

# LEADERSHIP OF NURSES IN COPING WITH COVID-19 IN A HOSPITAL IN THE SOUTHERN REGION OF BRAZIL

## LIDERANÇA DE ENFERMEIROS NO ENFRENTAMENTO À COVID-19 EM UM HOSPITAL NA REGIÃO SUL DO BRASIL

## LIDERAZGO DE ENFERMERAS EN LA LUCHA CONTRA EL COVID-19 EN UN HOSPITAL DE LA REGIÓN SUR DE BRASIL

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**Objective:** to report the experience of leading nurses in coping with COVID-19 in a university hospital in southern Brazil. **Method:** experience report of the performance of leading nurses in the fight against the new Coronavirus, from March to June 2020, in a reference hospital in southern Brazil. **Results:** the report was based on the actions of advanced practice in nursing services, encompassing research, education, care practice and management. Some approaches were identified in the performance of the nurse-leader in the COVID Intensive Care Unit and in the Non-Reference Inpatient Unit, such as: creation of protocols and flows, training of nursing teams, dimensioning/relocation, adequacies in care and different feelings experienced. **Conclusion:** the nurse's leadership in the face of the pandemic has been permeated by numerous challenges, and it is necessary to use their skills and competences to provide a quality, safe and healthy work environment.

**Descriptors:** Nurses. Leadership. Hospitals. Coronavirus. Advanced Practice Nursing.

*Objetivo:* relatar a experiência de liderança de enfermeiros no enfrentamento à COVID-19 em um hospital universitário na Região Sul do Brasil. *Método:* relato de experiência da atuação de enfermeiros-líderes no combate ao novo Coronavírus, no período de março a junho 2020, em um hospital de referência, no Sul do Brasil. *Resultados:* o relato teve por base as ações de prática avançada nos serviços de enfermagem, englobando pesquisa, educação, prática assistencial e gestão. *Identificou-se algumas aproximações na atuação do enfermeiro-líder na Unidade de Terapia Intensiva COVID e na Unidade de Internação não referência, como: criação de protocolos e fluxos, treinamento*

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*das equipes de enfermagem, dimensionamento/relocação, adequações na assistência e diferentes sentimentos vivenciados. Conclusão: a liderança do enfermeiro frente à pandemia vem sendo permeada por inúmeros desafios, sendo necessário utilizar-se de suas habilidades e competências para proporcionar um ambiente de trabalho de qualidade, seguro e saudável.*

*Descritores: Enfermeiras e Enfermeiros. Liderança. Hospitais. Coronavirus. Prática Avançada de Enfermagem.*

*Objetivo: reportar la experiencia de enfermeras líderes en el enfrentamiento a COVID-19 en un hospital universitario del sur de Brasil. Método: informe de experiencia del desempeño de enfermeras líderes en la lucha contra el nuevo Coronavirus, de marzo a junio de 2020, en un hospital de referencia en el sur de Brasil. Resultados: el informe se basó en las acciones de la práctica avanzada en los servicios de enfermería, abarcando la investigación, la educación, la práctica del cuidado y la gestión. Se identificaron algunos enfoques en el desempeño de la enfermera-líder en la Unidad de Cuidados Intensivos COVID y en la Unidad de Hospitalización No Referencial, tales como: creación de protocolos y flujos, capacitación de equipos de enfermería, dimensionamiento/reubicación, adecuaciones en la atención y diferentes sentimientos experimentados. Conclusión: el liderazgo de la enfermera frente a la pandemia ha estado impregnado de numerosos desafíos, y es necesario utilizar sus habilidades y competencias para proporcionar un ambiente de trabajo de calidad, seguro y saludable.*

*Descriptores: Enfermeras y Enfermeros. Liderazgo. Hospitales. Coronavirus. Enfermería de Práctica Avanzada.*

## Introduction

The new Coronavirus pandemic that spread around the world also reached Brazil, causing numerous consequences and problems in various sectors of society. Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) or Coronavirus virus of Severe Acute Respiratory Syndrome 2 was discovered in December 2019 in Wuhan city, China, which caused COVID-19<sup>(1,2)</sup>. The disease includes mild, moderate and severe symptoms. About 80% of the people affected by SARS-CoV-2 may be asymptomatic and 20% will present breathing difficulties, requiring care at different levels of health care, according to the severity of the cases<sup>(2,3)</sup>.

The health services responsible for the care of people affected by SARS-CoV-2 in many cities in Brazil were, at times, on the verge of a crisis. This context resulted in lack of beds/vacancies and work overload for health teams working at all levels of health care, including in the hospital environment, due to the occupation of beds, removal of professionals and the need for patient care. It is already known that transmission occurs through direct contact, by respiratory droplets or contact with contaminated secretions<sup>(2)</sup>.

Regarding the forms of personal protection indicated to health professionals when providing care to people affected by the new Coronavirus,

it is recommended the use of personal protective equipment (PPE) for contact precaution and droplets, such as: goggles or face protector, cap, apron, gloves and surgical masks or the N95. The latter is indicated in all health services when providing care to patients suspected or confirmed of COVID-19, especially in aerosol-generating procedures<sup>(2,4)</sup>.

Nursing constitutes 50% of the workforce in the health field, is responsible for direct care to patients 24 hours a day and has been providing care to COVID-19 victims. In the hospital context, there is an expressive number of professionals (nurses, nursing technicians and assistants), all fundamental in the care process. Thus, the nursing team has experienced several worrying situations in this scenario, requiring the nurse professional, leader of the nursing team, qualified performance in care management, as well as in the management of material and human resources.

The work of nurses is permeated by a complexity of actions that encompasses, in addition to patient care, development of activities in the managerial and leadership spheres, assertive decision-making, as well as management of conflicts and interpersonal relationships. In addition, it is up to this professional to direct

conduct and plan actions, with the purpose of achieving objectives, with the supervision and legal responsibility of the activities of the nursing team<sup>(5)</sup>. It is through the exercise of the nurse's leadership that the synchrony of teamwork, quality care and the reduction of nursing errors is obtained, generating better results for the patient<sup>(6)</sup>. However, the pandemic presented situations that require unscheduled decisions from nurses to continue the care and management of services in the midst of the crisis.

Given the needs of organizing and reorganizing nursing care practices required by the pandemic, it can be said that exercising leadership has been an arduous task for nurses who are on the front line against the new Coronavirus. Therefore, an experience report was made, instigated by the following guide question: How has nurses been playing the role of leadership in coping with the COVID-19 pandemic? In the face of the above, the objective is to report the experience of leading nurses in coping with COVID-19, in a university hospital in the Southern Region of Brazil.

## Method

This is an experience report about the leadership of nurses in coping with COVID-19, in a university hospital located in southern Brazil. The hospital has a total of 831 beds, divided into several areas. Of these, 50 beds in an inpatient unit (IU) and 105 beds in an intensive care unit (ICU) are destined for COVID-19 care. According to the demand, according to the contingency plan, a larger number of beds may be available for care.

In view of the cases of COVID-19 in Brazil, since March 2020, the hospital leaders sought assistance from the sectors and professionals of the institution, including nurses, to plan the structure, personnel dimensioning, training of professionals and the preparation of nursing teams for the reception and treatment of patients, qualification and excellence in the care of those affected by the new disease.

For the present report, we considered the reflections and experiences lived by leading nurses, working in an ICU and IU, during daily professional life in the pandemic, from March to

June 2020. Then, we described the day-to-day of the nurses, leaders of their teams, in the two different scenarios, contrasting with the literature found about leadership.

## Experience reports

After the configuration of a (multidisciplinary) Group to Cope with the new Coronavirus, the hospital institution built contingency plans, flows and protocols, guidelines for paramentation/deparamentation, use of PPE, visit restrictions, strategies for the mental health of workers and preparation of research projects on the subject. These activities were strategically designed to meet the demand for care and ensure the safety of professionals and patients affected by COVID-19.

Concerning the physical structure, exclusive areas were allocated for the care of patients suspected/confirmed of Coronavirus. At the arrival of the patient suspected of COVID-19 in the emergency room, in case of presenting flu-like symptoms, this was destined to a separate area. Subsequently, if it had not been released for home isolation, it would be referred to the IU that met only confirmed cases or, in more severe situations, to the ICU, in order to receive advanced care. Despite having exclusive units for the care of patients with the new Coronavirus, the entire institution prepared for the pandemic, since the reflexes of the disease would reach all areas and sectors.

In view of the above, the need to report on how the leading nurses of a reference ICU for patients with COVID-19 and a non-reference IU have been exercised; two different realities, but with many approximations. Thus, this report is based on the actions of advanced practice in nursing services.

Nursing with advanced practice (NAP) is currently considered an innovation, since he/she contributes to the improvement of the quality of care, as well as there is evidence of high rates of patient satisfaction in care and in the reduction of health costs<sup>(7)</sup>. The points addressed in the reports of this study will be the following dimensions: research, education, care practice and management<sup>(8)</sup>.

### *Nurse leadership in an ICU*

In mid-February 2020, the Ministry of Health (MS) addressed to the hospital in question the challenge of expanding intensive care beds for the care of patients affected by COVID-19. The Intensive Care Center (ICC), composed of 47 beds, was to be expanded to a total of 152 beds by the end of May 2020. To this end, work fronts were organized with the management of the Intensive Care Service (ICS), to start the organization, planning and opening of new beds.

In the context of this research, references to evidence-based practice were sought. Working groups were constructed in a multidisciplinary manner and the national and international literature was reviewed to initiate the elaboration of flows, protocols and readaptations to clinical practice routines. The nurses integrated each working group according to their expertise. At that moment, it was perceived the need to listen to the whole team, so that the collective demands and adapted to the reality of each professional could be met.

Regarding education, based on a previous literature review, the groups initiated a set of on-site training about the care practices adopted in the care of patients suspected/confirmed with the disease. The first theme, and perhaps the most emerging, was the paramentation/deparamentation of professionals. Ensuring the safety of professionals was a constant concern of all working groups. The nurses indicated the need for immediate training, since the hospitalization of the first suspected case of Coronavirus was already announced by the *Central de Leitos* of the State of Rio Grande do Sul.

During the team training process, the first suspected patient arrived at the ICU, which generated a mixture of feelings in the care teams. Immediately, the nurses of the unit who met the first patient structured in and outflows of professionals, adapted the physical structure, to ensure the safety of the processes and readjusted the work scales, to size the most experienced professionals and who had already received training to care for patients with COVID-19.

In the midst of the significant expansion of new intensive care beds, it was necessary to hire new professionals immediately. After this moment, an intense movement was triggered for training and training of the teams. Training was elaborated in the face-to-face modality, in service and in the modality of Distance Learning (DL). Furthermore, seeking familiarization and agility, practical situations and realistic simulations of various service scenarios were provided.

It is noteworthy that the role of the nurse-leader in continuing education becomes unpredictable in the midst of the pandemic. As already evidenced in a research, considering the demands of the nursing team and planning educational actions focused on daily practice can be a way to contribute to obtaining better care results<sup>(9)</sup>.

In relation to care practice, in view of the new scenario, it was necessary to adapt care routines. With the scope of ensuring safe and quality nursing care, protocols and care flows were elaborated, according to the requirements proposed by the MS and regulatory agencies. In this sense, work processes were modified such as: dispensing of medicines, waste inflows and exits, transportation/ transfer of patients, flow of visits, support services, flow of materials from the Center for Materials and Sterilization, death flow, patient documents and administrative routines, as well as modifications and recommendations of good practices in ventilatory care (use of mechanical ventilation, noninvasive mechanical ventilation, inward therapy, orotracheal intubation and prona position). The work team also recommended modifications of nursing care routines in order to avoid unnecessary exposures. All flows were reviewed and updated daily by the nurse-leader, since the occupation and care needs of the unit are dynamic and constantly adapted.

Good practice management is paramount for harm-free health care. Moreover, as already seen in a study<sup>(10)</sup>, it promotes the planning of individualized care, according to the needs of each patient. In the meantime, the nurse-leader's approach to good health practices, through evidence-based practice, raises safe and quality care.

From the management perspective, the analysis of the structure, people and processes was organized.

Structure management – the new ICU beds for patients affected by Coronavirus were allocated in the annex block to the main building. A physical structure for the Emergency room was adapted to the ICU and clusters of eight and ten beds were opened each beginning of the week. In the end, 105 new ICU beds were installed and the nurses were responsible for organizing the new units, managing equipment, materials and medicines, together with the administrative sector and the pharmacy. The main difficulty in the scenario was the race against time. In a short period, it was necessary to reorganize the physical infrastructure of the institution, due to the cases of the moment and also to meet the growing demand of patients with COVID-19. Among the strategies for rapid reorganization, the institution had the expertise of professionals, the strategic planning of actions and the governance of best practices.

People management – after the emergency hiring of countless new professionals, nurses were challenged to size the nursing team differently than usual: distributing nurses and nursing technicians experienced in different units, so that they could assist in the preparation and training of newly arrived and inexperienced professionals in the care of critically ill patients with COVID-19. Seeking the best use of the skills of professionals, experienced technicians of the IUs were relocated in the ICU, to assist in the care of critically located patients. This movement (necessary) generated an emotional impact in the teams and these feelings were welcomed by the nurse-leaders in conjunction with the psychology service of the institution, which offered moments of weekly listening. A national study conducted with nursing professionals who work directly to combat the new Coronavirus identified that the pandemic has generated several feelings in these workers, such as anxiety, fear, ambivalence, depression and exhaustion, mainly related to the lack of PPE, the large number of deaths and infected, the distancing of family members and overwork<sup>(11)</sup>.

One of the complaints of the care team was the lack of personal identity hidden by the paramentation. In order to mitigate this gap, in order to make the “faces visible” to patients and colleagues, special badges were made with the enlarged photo of the faces of each team member. This attitude generated satisfaction to nursing professionals for their work and appreciation of each person’s identity.

Process management – in the period of daily adaptations, was necessary to monitor all administrative and care processes. The nurse monitored daily the evolution of the expansion of the service, the needs of continuing education, the indicators and care goals, the processes of quality control and safety, the incidence of contamination among professionals, the review of care and management protocols, the monitoring and screening of psychological exhaustion of nursing teams, daily hundles for mapping occupational and care risks. The dissemination of new guidelines in the face of the pandemic and the fight against fake news was something that had to be taken into account by the working group. Therefore, up-to-date and reliable information was made available daily at 7 a.m. on the institution’s intranet control panel. This initiative required integrated efforts by information technology professionals, in addition to partnering with the care areas in the collection of information.

### *Nurse leadership in an IU*

While ICUs received the first patients with COVID-19, clinical IUs for the care of clinical patients in the hospital were also undergoing restructuring. Initially, two IUs were intended for exclusive care to these patients. The IU reported in this study, even though it is not a reference unit for COVID-19 positive patients, engaged in updating nursing teams about care flows, because there was concern that, in the near future, demand could increase and other units could come to meet the same patients.

Regarding the research, initially, the nurse-leaders also needed to know the protocols

and institutional flows (constructed through the available literature) and disseminate them to the nursing teams. The protocols remained constantly updated, according to national and international guidelines and were passed on to the teams by the leaders. The nursing teams were open and willing to assist, although they were very concerned and apprehensive about the possibility of providing care to patients with suspected or diagnosed COVID-19.

In relation to education, the members of a Commission were assigned to train nursing teams for paramentation/deparamentation in the care of patients with suspicion or confirmation of the disease. Due to the improvisation of the physical structure, doubts emerged from the team that would start to act in an adapted and unknown environment. At that time, the teams were able to answer their doubts about the use of PPE, as well as had access to all the PPE that should be used. Videos were also made available with updates about the care protocols, via the institution's intranet, leaving the teams in line with the sectors that were already treating patients with the new Coronavirus. To share information and update the subject in question, in the IU of the study, the nurse-leaders provided a panel with the flowcharts of care to patients suspected of COVID-19 and also the Standard Operational Protocols (SOP) for care.

The protection of health professionals is essential for the care of infected patients, in order to ensure that they do not act as transmitters of the virus. In addition, health services have a duty to provide training for health professionals in the prevention of the transmission of infectious agents, as well as for the correct and safe use of PPE<sup>(4)</sup>.

As for updates in care practice, it should be reported that, because it is not a reference unit, there were no changes in the care practice itself. However, patients from COVID Units, after a negative diagnosis, were transferred to non-reference IUs. The main changes in care were those related to the allocation of professionals. Employees from the emergency selection process, who needed direct supervision due to inexperience in caring for the most complex patients, were directed to the IU for training. Thus,

nursing technicians adapted to the performance of care tasks, accompanied by a newly admitted colleague, demanding greater attention from the nurse in supervising the activities and motivating the teams.

The measures adopted in the IU stand out, based on the management of structure, people and processes.

Regarding structure management, it was not necessary to make structural changes, since the unit was not intended for direct care to patients with COVID-19. However, it was necessary to know and disseminate the structural changes that had been taking place in the institution, aiming at transparency of information for employees. With this, the nurse-leaders made an explanatory mural in the unit about the changes resulting from the pandemic and also the doubts about the transmission and prevention of the disease.

Regarding the management of people, due to institutional demand, it was necessary to relocate experienced professionals from the IUs to the ICU, in order to provide greater technical-scientific support for critical areas, whose patients required greater complexity of care. Thus, the unit began to receive inexperienced professionals for the development of care practices. The main challenge of these professionals was the exhaustion of the team's reference colleagues due to the high demand for supervision and the teachings in the work environment, linked to the demanding routine of direct patient care.

The awareness and acceptance of the feelings of these professionals were performed by the nurses in each work shift, with daily reinforcements and qualified listening by the hospital psychology service. A way to honor the dedication of the nursing professionals of the unit was also sought. A group of advertisers, with the help of some nurses, carried out an action called the *Rede de Afeto*. In it, 59 people were invited to send a message to a professional of the group, an inspiring message for this delicate moment.

Another challenge for the leading nurses of this IU were the leaves of professionals who presented symptoms of the disease, requiring absence and reflecting on the resizing of the teams. In an attempt to reduce the overload of



employees, nurses met and addressed priority routines for patients, so as not to harm safety and quality of care. There was also a partnership between the *Serviço de Medicina Ocupacional* (SMO) and the nurses, so that they were warned as soon as the employee would take the test for COVID-19 or tested positive, as well as the schedule of the days of absence. The management of work scales is of paramount importance, so that nursing team professionals are not overloaded<sup>(12)</sup>, becoming an impactful element for leaders.

Regarding process management, it was necessary to adapt the unit to the new scenario exposed, adhering to institutional protocols. With this, a protocol for transferring/transporting patients to reference units in the care of cases was also constructed, since there could be patients from the clinical IU, already hospitalized for another diagnosis, positive for the examination for Coronavirus during hospitalization and need transfer.

It was also necessary to suspend the visits, and the companions were only allowed through the nurse's evaluation, in isolation, in order to avoid agglomerations and possible foci of transmission. This situation required awareness and guidance to family members.

Nursing leaders are essential to safeguard the strategic and continuous development of nursing teaching, research and practice. The pandemic caused by the new Coronavirus has called into question the role of leadership, a need never as important as now<sup>(13)</sup>. Thus, the nurse-leaders were engaged in promoting quality care and facing the emerging difficulties, based on scientific knowledge and their practical experience.

A limitation of the study is that it consists of an experience report in a single health institution. Thus, it is suggested that new reports about the leadership of nurses in coping with COVID-19 can be shared, in view of the different scenarios of the professional's performance.

## Conclusion

The report allowed describing the experience about the nurse's leadership in coping with

COVID-19, in a university hospital in southern Brazil. Regarding the leadership of the nursing professional, it can be said that, in this scenario, it was necessary to use his/her skills and competences to provide a quality, safe and healthy work environment for the entire nursing team. Given the ability to manage and lead in the actions of improvement in coping with COVID-19, the nurse proved to be an important link between institutional management and the management of daily care among the multidisciplinary team. Assertive communication, the climate of support, permanent education, coordination and supervision of care proved necessary for the climate of tension, uncertainties and fear to be mitigated.

At the end of this experience report, it is possible to identify some approximations between the ICU-COVID and the non-reference IU, such as: use of protocols and flows based on scientific evidence, training of nursing teams, dimensioning/relocation of personnel, adjustments in care practice and different feelings experienced by professionals. However, for the creation of the ICU-COVID, a new physical structure was necessary, in addition to many actions aimed at personnel management, due to the large number of newly admitted professionals. The nurse's leadership was present in both scenarios, seeking to mitigate and minimize the effects of the pandemic, with a view to maintaining workers' health and managing patient care.

The leading nurses working in the ICU and IU were supported by the institution and sought to act according to the pillars of research, education, care and management, to create and recreate favorable conditions for coping with the pandemic, leveraging mutual efforts, in order to qualify care, streamline processes, act in a technical-scientific way, humanizing care and boosting a differentiated look at the needs of the nursing team, especially regarding emotional aspects.

The leadership of nurses has been an arduous task for professionals who are at the forefront of the pandemic, since the scenario is constantly changing and still needs an innovative, differentiated and challenging management look.

## Collaborations:

1 – conception, design, analysis and interpretation of data: Ana Cristina Pretto Bão, Angela Enderle Candaten, Daiane da Rosa Monteiro and Simone Coelho Amestoy;

2 – writing of the article and relevant critical review of the intellectual content: Ana Cristina Pretto Bão, Angela Enderle Candaten and Simone Coelho Amestoy;

3 – final approval of the version to be published: Ana Cristina Pretto Bão and Angela Enderle Candaten.

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