


The protagonism of nursing during the COVID-19 pandemic: what is our role?

O protagonismo da enfermagem durante a pandemia: qual é o nosso papel?

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Pondering on the role played by nursing during the COVID-19 pandemic makes us think of Florence Nightingale. The precursor of modern nursing brought about a revolution in care and sharing of information related to our professional practice during the Crimean War and, by doing that, controlled the dissemination of diseases and saved lives⁽¹⁾. Fundamental strategies to prevent the propagation of the virus that causes COVID-19, such as proper handwashing and physical distancing, were advocated by Nightingale to reduce the mortality of soldiers wounded in war⁽²⁾.

We could consider an irony that the year in which we experience the first pandemic of the modern era, we also celebrate the year of nurses and obstetricians, to mark the 200th anniversary of Nightingale's birth. We are witnessing, once again, nursing standing out in history, not just for providing excellence in care, but also for making it patent to society that the role it plays is important to both treat and prevent health problems and promote and restore health. The actions in the several areas of nursing in face of the COVID-19 pandemic have essentially consisted of formulating strategies oriented toward reducing and optimizing the use of personal protective equipment, minimizing the transmission of the disease, and promoting a rapid response regarding keeping environments safe⁽³⁾.

More broadly, we have seen nursing professionals all over the world working hard to confirm suspected COVID-19 cases, save lives, offer comfort before death, educate themselves and the population about measures to prevent the dissemination of the virus, and, concomitantly, provide care to infected people, whether they are hospitalized or not. They have been and currently are involved in the planning of care service systems, such as screening in emergency rooms

and health centers; implementation of strategies to measure inpatient care capacity; screening of people in the long lines formed in testing sites; education of the community regarding control measures and virus dissemination to guarantee public health; training of health teams about infection control techniques; acquisition of adequate personal protective equipment; protection and reassuring of patients classified as belonging to the risk group; implementation of qualified and compassionate care of patients, both those with the several conditions we usually deal with and those making up the work overload resulting from the increasing number of COVID-19 cases. Additionally, nurses have been offering symptom treatment and relief, helping in research activities by collecting data in clinical trials, seeking safety for their patients, assisting those in a critical state that requires more complex care⁽⁴⁾, and managing teams or institutions oriented toward providing services to patients infected with coronavirus, such as field hospitals.

By making all-out efforts to provide the population with care, nursing professionals have been experiencing physical, emotional, and moral distress, in addition to having to deal with complex ethical and moral issues in their clinical practice⁽⁵⁾, including delivering care without environmental conditions compatible with the needs and facing lack of personal protective equipment, which is available in inadequate quantity and/or quality, excessive working hours, reduced teams, and fear for their own health and their relatives', among other problems. Unfortunately, this is not a momentary context. The precarious working conditions to which these professionals are exposed are directly correlated with the depreciation of their work over the years⁽⁶⁾. In Brazil, the needs of this category, including the right to a

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decompression chamber, workload reduction to 30 weekly hours, a decent wage floor, and career plans are ignored by politicians and public authorities.

In this context, nursing professionals were called *heroes*, *superheroes*, or *martyrs*, although many of them did not want to be in this condition or believe that they are just doing their job. Today's language is a reminiscence of war times: working on the frontline, facing battles, making sacrifices, being sacrificed, being resilient, and combining forces⁽⁵⁾. History does show that nurses have always struggled to serve their patients and communities in times of crisis.

There is no doubt that nursing continues to face care-related challenges in this pandemic, but there are questions that involve their preparation to tackle public health emergencies at this scale. Nurses must get involved in and fight for public policies that guarantee that professionals will receive solid ethical education to help them do their job and manage risks during emergencies and disasters. There is also the need for strong leadership, clear guidance, and constant support from one another, employers, users, and nursing organizations for them to keep protecting the community, saving lives, and avoiding distress in this pandemic and in case of other new and emerging diseases⁽⁵⁾. Nurses must require that rulers, policymakers, nursing councils, and health organizations get involved in the support of nursing activities not just during but also after pandemics or epidemics. This engagement must be multifaceted and acknowledge the importance of nursing and of the role it plays in the control of the pandemic⁽⁷⁾ as well as in all the healthcare context around the world.

In summary, knowledge and experience in the nursing field⁽⁸⁾ as well as the technical, human, ethical-political, and educational competences the area offers⁽⁶⁾ have been a crucial part of the strategy to control the COVID-19 pandemic and to guarantee care and survival of patients affected by the disease⁽⁸⁾. It must be recorded in the annals of history that nurses are innovative, which is illustrated by the sentence "Where there is a nurse around, there is a solution", showing that we can find ways to improve the care process in all opportunities⁽⁹⁾.

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