure of the therapeutic action.²¹

On the other hand, it was possible to identify that this understanding of the user as a subject of the work process was called into question, as can be seen in the fragment below:

[...] the validity of the recipe causes this user to return in the period that we find interesting that he returns (E 1).

The way this subject deals with the user greatly reflects the way he understands the other and the object of his work process. The attempt to make the user return to the follow-up in the unit due to the need for a new recipe to ensure the medications in use, reveals the existence of relationships between professionals and users where the knowledge and orders of those on the way of life of these, despite the dialogical dimension that should exist in THE, prevails, with the user's participation as a subject of their care and negotiated decisions.

This aspect was also observed during consultations performed by nurses to users with hypertension and diabetes. The professionals used direct questions with judgment of the care performed by the users, and imperative guidance on how to do it. In this sense, the professionals are noted as protagonists of the process, and, therefore, as subjects, with the users being mere spectators.

There is no divergence of concepts and definitions about the subject of the health work process, only different perspectives. Mendes-Gonçalves¹¹ analyzed the health work process from the perspective of health workers as subjects, contrasting their concepts to the logic of mechanical work. Thus, he understood the subject as the one who appropriates and organizes the work process, whose action focuses on an object, delimited from his gaze and his intentionality. Merhy²⁰, in turn, presents its analysis of the health work process under the logic of the producer and consumer agent, thus defining two subjects. Thus, the concepts and conceptions complement each other in the analysis of the health work process.

Regarding the object of the nurses' work process, the analysis allows us to infer that it comprises mainly the user/patient, focusing on what the patient presents as a demand. This thought corroborates the theory that work object in the health work process are human health needs, then manifested by the subject.²⁸ Mendes-Gonçalves¹¹ states that the object of work is not a natural object, but an aspect of reality cut out by the subject who has a transformation project. According to the interviewees' statements, this cut is precisely what is presented as a demand by users.

In addition, in the analyzed documents we also identified the approach to the needs and demands of users as the basis for performing THE actions, that is, as the work object of health care in Primary Care.

Nevertheless, a contradiction was observed during a consultation performed by a nurse with a hypertensive and diabetic user for evaluation of the feet. The professional did not value the fact that the user said that she was not using the prescribed medications, even with a high capillary glucose value at the time, since the consultation would only be for evaluation and guidance of foot care. In this sense, in addition to the segmented look of the professional, it is

noted that what is presented as a necessity at the moment was not considered as an object of work.

Care, prevention, health promotion, patient self-care, and health education were also cited as the object of work, i.e., a diversity of objects mentioned by nurses. It is noteworthy that all of them are related to care actions and technical procedures, not being mentioned objects related to the management work process that the nurse assumes in the Health Units.

This finding allows two inferences about the scenario presented. The first is that the nurses did not demonstrate to recognize the managerial dimension of their work, since, if there is no recognition of the managerial nature of their work, the nurse does not identify the objects of this dimension of her work process.¹⁰ The second possible inference is that nurses are not actually performing the managerial dimension in the care of users with hypertension and diabetes, in order to perform their coordination and follow-up.

As instruments of the work process, nurses consider: educational activities, individual consultations, collective consultations, welcoming, knowledge, record books, medical records, blood pressure card and blood glucose and printed materials, with emphasis on educational activities.

The emphasis given to the educational part as an instrument of the work process reveals how nurses recognize the importance of this activity for the health care of users with hypertension and/or diabetes, although they do not invest in its execution.

In the documental analysis, the use of protocols for the standardization of conducts, nursing consultation and health education are understood as instruments of the work process, since they correspond to what is used in the process for transforming the object into the product.¹¹

A study about the work process of family health teams in the production of care for users with hypertension, carried out in Jequié-BA, identified that the instruments were consultations, home visits and educational activities.⁸ In this study, despite being cited as an action performed, the home visit was not referred to as an instrument of the work process by any nurse.

We highlight that information, information systems, resources available in the community were also not mentioned by nurses as work instruments, which demonstrates a practice far from planning and integration with the community, essential attributes for a practice in the ESF.

Regarding the purpose of the work process, understood as the motivation of the work process, the nurses reported: prevention of diseases or damages, health promotion, search for quality of life of the user, quality of care, health education, increased treatment adhering, improvement of the patient's clinical picture, and optimization of the agenda.

In the documental analysis, the CAB highlight self-care as the purpose of the care process for users with hypertension and/or diabetes. The current PNAB¹⁴ does not specifically address the care of users with hypertension and/or diabetes, but determines that the work process in AB impacts on the development of autonomy,

individual and collective, and on the search for quality of life and promotion of self-care by users. Despite this, self-care was not mentioned by nurses as the purpose of their work process, but was mentioned as the object of the study.

Conclusion

The study revealed that the need to review the work process of nurses in the health care of users with hypertension and/or diabetes in the city persists, considering the great potential of these professionals' work in primary care.

The work process of nurses is confused and disorganized, especially because there is no clarity about their work object, the purpose of their work, and about the documents that should guide the practice in Primary Care. This reflects an unstructured practice, with discontinued actions and low potential to achieve the expected results.

We emphasized, however, that this work process is influenced by several external factors, such as the political conjuncture, the performance of health managers, especially in relation to what is considered as a priority in the government's agenda, size of the population enrolled, working conditions, safety, among others. Thus, it is a complex and multifactorial issue, where many aspects are outside the governability of nurses working in Family Health Units. In this sense, it should not be lost sight that the changes that occurred within the scope of THE require a better definition and structuring of work processes.

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Complaints of psychological violence against elderly in Brazil, 2011-2018

Denúncias de violência psicológica contra idosos no Brasil, 2011-2018

Denuncias de violencia psicológica contra los ancianos en Brasil, 2011-2018

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REVISA

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RESUMO

Objetivo: Analisar a frequência de registros de denúncias de violência psicológica direcionadas a pessoas idosas, identificadas no "Brasil", nos anos de "2011 a 2018". **Método:** Pesquisa exploratória, descritiva, comparativa e quantitativa. Os dados foram adquiridos no "Disque 100, Disque Direitos Humanos do Ministério da Mulher, da Família e dos Direitos Humanos" (MMFDH). **Resultados:** Foi identificado o universo de 277.778 registros, com média e desvio-padrão (34.722,3±11.770,2). O ano de 2013 registrou a maior preponderância quando comparado aos anos analisados, registrando 18% (n=49.869). A maior preponderância registrada por região brasileira e unidade federativa (UF) foi identificada no Nordeste (NE) com 38% (n=105.642) e no estado de Sergipe (SE) com 12,7% (n=35.284). A hostilização foi o tipo de violência psicológica mais direcionada a idosos, registrando 38,5% (n=104.211). **Considerações finais:** Por meio da presente pesquisa foi identificado aumento na frequência de registros de denúncias de violência psicológica contra idosos no recorte geográfico e histórico analisados.

Descritores: Idoso; Maus-tratos ao idoso; Violência.

ABSTRACT

Objective: To analyze the frequency of records of reports of psychological violence directed to elderly people, identified in "Brazil", in the years "2011 to 2018". **Method:** Exploratory, descriptive, comparative and quantitative research. Data were acquired from "Dial 100, Dial Human Rights of the Ministry of Women, Family and Human Rights" (MMFDH). **Results** A universe of 277,778 records was identified, with mean and standard deviation (34,722.3±11,770.2). The year 2013 registered the highest preponderance when compared to the years analyzed, registering 18% (n=49,869). The greatest preponderance recorded by Brazilian region and federative unit (FU) was identified in the Northeast (NE) with 38% (n=105,642) and in the state of Sergipe (SE) with 12.7% (n=35,284). Hostilization was the type of psychological violence most directed at the elderly, registering 38.5% (n=104,211). **Final considerations:** Through the present research, an increase in the frequency of records of reports of psychological violence against the elderly was identified in the geographical and historical scope analyzed.

Descriptors: Elderly; Elderly abuse; Violence.

RESUMEN

Objetivo: Analizar la frecuencia de registros de denuncias de violencia psicológica dirigida a ancianos, identificados en "Brasil", en los años "2011 a 2018". **Método:** Investigación exploratoria, descriptiva, comparativa y cuantitativa. Los datos fueron adquiridos de "Dial 100, Dial Derechos Humanos del Ministerio de la Mujer, Familia y Derechos Humanos" (MMFDH). **Resultados:** Se identificó un universo de 277.778 registros, con media y desviación estándar (34.722,3±11.770,2). El año 2013 registró la mayor preponderancia en comparación con los años analizados, registrando un 18% (n=49.869). La mayor preponderancia registrada por región brasileña y unidad federativa (FU) se identificó en el Nordeste (NE) con 38% (n=105.642) y en el estado de Sergipe (SE) con 12,7% (n=35.284). La hostilización fue el tipo de violencia psicológica más dirigida a los ancianos, registrando el 38,5% (n=104.211). **Consideraciones finales:** A través de la presente investigación, se identificó un aumento en la frecuencia de registros de denuncias de violencia psicológica contra los ancianos en el ámbito geográfico e histórico analizado.

Descritores: Adulto Mayor; Maltrato a Mayores; Violencia.

ORIGINAL

Introduction

The word violence originates from the Latin “violentia”, from “violareht”, that is, to treat someone or something with force and, in this way, this important concept was already discussed since antiquity by philosophers such as Aristotle, Georges Sorel, Karl Popper, Friedrich Nietzsche, Martin Heidegger among others.¹ In a general sense, this word can be defined as a type of embarrassing behavior, from one person towards another and, in the legal sense, it is related to the use of force against the laws and the right, and for thinkers such as Thomas Hobbes and Friedrich Nietzsche, it has a natural origin and, for Jean-Jacques Rousseau and Pierre-Joseph Proudhon, it proposes the idea of a disorganized social life, of oppression and the absence of right.^{1,2}

According to the World Health Organization (WHO), this issue can be conceptualized in a general way, while the intentional use of force or power, as a form of threat against oneself, against another person, groups or communities, which can lead to the emergence of damages of different proportions in the spheres of physical abuse, that is, injuries, physical abuse, death, among others.^{3,4} In this sense, violence is currently a complex phenomenon, which is configured as a problem social and public health, reaching the various constituent sectors of society, representing itself in the form of psychological abuse, such as mental damage, verbal and emotional abuse, being identified in the most diverse scenarios and environments.^{3,4}

Currently, and according to the scientific literature, several people are victims of the most diverse types of violence, such as children, adolescents, women, people belonging to the LGBT+ community and the elderly.^{3,4} In this sense and, according to the WHO, the elderly person is one with sixty (60) years of age or more and, in this way, it is possible to verify that this age group is supported, as found in Law number 8.842/1994, related to the “National Policy for the Elderly”, Law 10,741/2003, known as the “Statute of the Elderly” and the “National Health Policy for the Elderly”, proposed by Ordinance 2,528/2006 of the Ministry of Health (MS).^{4,7}

These important policies aimed at the elderly, aim to guarantee the rights of this population group, such as health, work, social assistance, culture, leisure, among others, promoting and stimulating their autonomy and active inclusion, together with the various constituent fields of society.^{4,5,6,7,8,9} With regard to the Elderly Statute, it is responsible for regulating these various rights, available to the elderly, guaranteeing their autonomy, in what concerns refers to the elaboration and fulfillment of important public policies.^{4,5,6,7,8}

Paradoxically to these important advances in defense of the rights of the elderly in Brazil, the scientific literature points to the crime of violence against this population group, characterizing it by its different types, being the “visible or physical”, which are those in which physical injury is caused, such as injuries and death, and the “invisible”, which correspond to those that do not injure the body, but are responsible for generating suffering, fear, depression and even hopelessness.⁹ Psychological violence or also defined while “moral violence”, it is one in which every action allows the emergence of damages or risks to the person's self-esteem, identity or development, and can be characterized in the forms of discrimination, rejection, disrespect, excessive charges or also humiliation.^{10,11}

In this way, and according to some researchers, the crime of moral harassment is constituted as actions, which are also characterized by being carried out by someone in superior conditions and by his subordinate, being implemented through gestures, attitudes and other repeated manifestations, which harm the victim's integrity and dignity in some way, such as slandering, defaming, or even causing injuries to a person's honor and/or reputation.^{9,10,11} In this sense, it was constituted while the The objective of the present research is to analyze the frequency of reports of psychological violence against the elderly, in the geographical area formed by “Brazil”, in the historical period formed by the years “2011 to 2018”.

Method

This is a study classified as exploratory, descriptive, comparative and with a quantitative approach, which proposed to analyze the frequency of records of cases of psychological violence directed at elderly people, identified in the geographic cut formed by "Brazil", in the historical cut formed for the years 2011 to 2018, that is, eight (08) years. In order to acquire the necessary data for the construction of this research, data were acquired from "Dial 100, Dial Human Rights of the Ministry of Women, Family and Human Rights" (MMFDH).

"Dial 100, Dial Human Rights", constitutes an important service for the dissemination of information on the rights of vulnerable groups and complaints of human rights violations, and can be considered a true "first aid", which attends to serious situations of violations, which have just occurred or are still in progress, triggering the competent bodies and making the flagrant possible.¹² Through the aforementioned service, the MMFDH performs the services of reception, analysis and also forwarding of information to the bodies protection and accountability with regard to complaints of violations of the rights of the socially vulnerable, such as children, adolescents, the elderly, people with disabilities, the LGBT population, the homeless, among many others.¹²

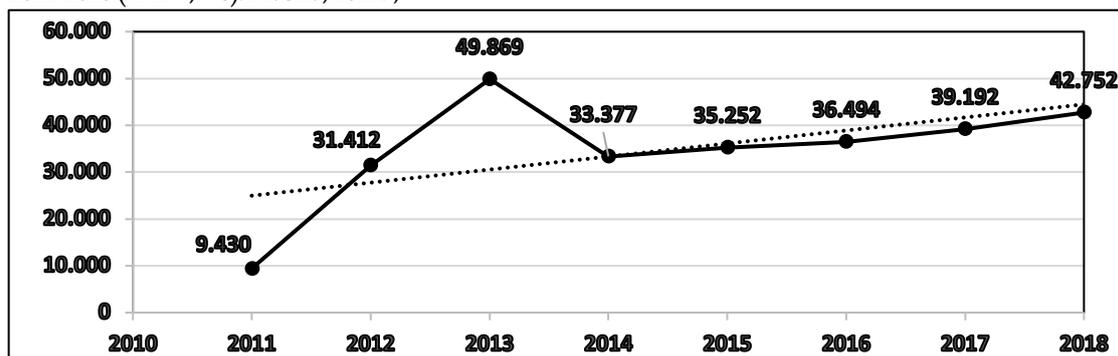
Aiming to broaden the discussions related to the subject under analysis, electronic bibliographic surveys were carried out with national and international computerized databases, namely the Virtual Health Library (BVS), the Bibliographic Database on Health Care in Iberoamérica (Cuiden©), Google Scholar (Google Scholar©), Minerva-UFRJ, Saber-USP, Teses-FIOCRUZ, among others, thus acquiring articles from scientific journals, official documents and related legislation.

The Descriptors in Health Sciences (DeCS) of the VHL were used, being the same "Assistance to the elderly" with the registration number "10011" and the unique identifier "D009826", "Community centers for the elderly" with the registration number "55456" and the unique identifier "D064407", "Elderly" with the registration number "20174" and the unique identifier "D000368", "Fragile Elderly" with the registration number "28940" and the unique identifier "D016330", "Elderly aged 80 years and over" with registration number "19059" and unique identifier "D000369", "Long-stay institution for the elderly" with registration number "6863" and unique identifier "D006707", "Violence" with the registration number "15158" and the unique identifier "D014754", "Domestic violence" with the registration number "31499" and the unique identifier "D017579", "Violence against women" and the registration number "50239", "Sexual violence" the registration number "50245", "Ethnic violence" with record number "55429" and unique identifier "D064868", "Intimate partner violence" with record number "56155" and unique identifier "D000066511", "Exposure to violence" with record number "56165" and the unique identifier "D000069581", "Elder abuse" with the registration number "4626" and the unique identifier "D004552", and "Health services for the elderly" with the registration number "6450" and the unique identifier "D006299". In order to carry out the process of association and conjugation of the DeCS of the selected VHL, the Boolean logical search operators were used, "and", "or" and "not", according to the methodology proposed by EBSCO Connect©.¹³ For the organization process and analysis of acquired data, the Microsoft Excel 2016® software, belonging to the Microsoft Office 2016® for Windows® package, was used. Descriptive statistical analysis was implemented, with percentage calculations (%), mean (\bar{x}) and standard deviation (σ) being implemented. The results were presented using one (01) figure, one graph (01) and three (03) explanatory tables. The authors of this research declare that there are no conflicts of interest.

Results

In the process of organizing and analyzing data, it was possible to identify the universe of 277,778 records of complaints of psychological violence against the elderly in the established geographic and historical scope, in addition to the mean and standard deviation ($34,722.3 \pm 11,770.2$). It was also possible to notice that in the historical series analyzed, the year 2013 recorded the highest preponderance with 18% ($n=49,869$) records of complaints of psychological violence against elderly people and the year 2011 the lowest with 3.4% ($n=9,430$) records, as identified in Figure 1.

Figure 1 - Frequency of records of reports of psychological violence against elderly people per year, in Brazil, 2011-2018 (n=277,778). Brasília, 2022*,**



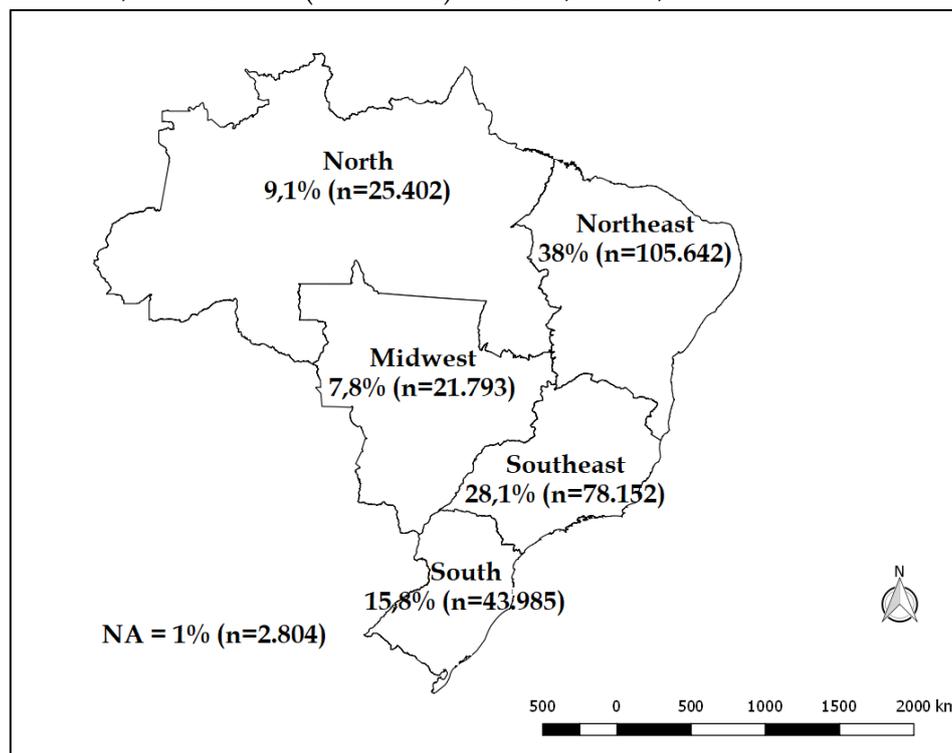
Source: Adapted from MMFDH, 2022.

* The authors respect the consulted sources.

** Due to several factors, the displayed values may undergo some type of modification.

When verifying the frequency of records of reports of psychological violence against the elderly by Brazilian regions, it was possible to verify that the Northeast (NE) region, when compared to the others, recorded the highest preponderance with 38% (n=105,642) and the Central region (N=105,642). West (CE) the lowest with 7.8% (n=21,793), as seen in Figure 2. In the third, fourth and fifth places, the Southeast (SE), South (S) and North (N) regions were identified, which registered respectively 28.1% (n=78,152), 15.8% (n=43,985) and 9.1% (n=25,402).

Figure 2 - Frequency of records of reports of psychological violence against elderly people in Brazil, 2011 of 2018 (n=277.778). Brasília, 2022*,**



Source: Adaptado do MMFDH, 2022.

The authors respect the consulted sources.

** Due to several factors, the displayed values may undergo some type of modification.

When analyzing the frequency of records of complaints of psychological violence against the elderly by federative units (FUs), it was possible to identify that the state of Sergipe (SE) recorded the highest preponderance with 12.7% (n=35,284) and that Tocantins (TO) the lowest with 0.1% (n=374), as shown in Table 1.

Table 1 - Frequency of reports of psychological violence against the elderly by federal units in Brazil, 2011 to 2018 (n=277,778). Brasília, 2022. *, **

	2011	2012	2013	2014	2015	2016	2017	2018	Total
	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)	f (%)
SE	70 (0,7)	223 (0,7)	440 (0,9)	208 (0,6)	7.438 (21,1)	8.322 (22,8)	8.357 (21,3)	10.226 (23,9)	35.284 (12,7)
MG	762 (8,1)	2.386 (7,6)	4.221 (8,5)	2.835 (8,5)	3.267 (9,3)	4.111 (11,3)	5.254 (13,4)	6.402 (15)	29.238 (10,5)
PR	415 (4,4)	1.466 (4,7)	2.314 (4,6)	1.604 (4,8)	4.508 (12,8)	4.542 (12,4)	5.298 (13,5)	5.827 (13,6)	25.974 (9,4)
PE	508 (5,4)	1.555 (5)	1.892 (3,8)	1.100 (3,3)	734 (2,1)	675 (1,8)	619 (1,6)	774 (1,8)	22.012 (7,9)
CE	472 (5)	1.659 (5,3)	2.519 (5,1)	1.499 (4,5)	1.363 (3,9)	1.736 (4,8)	2.189 (5,6)	1.863 (4,4)	15.176 (5,5)
SP	1.366 (14,5)	4.117 (13,1)	8.410 (16,9)	6.891 (20,6)	91 (0,3)	76 (0,2)	103 (0,3)	171 (0,4)	13.300 (4,8)
PI	229 (2,4)	649 (2,1)	837 (1,7)	838 (2,5)	1.776 (5)	1.664 (4,6)	1.722 (4,4)	1.782 (4,2)	12.876 (4,6)
BA	885 (9,4)	2.379 (7,6)	3.231 (6,5)	1.744 (5,2)	1.794 (5,1)	1.744 (4,8)	1.737 (4,4)	1.662 (3,9)	94.97 (3,4)
RS	489 (5,2)	1.855 (5,9)	3.079 (6,2)	2.454 (7,4)	1.180 (3,3)	1.154 (3,2)	1.287 (3,3)	1.378 (3,2)	8.841 (3,2)
RJ	1.303 (13,8)	4.539 (14,4)	7.398 (14,8)	4.613 (13,8)	1.074 (3)	1.111 (3)	1.004 (2,6)	970 (2,3)	8.517 (3,1)
PA	229 (2,4)	818 (2,6)	1.363 (2,7)	736 (2,2)	1.103 (3,1)	1.033 (2,8)	957 (2,4)	1.025 (2,4)	7.857 (2,8)
PB	257 (2,7)	759 (2,4)	1.363 (2,7)	910 (2,7)	1.327 (3,8)	1.300 (3,6)	1.495 (3,8)	1.430 (3,3)	7.690 (2,8)
DF	338 (3,6)	1.053 (3,4)	1.477 (3)	915 (2,7)	1.060 (3)	967 (2,6)	954 (2,4)	892 (2,1)	7.656 (2,8)
GO	243 (2,6)	939 (3)	1.533 (3,1)	910 (2,7)	1.005 (2,9)	925 (2,5)	1.010 (2,6)	1.125 (2,6)	7.595 (2,7)
RR	12 (0,1)	21 (0,1)	25 (0,1)	16 (0,0)	2.292 (6,5)	2.116 (5,8)	1.928 (4,9)	2.107 (4,9)	7.264 (2,6)
AM	202 (2,1)	1.065 (3,4)	1.322 (2,7)	748 (2,2)	1.017 (2,9)	1.032 (2,8)	799 (2,0)	700 (1,6)	6.885 (2,5)
MA	402 (4,3)	1.175 (3,7)	1.528 (3,1)	770 (2,3)	903 (2,6)	844 (2,3)	1.032 (2,6)	941 (2,2)	5.677 (2,0)
MT	61 (0,6)	244 (0,8)	423 (0,8)	311 (0,9)	294 (0,8)	250 (0,7)	310 (0,8)	247 (0,6)	5.221 (1,9)
SC	232 (2,5)	794 (2,5)	1.620 (3,2)	1.233 (3,7)	271 (0,8)	318 (0,9)	303 (0,8)	364 (0,9)	5.135 (1,8)
RN	341 (3,6)	1.360 (4,3)	1.758 (3,5)	1.064 (3,2)	201 (0,6)	177 (0,5)	162 (0,4)	158 (0,4)	4.307 (1,6)
MS	138 (1,5)	627 (2)	844 (1,7)	502 (1,5)	564 (1,6)	480 (1,3)	582 (1,5)	570 (1,3)	2.871 (1,0)
ES	247 (2,6)	689 (2,2)	958 (1,9)	722 (2,2)	712 (2)	738 (2)	798 (2,0)	813 (1,9)	2.804 (1,0)
AL	99 (1)	517 (1,6)	586 (1,2)	341 (1)	313 (0,9)	328 (0,9)	333 (0,8)	354 (0,8)	2.140 (0,8)
AC	19 (0,2)	119 (0,4)	204 (0,4)	81 (0,2)	139 (0,4)	129 (0,4)	127 (0,3)	156 (0,4)	974 (0,4)
AP	11 (0,1)	79 (0,3)	72 (0,1)	44 (0,1)	28 (0,1)	40 (0,1)	45 (0,1)	55 (0,1)	831 (0,3)
RO	52 (0,6)	166 (0,5)	277 (0,6)	207 (0,6)	32 (0,1)	21 (0,1)	22 (0,1)	54 (0,1)	557 (0,2)
TO	48 (0,5)	156 (0,5)	170 (0,3)	75 (0,2)	1 (0,0)	-	10 (0,0)	97 (0,2)	374 (0,1)
NA	-	3 (0,0)	5 (0,0)	6 (0,0)	765 (2,2)	661 (1,8)	755 (1,9)	609 (1,4)	21.225 (7,6)
Total	9.430 (100)	31.412 (100)	49.869 (100)	33.377 (100)	35.252 (100)	36.494 (100)	39.192 (100)	42.752 (100)	277.778 (100)

Source: Adaptado do MMFDH, 2022.

* The authors respect the consulted sources. / ** The values exposed may undergo some type of modification.

When analyzing the frequency of records of reports of psychological violence against elderly people by type, in the established geographic and historical scope, it was possible to verify that the crime of "hostilization" registered the highest preponderance with 37.5% (n=104,211) and the of "disabled subtraction" the lowest preponderance with

0.1% (n=270), as shown in Table 2.

Table 2 - Frequency of reports of psychological violence by type against the elderly in Brazil from 2011 to 2018 (n=277.778. Brasília, 2022.*,**

	Hostility	Humiliation	Threat	Slander / Injury / Difamation	Bribery	Persecution	Infantilization	Subtraction of Disabled	Others	Total
2011	2.916 (2,8)	2.719 (2,9)	2.047 (4,3)	794 (6,6)	351 (5)	227 (6)	32 (2,2)	21 (7,8)	323 (4,2)	9.430 (3,4)
2012	10.721 (10,3)	10.788 (11,6)	5.586 (11,7)	1.830 (15,2)	712 (10,2)	455 (11,9)	218 (14,8)	16 (5,9)	1.086 (14,1)	31.412 (11,3)
2013	17.930 (17,2)	18.131 (19,4)	7.999 (16,7)	2.089 (17,3)	1.135 (16,2)	543 (14,2)	299 (20,4)	18 (6,7)	1.725 (22,3)	49.869 (18)
2014	12.094 (11,6)	11.898 (12,8)	5.728 (11,9)	1.190 (9,9)	1.020 (14,6)	340 (8,9)	257 (17,5)	36 (13,3)	814 (10,5)	33.377 (12)
2015	12.443 (11,9)	12.351 (13,2)	6.382 (13,3)	1.310 (10,9)	956 (13,7)	486 (12,8)	170 (11,6)	60 (22,2)	1.094 (14,2)	35.252 (12,7)
2016	12.723 (12,2)	11.272 (12,1)	6.840 (14,3)	2.050 (17)	1.029 (14,7)	625 (16,4)	188 (12,8)	85 (31,5)	1.682 (21,8)	36.494 (13,1)
2017	16.473 (15,8)	12.530 (13,4)	6.546 (13,7)	1.531 (12,7)	869 (12,4)	578 (15,2)	155 (10,6)	8 (3)	502 (6,5)	39.192 (14,1)
2018	18.911 (18,1)	13.607 (14,6)	6.810 (14,2)	1.271 (10,5)	924 (13,2)	557 (14,6)	150 (10,2)	26 (9,6)	496 (6,4)	42.752 (15,4)
Total	104.211 (100)	93.296 (100)	47.938 (100)	12.065 (100)	6.996 (100)	3.811 (100)	1.469 (100)	270 (100)	7.722 (100)	277.778 (100)

Source: Adapted from MMFDH, 2022.

* The authors respect the consulted sources.

** Due to several factors, the displayed values may undergo some type of modification.

In table number 03, the frequencies of different types of psychological violence are exposed, aimed at the elderly in the geographical and historical scope analyzed, in addition to the respective percentages, mean of 30,864.2, median of 7,722 and standard deviation of 41,169.8. Among the different types of psychological violence directed at the elderly, it was found that harassment recorded the highest preponderance with 37.5% (n=104,211), followed by humiliation with 33.6% (n=93,296) and threats in third place. with 17.3% (n=47,938).

Table 3 - Frequency of different types of reports of psychological violence against the elderly by percentage, mean, median and standard deviation, in Brazil, 2011 to 2018 (n=277.778):*,**

Types	f	%	Average	Median	Standard Deviation
Hostility	104.211	37,5	-	-	-
Humiliation	93.296	33,6	-	-	-
Threat	47.938	17,3	-	-	-
Slander / Injury / Difamation	12.065	4,3	-	-	-
Bribery	6.996	2,5	-	-	-
Persecution	3.811	1,4	-	-	-
Infantilization	1.469	0,5	-	-	-
Subtraction of Disabled	270	0,1	-	-	-
Outers	7.722	2,8	-	-	-
Total	277.778	100	30.864,2	7.722	41.169,8

Source: Adapted from MMFDH, 2022.

* The authors respect the consulted sources.

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Na terceira, quarta e quinta colocações, foram identificadas respectivamente a calúnia/injúria/difamação com 4,3% (n=12.065), a chantagem com 2,5% (n=6.996) e a perseguição com 1,4% (n=3.811) registros. Já na sexta e na sétima colocações, foram identificados os crimes de infantilização e subtração de incapaz, com 0,5% (n=1.469) e 0,1% (n=270), respectivamente.

Discussion

With regard to the increase in reports of psychological violence against elderly people in the established geographic and historical framework, a correlation was identified with what is exposed in the scientific literature, when greater visibility and concern regarding this criminal phenomenon is defended.^{12,14,15,27} In this sense, both by civil society and by the state, as well as several institutions and associations of health professionals and people interested in the aging process, and its protection is verified according to the scientific literature, greater concern with the phenomenon under analysis, as well as the development of mechanisms, strategies and policies, aiming to develop the process of mitigating this crime directed at the elderly.^{14,15,26,32}

In this sense, they can be cited as important initiatives for the support and empowerment of the elderly, as well as instruments that contributed to the increase in the number of complaints of psychological violence and also, in its various types, such as the "National Policy of the Elderly", the "National Health Policy for the Elderly" and the Elderly Statute.^{5,6,7} In this way and, according to the scientific literature, the phenomenon of violence inflicted against elderly people has been growing significantly today, being identified and registered also, along with the various types of scientific literature and, being able to be considered a true "epidemic" by the frequency of complaints and effective records, due to its various identification mechanisms, becoming an increasingly relevant and worrying, as well as a public health problem.^{14,15,27,32,34}

Research indicates that elderly women are the victims most likely to be psychologically and emotionally abused and, therefore, male people normally suffer some type of abuse, and this crime is directly related to factors such as for example, the greater longevity verified in the female elderly and, as a consequence of their dependence for the daily activities of daily living, generating greater damage in the cognitive factor or state.^{11,14,15,26,27,35} In what concerns refers to the Northeast region (NE) having registered the highest preponderance in the number of reports of psychological violence against the elderly, this phenomenon may be related, according to data acquired from the Brazilian Institute of Geography and Statistics (IBGE), because it has the second largest population, the third largest territory, the lowest human development index (HDI) identified in 2017 and also the third largest gross domestic product (GDP) in the year 2018.^{14,16,27,36}

For other researchers, when analyzing the issue of psychological violence directed at elderly people, mainly identified in the NE region, they argue that in this location, due to several factors, they are related to the inequalities that occur in the midst of organized structures and also, institutionalized, with the need to enhance devices to combat and control this crime.^{5,6,7,15,17,26} In this way, the aforementioned social inequalities are initiated and strongly verified within the family itself and its innumerable difficulties, as a result of poverty and the difficulty of accessing financial means for a dignified subsistence, to excluding economic systems, in addition to cultural and political ones, thus leading to phenomena related to the oppression of these citizens and, therefore, making them even more vulnerable in society.^{5,6,7,15,17,33,36}

Regarding the FU of Sergipe (SE) as the Brazilian state that recorded the highest preponderance, with regard to the number of complaints of psychological violence against the elderly, a correlation was identified with what is exposed in the literature. scientific research, when it is argued that this Brazilian state recorded the highest number of victims, being more strongly identified in elderly females.^{18,19} In this way, it was also possible to verify that, in addition to being female, these victims are possessors with a low level of education and information, in addition to declaring themselves as a representative of mixed race/color, according to studies and surveys implemented by the Department of Informatics of the Unified Health System in Brazil - DATASUS.^{15,18,19}

With regard to the crime of harassment as psychological violence generated against elderly people, a correlation was verified with what is supported in the scientific literature, when it is argued that this misdemeanor was already developed in the past and remains today being identified and implemented by several people, including the victim's relatives, such as children, grandchildren and also close people.^{18,19,20} In this sense and, based on the analyzed scientific literature, as well as the various scientific and political events

implemented in our daily lives, if makes it of fundamental importance "to be rethought the issue of old age, the aging process, and the conditions of society, in the sense of developing and generating efficient mechanisms for the integral care of being aged" in the Brazilian state, being still necessary, the expansion of the fight for the guarantee of the right, to "give voice and turn" to the elderly person, with regard to their citizenship and its real emancipation.^{18,19,20,32,33,35}

Attentive to what is stipulated in the legislation and in particular, to the Statute of the elderly, it is also of fundamental importance to present what is exposed in the national law directed to being aged Brazilian, when it is defended that, "no elderly person will be subject to any type of negligence, discrimination, violence, cruelty or oppression, and any violation of their rights, by action or omission, will be punished according to the law."⁷ Regarding the issue of data underreporting, a correlation was identified with the which is exposed together with the scientific literature, when it is argued that several facts contribute to the notification process to occur in a fragile and still deficient way, even allowing the perpetuation of these criminal events in relation to the elderly, in all its dimensions.^{9,12,19,36}

In this context, it is pointed out by several researchers that the vast majority of elderly people, victims of some type of innumerable forms of violence, when they choose the decision to seek help in a police station, or also, other institutions for the defense of their rights, do not effectively expect the generation of some type of punishment for the aggressors in question, but rather another form of "negotiation" for the resolution of issues and conflicts generated by the perpetrated act.^{9,18,19} Also, in relation to the phenomenon of underreporting of the data related to psychological violence against the elderly, it is proposed by some researchers that this crime can occur in different circumstances and also, due to numerous issues, however, it is impossible to have a real measure of its universe of cases and its coverage.^{9,18,19,20,34,36}

As another contributing factor to the issue of underreporting of cases of complaints, the phenomenon of underestimation of cases by some professionals can also be highlighted, as they do not guarantee the performance of a service and the availability of the necessary attention, and thus, the phenomenon of negligence of the victims' complaints occurs and, mainly, when the elderly person demonstrates to have a history of troubled interpersonal relationships, or even, when he is a victim of cognitive and even psychological deficiencies.^{19,20,21,34,35} In relation to psychological violence directed at the elderly and classified as a "threat", it is foreseen as a crime, together with article 147 of the Brazilian Penal Code (CP), which defends that it is "conceptualized as the act of threatening someone, whether with actions, through words, writing or other means with the intention of causing harm to the victim."^{22,23,24,28}

For the consolidation of this crime, it is not necessary for the author to comply with what he said, to have the intention to generate fear in a person or terrify him, it is enough, because, despite being considered a crime of lesser offensive potential, the penalty can range from one (1) to six (06) months of detention or a fine.^{22,23,24,28} In relation to the crime of "slander", the same is provided for in article 138 of the Brazilian CP, and the same is constituted as "the false attribution, carried out publicly, of the authorship of a crime against an innocent person, with a penalty that can vary from six (06) to two (02) years of detention and a fine."^{22,24,28}

In relation to the crime of "injury", it can be defined as "the attribution of offensive qualities to someone, consistent with race, ethnicity, religion, condition of the person with a disability or the elderly", and the same is provided for with the article number 140 of the Brazilian CP, with a penalty that can vary from a few months to three (03) years of detention and a fine. Brazilian CP, which consists of publicly harming someone's good reputation, with negative facts, and its penalty can range from three (03) months to one (01) year of detention and payment of a fine.^{22,23,24,28}

In relation to the crime of "blackmail" against the elderly person, it can be understood as the act of embarrassing the victim, through acts of violence or through threats, in order to obtain some kind of advantage, among them, for example, the financial one, with imprisonment from four (04) to ten (10) years, and payment of a fine.^{7,22,23,24,28} In this way, the "Statute of the Elderly" provides as a crime, the receipt or embezzlement of goods and/or benefits from elderly people, and generally, the same happens when the elderly person needs help from someone, whom he/she deems trustworthy and, often, can be a family member, a friend or even, an employee of a service provision institution, where this person takes advantage of the ease of access to goods to appropriate, and the penalty for this crime can vary from one (01) to four (04) years of imprisonment and payment of traffic ticket.^{7,22,23,24,28}

In relation to the phenomenon of "infantilization of the elderly", the same happens when there is a

wrong comparison between the relationship of affection and affection that is normally used with children, causing their autonomy to be affected, and in this way, it is believed that this action happens, due to the fragility and dependence that the elderly person presents.^{25,30,31} Generally, this phenomenon occurs with people closest to them, such as family and friends and, in some cases, even with health professionals, and this inverted care relationship is verified as children, we are cared for by our parents and, as they get older.^{25,30,31}

As a way of combating and controlling the various types of crimes of violence against the elderly, it is also important to remember the existence of Law number 12/461/2003, which established the process of compulsory notification of acts of violence committed against the elderly, attended with the health services.²⁹

Final Considerations

By carrying out the present research, it was possible to identify the increase in the frequency in the number of records of reports of psychological violence inflicted against the elderly, in the established geographic and historical scope. It was also possible to verify that the greater preponderance of registered cases were identified in the NE region, in the federative unit of Sergipe (SE), with "hostilization" being the most frequent type among those analyzed, in addition to the underreporting of cases identified.

In this way, it is understood that although the present research has limitations in its constitution, the proposed objectives were achieved, being suggested that other academic works and technical productions be encouraged, aiming to better elucidate the theme psychological violence against the elderly. In this way, it is also suggested the strengthening of instruments, policies and strategies to combat and control, not only psychological violence against the elderly, but all types and modalities of crimes against this social agent who is in social vulnerability.

In order to combat, control and mitigate this complex crime against the elderly in the various UFs and Brazilian regions, the active and continuous participation of all members of civil society, political society, professionals belonging to the various areas of knowledge and even of scientific associations and societies. In this sense, the existence of phenomena such as psychological violence against the elderly in contemporary society is unacceptable and revolting, and it is necessary to combat and report crimes of this nature, in order to promote the protection of this person belonging to the various social strata.

As a result of the direct and indirect impacts related to the COVID-19 Pandemic, it is possible that the frequency of records of reports of psychological violence against elderly people has increased, requiring other productions to be implemented to better elucidate this issue. As a result of the impacts of the COVID-19 Pandemic and its variants, one of the measures implemented both internationally and nationally was the "lockdown", which may have conditioned people to remain confined in their homes, in addition to isolation and distancing measures. social, which generated an increase in the emergence of emotional phenomena and stress, which may have contributed to the increase of various types of violence, including psychological violence directed at the elderly and, by extension, the records of complaints.

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