NURSE LEADERSHIP IN THE CONTEXT OF A PANDEMIC IN HOSPITAL CARE: CHALLENGES, PERFORMANCE, AND LEARNING

LIDERANÇA DO ENFERMEIRO NO CONTEXTO DE PANDEMIA NA ATENÇÃO HOSPITALAR: DESAFIOS, ATUAÇÃO E APRENDIZAGEM

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ABSTRACT: **Objective:** To analyze the role of nurses in the context of a pandemic in hospital care. **Method**: Qualitative, descriptive study, with the application of semi-structured interviews with 19 nurses who worked in strategic leadership positions during the pandemic in a university hospital in the Brazilian Central-West. Data were processed in the IraMuTeq software and subjected to thematic content analysis. **Results:** Six semantic classes were obtained and grouped into three thematic categories, namely, nurse leadership in a scenario of insecurities and uncertainties, nurse leadership characteristics in pandemic circumstances, and the role of the leader nurse in in-service learning. **Conclusion:** The results highlight the importance of nurses in leading healthcare processes in the face of the challenges imposed by the COVID-19 pandemic, requiring purposeful action in these circumstances, which was a driver of learning for proactive presence in other similar contexts.

KEYWORDS: Nurses. Leadership. Pandemic. COVID-19.

RESUMO: **Objetivo**: Analisar o papel do enfermeiro no contexto de pandemia na atenção hospitalar. **Método**: Estudo de abordagem qualitativa, descritiva, com aplicação de entrevistas semiestruturadas com 19 enfermeiros que atuaram em posições estratégicas de liderança na pandemia em um hospital universitário no centro-oeste brasileiro. O processamento dos dados ocorreu com auxílio do *software* IraMuTeq para posterior análise de conteúdo temática. **Resultados**: Obtiveram-se seis classes semânticas que foram agrupadas em três categorias temáticas, a saber: liderança do enfermeiro em um cenário de inseguranças e incertezas; características da liderança do enfermeiro em circunstâncias de pandemia; e o papel do enfermeiro-líder na aprendizagem em serviço. **Conclusão**: Os resultados evidenciam a importância do enfermeiro na liderança dos processos de atenção à saúde ante os desafios impostos pela pandemia da covid-19, sendo necessário atuação propositiva nessas circunstâncias, o que foi propulsor de aprendizagens para presença proativa em outros contextos semelhantes.

PALAVRAS-CHAVE: Enfermeiros. Liderança. Pandemia. COVID-19.

INTRODUCTION

The COVID-19 pandemic generated numerous challenges for health services, which had a strong impact on the safety of care, the quality of care, and the effectiveness of practices in hospital care. This required restructuring of services and, consequently, greater coordination between the clinical, managerial, and educational areas[1].

In the context of unpredictable, uncertain, and insecure situations, the work of nurses gained notoriety, especially in assuming strategic leadership positions, including leading committees for the organization and restructuring of health units and services, creating specific protocols and processes to deal with COVID-19, qualification of personnel to use these instruments, and management of resources necessary for direct patient care[2,3].

In this sense, this professional had to make decisions, (re)plan, (re)direct, and supervise activities with a view to obtaining better results, in addition to articulating with the different sectors and services and actors engaged in the production of care, in order to take legal responsibility for the tasks of the nursing team and mediate conflicts between those involved in the work[4].

Investments in proactive leadership in hospitals have been the focus of the attention of health service managers. These seek professionals capable of representing the institution and positively interfering with the provision of clinical-care services with efficiency, effectiveness, standards of excellence, and quality, which promote actions with cost optimization and quality assurance[5]. This is because leadership is fundamental to the qualification of processes, which implies proactive leaders capable of solving problems and building collaborative and competent teams to achieve better care results that enhance institutional development[6].

In this dynamic and competitive work scenario, which has required increasingly qualified, proactive, and entrepreneurial professionals, nurses are increasingly placed in strategic leadership positions. They are those who occupy a leadership position or who, even without this role, are inserted at a strategic level in the institutional organizational chart and whose production is essential to achieving better results. Therefore, assuming such a position presupposes the exercise of leadership, conflict resolution, assertive decision-making, and achievement of defined goals[7]. Such skills are enhanced in pandemic circumstances.

Amid a pandemic context, the nurse's work has become even more challenging and complex, as, in addition to direct care for patients with COVID-19, it requires the development of diverse management strategies in conducting services, processes, and people under their leadership. Given the devastating effect on the health sector resulting from the pandemic, the knowledge and recognition of the challenges, actions, and learning undertaken through the leadership of nurses is essential, as it can favor the planning of care strategies and management in favor of best practices. Furthermore, it allows for the proactive reorganization of hospital and nursing care services in circumstances of pandemics, epidemics, and other catastrophes.

Thus, in this situation, the question arises: how was nurse leadership configured in the context of COVID-19 concerning hospital care? Guided by this research question, this study aimed to analyze the role of nurses in the context of a pandemic in hospital care.

METHODOLOGY

TYPE OF STUDY

This was a qualitative, exploratory, descriptive study due to the ability to understand the phenomenon through the interpretation of the subject's statements[8]. To obtain greater methodological rigor in the study, the research was guided by the guidelines proposed by the Consolidated Criteria for Reporting Qualitative Research (COREQ)[9].

STUDY SCENARIO

The study was carried out in a federal university hospital in the central-west region of Brazil, under the management responsibility of the Brazilian Hospital Services Company (EBSERH). Considered a medium-sized hospital with approximately 130 beds, it was a state reference for care for critically ill patients affected with COVID-19 during the pandemic period. The selected units were the Medical Clinic, Surgical Clinic, Pediatric Clinic, Adult and Neonatal Intensive Care Units, Conventional Neonatal Intermediate Care Unit (UCinco), and Pre-delivery, Childbirth, and Postpartum due to hospitalizations of patients with a suspected or confirmed diagnosis of the disease.

STUDY PARTICIPANTS

Of the total of 51 clinical nurses, participants were 19 on-duty nurses from that hospital participated, selected by non-probability sampling.

The eligibility criteria considered for inclusion were professionals with experience in caring for patients with a suspected and/or confirmed diagnosis of COVID-19 for at least three months. Nurses who were on vacation or on leave for any reason during the data collection period were excluded.

DATA COLLECTION AND ORGANIZATION

Data were collected between September 2021 and January 2022 through a semi-structured interview with instruments containing sociodemographic information and a script with open questions guided by the following topics: (1) elements that help and strengthen nurses' leadership in the context of the pandemic and (2) understanding of this professional's leadership based on experiences during the pandemic period (characteristics and positive and/or negative repercussions), and (3) nurse leadership aspects/strategies that enhance safety and quality of care for users with COVID-19.

The interviews were scheduled in advance via email and/or instant messaging application and carried out virtually on the Google Meet platform or in person, in the workplace in a private location with attention to precautionary and biosafety measures, at the participant's discretion. All were made at once, audio-recorded, with an average duration of 30 minutes. Subsequently, after being transcribed in full into a Word document, they were made available to the respective participants via email for approval of the content.

Data treatment and analysis

Data processing took place with the support of the Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires (IRaMuTeQ) software. It is a free computer program that presents statistical rigor and enables different technical resources for analyzing textual data, from simpler analysis, such as basic lexicography, to multivariate analysis[10]. For this study, descending hierarchical classification multivariate analysis (CHD) was adopted, using the Reinet method, which helped in the construction of classes and factor analysis.

Subsequently, data were subjected to thematic content analysis based on the framework proposed by Bardin[11], which enabled the categorization of findings. To this end, the three stages proposed by the method were followed: 1) pre-analysis, by skimming the textual analyses provided by the software; 2) exploration of the material of classes, words, and textual corpus; and 3) treatment of results, inference, and interpretation for the construction of categories.

Ethical aspects

The present study is an excerpt from the multicenter project entitled "Assessment of Nursing Care for Patients with COVID-19 in Brazilian University Hospitals", approved under opinion 402392/2020-5 of the Research Ethics Committee (CEP) of the Federal University of Santa Catarina. There was also approval by the local CEP in December 2020 under opinion 4466821.

The research also followed the guidelines of Resolution 466 of December 12, 2012, of the National Health Council, and the Informed Consent (IC) was previously made available to participants in electronic format via Google Forms®, with information about the objectives, risks, and benefits of their participation. To express their consent to voluntary participation, they should click on the "I agree to participate in the research" icon. In order to ensure the anonymity of respondents, coding consisting of the letter E followed by a cardinal number (example: E1) was used.

Results

Among the 19 participants, women were predominant (53%), and the age range was between 30 and 54 years (average of 37.2 years). About the staffing unit, 42% of the nurses were part of the ICU, with time working in the hospital of approximately 4.5 years, with an average weekly shift of 36 hours. None of the respondents held a management position, and 26% had a second job. Regarding professional experience, 63% had worked in nursing for more than 10 years, and all had been working in their role for around a year. Regarding professional development, 89% of participants had at least one specialization.

Based on the repetitions of the participants' narratives, IRaMuTeQ carried out thematic groupings between the text segments, resulting in the dendrogram, rapport, and factorial correspondence analysis, which were systematized in the interface illustrated in Figure 1.
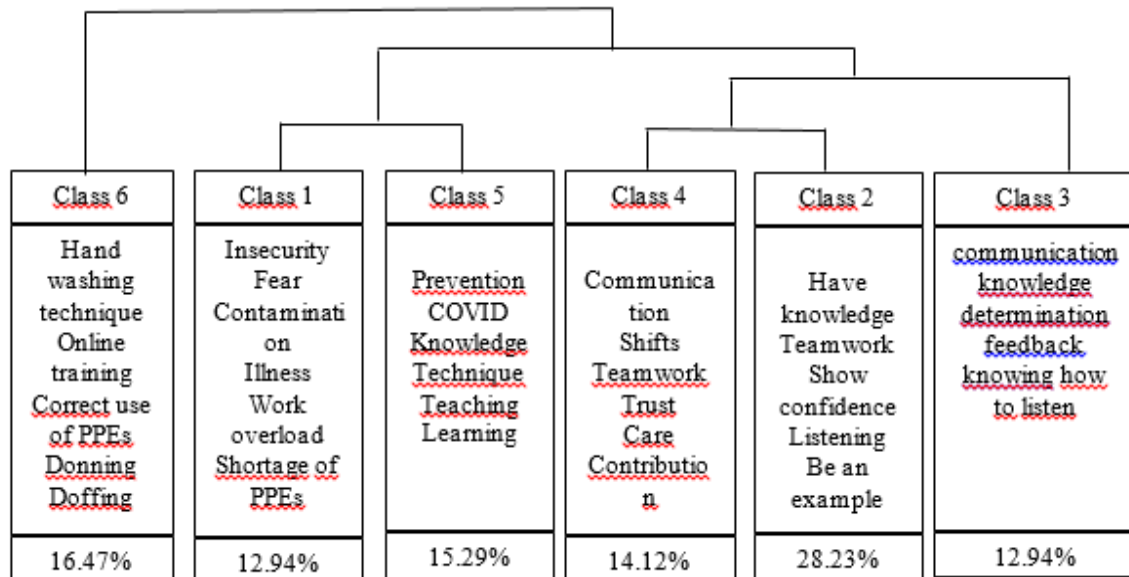
Figure 1. Semantic classes and their correlations, Cuiabá, state of Mato Grosso, 2021-2022.
Source: IRaMuTeQ (2022).

Texts from the textual corpus of the 19 interviews were treated, and divided into 350 text segments, resulting in six semantic classes linked together. Of these text segments, 81.25% of all material processed in the software was used.

At first, classes 1 and 5 were grouped, which are related to each other with class 3 at the same time. This initial set maintains a correlation with classes 2 and 4, and the constituted set is linked to class 6.

Through the application of the chi-square test, class 1 presented the words "insecurity" (28.24; $p < 0.0001$) and "work overload" (25.79; $p < 0.0001$) with higher correlation indices across the class. In class 2, two words with a strong correlation appeared: "teamwork" (23.99; $p < 0.0001$) and "listening" (22.67; $p < 0.0001$). Class 3 showed the highest number of correlations, and its main terms were "communication" (32.75; $p < 0.0001$), "knowing how to listen" (30.43; $p < 0.0001$), and "knowledge" (25.73; $p < 0.0001$). In contrast to the previous classes, class 4 revealed only one word with a strong correlation, "communication" (25.53; $p < 0.0001$). Class 5 exposed two terms with a strong correlation, namely, "prevention" (26.99; $p < 0.0001$) and "COVID" (22.75; $p < 0.0001$). Unlike the others, only class 6 did not indicate any strong correlation between its words, which justifies the overlap and relationship of this class in relation to the others.

Three thematic categories emerged from the analysis (Box 1). The first, "Nurse leadership in a scenario of insecurities and uncertainties," highlighted the role of a good leader with the ability to welcome, listen, use efficient communication with the team, and share information about the disease unknown until that moment. Furthermore, the narratives reveal that this leadership is interconnected with its ability to promote group unity despite the weaknesses found in daily work due to the pandemic.

The second category, "Characteristics of nurse leadership in pandemic circumstances," greatly highlighted the importance of communication and knowledge for good leadership practice. Finally, the third, "The role of the nurse leader in in-service learning," described the need for this professional to provide opportunities for learning in daily practice, both in moments of team training and in the exchange of knowledge during work.

THEMATIC CATEGORIES	ILLUSTRATIVE EXCERPTS
Category I: Nurse leadership in a scenario of insecurities and uncertainties	"[...]leadership inspires and stimulates all collaborators and employees within the sector; this is very important. And, so we tried to talk, do some articulation. Some problems that someone had during their work routine right there." (E1) "Nurse leadership is related to an efficient communication process, non-aggressive communication, and an efficient care plan within what the environment offers of conditions [...] that support achievement. The process is mainly of listening, also to collaborators [...].Leading is a very complex role, [...]the role of the nurse is [...]the most important role within the ICU today." (E2) "Nurses, at the time the pandemic started, must have passed on a lot of information to the team because everyone was still learning about it [...]. The leadership part is to provide guidance to try to convey as much trust as possible to the team." (E4) "The role of leadership in the pandemic was a matter of unity; it was difficult due to the need to train and be aware of it being something new for me and all my nursing colleagues as a whole. But we had a good union; I think it strengthened the service, and we helped each other; there were conflicts, conduct, and service organizations, but we tried to adapt in the best way possible." (E9)
Category II: Characteristics of nurse leadership in pandemic circumstances	"For me, one of the main characteristics of leadership during the pandemic was having little knowledge, skill, capacity, and professional quality because, in the beginning, it was all very difficult, and everything was very new, so it was conquered little by little." (E1) "I think that one of the very positive techniques is the technique of listening, being attentive to the care of others." (E5) "Communication, knowing how to listen, being able to understand each person as they are, and getting the best out of each person reflect positively on the development of your work." (E6) "[...] when the nurse gives feedback to the technician, they know they can count on that nurse; then they will bring things to you (nurse)." (E11)
Category III: The role of the nurse leader in in-service learning	"We have the learning process every day; I think this is an evolution that we try to go through; we learn too; what we learn, we teach, so this is what I think also has to do with leadership, this learning process." (E1) "The actions you have to do must be based on scientific knowledge and shared with someone; I am a nurse who transfers a lot [...], I think that for coping is knowledge; if you have better knowledge, you can do better." (E5) "Online training was one of the main resources used by the institution; it was the best way to train teams due to social distancing". (E9) "We did everything we could to improve, training." (E14) "The training regarding hand washing techniques, donning, and doffing was important, as it was when removing PPE that most contaminations of employees occurred." (E18)

Box 1. Categories generated from the interviewees' statements. Central-West Region, Brazil, 2023.
Source: Research data (2023).

DISCUSSION

Our findings made it possible to identify the challenges, actions, and lessons learned in developing nurse leadership during the COVID-19 pandemic. Understanding the scope of the disease to adapt management and work processes became necessary, requiring the construction of strategies in health institutions to guarantee the quality of care and favorable working conditions for professionals[12].

Leading is an essential practice in the nursing profession. Depending on the leadership profile chosen, it is possible to influence the creation of positive or negative environments, encouraging the introduction of news and changes, as well as the prediction of problems and adherence to corrective measures that enable team satisfaction[9]. Developing this competence represents a complex task that involves multiple stages to be covered by managers. From this perspective, the health crisis caused by COVID-19 created numerous challenges, both in terms of assistance and administration, which worsened the situation and made it difficult for the services provided by nurses to function in their practice[13].

The pandemic period required this professional to improve some management skills in the course of work. As leadership characteristics, the relevance of communication skills and the ability to listen and welcome peers and transmit knowledge stand out. These attributes contributed to a good organizational climate, team satisfaction, and conflict resolution[12]. Furthermore, communication is seen by other authors as a factor that favors the provision of quality nursing care and good interprofessional relationships[14].

The personal construction of leadership requires nurses to have the ability to interact and relate to their team members. These relationships are established and cultivated in different scenarios and work situations and often emerge in different forms of care to improve and direct actions and services in an organized, efficient, and meaningful way[15].

Regarding the nurse's leadership characteristics, once again, communication is the main artifact used by the nursing team as a strong ally in developing work practices. It is an important strategy for leadership, capable of making the environment conducive to a relationship with trust and respect between the leader and their group[16].

Another important aspect that emerged from the narratives in the present study was the leadership ability of this professional in promoting team training, favoring best practices for the care plan. In-service learning enables immersion in everyday problems to encourage discussion with actors who present needs with a focus on care management as a priority[17].

The results of the present study announce the relevance of nurse leadership in the context of a pandemic, especially in the dissemination of a mentality of continuous learning since, in an unexpected scenario permeated by uncertainties, in addition to teaching, their role consisted of developing the knowledge and skills necessary to enable people to understand and effectively act. Such results reaffirm the existing discrepancy between what is prescribed and what is real in the work of nurses in hospital care, whose work organization configurations demand proactive action from this professional in re-normatizing and anticipating activities, unforeseen events, and variables present in the organizational environment, to carry out the prescribed work[18].

This practice is essential for the personal and professional development of employees, intending to improve skills and increase knowledge[19], which helps to reduce stress and insecurity among the nursing team when caring for patients suspected or confirmed with COVID-19.

This research identified requirements commonly required in strategic leadership positions, namely, commitment, responsibility, decision-making, efficient communication, sensitivity, creativity,

and other managerial and care attributes. The success in carrying out this role is related to the repercussions with which this leadership is seen by the community, how it is developed, and whether there are positive results for both users and the multidisciplinary team[20].

As a limitation, this study was restricted to a single universe, limiting itself to the perspective of a segmented population group in a single context among the many existing in Brazil. Therefore, further studies are suggested to be conducted to reveal the role of this professional in the context of a pandemic, not only in hospital care but in other health services in other regions of the country, to expand discussions about the study.

CONCLUSION

Nurse leadership in the context of the COVID-19 pandemic in hospital care represented an important aspect given the challenges posed by the disease to the exercise of the profession. Communication skills were highlighted in the narratives as a good strategy, promoting an environment conducive to a relationship with trust and respect between the leader and their team. Leadership based on dialogue favored the sharing of knowledge and improvement of the team to provide safe, quality, and efficient care.

Given the disastrous effect on the health sector resulting from the disease, the knowledge and recognition of the challenges, actions, and learning undertaken through the leadership of nurses are necessary. Our results can favor the planning of care and management strategies in hospital care in favor of better health practices. Furthermore, they allow for the proactive reorganization of hospital and nursing care services in circumstances of pandemics, epidemics, and other catastrophes.

This study contributed to the knowledge of strategies undertaken by nurses with dual roles (both leadership and assistance to patients suspected or confirmed diagnosis of COVID-19) that are reflected in their professional performance. In this sense, it can be used to support improvements in the practice of the profession and the quality of care.

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