

Development of nursing supervision actions: resignifying the practice before COVID-19

RESUMO | Objetivo: descrever a experiência da Supervisão de Enfermagem em um hospital universitário no município do Rio de Janeiro, frente à pandemia da covid-19. Método: estudo qualitativo, descritivo, tipo relato de experiência, baseado na vivência dos autores e na análise de documentos entre março e dezembro de 2020. Resultados: a pandemia acrescentou desafios ao trabalho da supervisão, além daqueles inerentes a instituição. O aumento e a especificidade da demanda provocaram um refinamento na atuação do grupo no intuito de otimizar processos e servindo como elo entre pacientes, equipe e instituição. Conclusão: é fundamental dar voz ao corpo da Enfermagem e à clientela, para a construção de uma prática ética, ancorada na ciência, contextualizada nas esferas – social, histórica e política, com um olhar atento ao ambiente de trabalho, tratando com respeito os problemas do cotidiano hospitalar, tangenciado pela pandemia de covid-19.

Descritores: Supervisão de Enfermagem; Governança Compartilhada de Enfermagem; COVID-19.

ABSTRACT | Objective: to describe the experience of Nursing Supervision in a university hospital in the city of Rio de Janeiro, facing the COVID-19 pandemic. Method: qualitative, descriptive study, experience report type, based on the authors' experience and on the analysis of documents between March and December 2020. Results: the pandemic added challenges to the work of supervision, in addition to those inherent to the institution. The increase and specificity of demand led to a refinement in the group's performance in order to optimize processes and serving as a link between patients, staff and institution. Conclusion: it is essential to give a voice to the Nursing body and the clientele, for the construction of an ethical practice, anchored in science, contextualized in the social, historical and political spheres, with an attentive look at the work environment, dealing with problems with respect hospital routine, affected by the COVID-19 pandemic.

Keywords: Nursing, Supervisory; Shared Governance, Nursing; COVID-19

RESUMEN | Objetivo: describir la experiencia de Supervisión de Enfermería en un hospital universitario de la ciudad de Rio de Janeiro, frente a la pandemia COVID-19. Método: estudio cualitativo, descriptivo, tipo relato de experiencia, basado en la experiencia de los autores y en el análisis de documentos entre marzo y diciembre de 2020. Resultados: la pandemia agregó desafíos a la supervisión, además de los inherentes a la institución. El aumento y la especificidad de la demanda han perfeccionado el desempeño del grupo para optimizar los procesos y servir de vínculo entre los pacientes, el personal y la institución. Conclusión: es fundamental dar voz al cuerpo de Enfermería y a la clientela, construyendo una práctica ética, anclada en la ciencia, contextualizada en los ámbitos social, histórico y político, con una mirada atenta al entorno laboral, abordando la problemática de la vida diaria hospitalaria con respeto, tocada por la pandemia COVID-19.

Palabras claves: Supervisión de Enfermería; Gobernanza Compartida en Enfermería; COVID-19.

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Received: 17/11/2021

Approved: 07/01/2022

INTRODUCTION

At the end of 2019, the World Health Organization was notified of the occurrence of several cases of pneumonia in China, demonstrating that it is a new species of coronavirus, known as SARS-CoV 2, responsible for causing the disease COVID- 19, being considered later as a pandemic. (1-2)

Given the numerous challenges that emerged with the pandemic picture, the burden of public and private health services stands out, as well as the shortage of qualified labor to assist those affected by the disease. In view of these situations, within the scope of health services, the importance of professional nurses to administer and organize health services and the materials needed for the care process is observed. With regard to the Nursing Service, a profession that in Brazil is regulated by Law No. 7.498/86, the exclusive activities of nurses, described in article 11 of the aforementioned law, are highlighted, and which include "the organization, direction, planning, organization, coordination, execution and evaluation of nursing care services". (3) These professionals play an important role as care managers, taking into account their capacity and competence to lead and deal with situations that require analysis and understanding of the entire work process, as well as constant decision-making.

The Nursing Supervision must direct its efforts with the Nursing team, aiming to supply individual and collective needs, always seeking to resolve situations that arise in daily life, thus having the role of advisor and facilitator in the health institution. It is noteworthy that these needs raised and met are not just within the scope of the Nursing team, but should be understood as having a general scope, encompassing patients, family members and, often, the multidisciplinary team and the institution itself.

The new Code of Ethics for Nursing Professionals (4) it also says in its preamble that Nursing must be committed to the "production and management of care provided in different socio-environmental and cultural contexts in response to the needs of the person, family and community". It is also noteworthy, in article 15: "to hold positions of direction, management and coordination, in the field of health or



The new Code of Ethics for Nursing Professionals (4) it also says in its preamble that Nursing must be committed to the "production and management of care provided in different socio-environmental and cultural contexts in response to the needs of the person, family and community"



in any area directly or indirectly related to the professional practice of Nursing". (4) In order to develop each of these functions, it is up to the professional to understand the institutional policy and its role in the work process chain.

The nurse's work process encompasses the managerial and care spheres, permeating teaching and research, all of which are inserted in care practices, which makes them a care manager, requiring professionals' skills. Such attributes are presented as the ability to link values, knowledge, skills and attitudes necessary to perform activities satisfactorily and in accordance with each objective. (5) It is added that each sphere has its own elements – object, instruments and activity, and with the presence or not in the institution.

Nursing Supervision, inserted in this process, tends to bring together the vertices of care, management, research and teaching, being the one that has the quality of facilitator of the Systematization of Nursing Care.

In the management process, the nurses' work objects are the organization of work and the human resources of Nursing; for execution, a set of management instruments is used – planning, dimensioning, recruitment and selection of personnel, continuing and/or permanent education, supervision, performance evaluation, among others. The workforce, materials, equipment and facilities are also used, in addition to different administrative knowledge. (6)

Management, as a nursing work process, can be understood in two ways: focused on the individual and on organizations, called the rational model; or centered on the approach to social practices and their historicity – the social-historical model".(6)

In the approach to social practices, management is understood from the perspective of health practices, seeking to respond to the contradictions and tensions present in everyday life,

considering the democratization of institutions and the expansion of the autonomy of those involved in the care processes – users and workers. (6) This would be the management model advocated by the study participants and which proposes a horizontalized supervision focused on the needs of the clientele and the team.

The process of interpersonal and interprofessional interaction that develops in a complex way at different levels of health care is part of nursing care management. In addition, the nurses' management practice is composed of administrative, care, articulation actions between the different hospital services, which aim to contribute to the quality and completeness of the services offered. (7)

The managerial activity of nurses is based on technical, political, communicative and citizenship development dimensions. The first concerns instruments and knowledge to achieve the objectives of a given care project, such as: planning, coordination, supervision, control and evaluation. The political dimension articulates the managerial work to the intended project. The communicative dimension refers to the nature of negotiation and highlights the importance of the team's working relationships and cooperation to achieve a goal. The citizenship development dimension implies making management an activity for the emancipation of subjects – users or staff. (8)

The word “supervisor” derives from the English supervise, which means to watch over, inspect, thus making supervision a term that evokes authority and power. In fact, Nursing Supervision, in the traditional way, prioritizes control in the inspection of work in its different spheres, with punishment and recording of failures, however, in current times, it is necessary to review these concepts, as society has undergone constant transformations. (9-10)

Thus, the nurse's supervisory role



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should not take place outside the context of professional, institutional and social analysis, within the global logic; in doing so, it will not act on the understanding of the problem and the dimension of health interventions. (9) It should be noted that educational and motivational models tend to supplant the punitive model, which is limited, and follow the evolution of society and work processes, integrating assistance and administration and promoting individual and collective development.

It is observed that, for some corporations or individuals, Nursing Supervision can be seen as a mere problem-solver, or even, in a commonly adopted expression, as one that “puts out fires”.

This metaphor was identified in a study carried out with components of Nursing Supervision in Botucatu. (11) The authors explained that organizational difficulties cause common situations of “fires” and that actions taken to “put them out” end up preventing the planning of more effective and effective activities. It appears that, in these situations, the supervisory activity is understood more as an administrative control action, disqualifying its real meaning and demotivating the professional.

During the pandemic, the Nursing Supervision sought to support the team's practices, detecting weaknesses, sharing knowledge, and maintaining firmness in actions, with empathy, to mobilize resources to face this atypical moment. The current situation of unpredictability and sanitary instability triggered some fear and insecurity in the team, however assertive actions could offer more security, tranquility and directionality to the team in the face of the challenges imposed by the moment (12, 13), considering a global situation and its bioethical aspects.

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of Nursing, considering as the guiding question of this study, the experience of the nursing supervisor team in the context of the COVID-19 pandemic.

Therefore, this study aims to describe and reflect on the experience of the Nursing Supervision at the University Hospital Clementino Fraga Filho (HUCFF), focusing on the moment of the SARS/COVID pandemic. This research is relevant to healthcare professionals and academics, and to society in general. Therefore, the understanding of the work performed by nurses is justified, which may help in the design of strategies to face the sanitary crisis caused by the coronavirus in individual and collective contexts.

METHOD

This is a qualitative, descriptive, experience-report-type study, built on the basis of the authors' experience and the analysis of documents prepared by and for Nursing supervisors, such as Standard Operating Procedures under the competence of the Nursing Supervisor, daily reports of the Supervision shift changes, as well as daily schedules and documents written by such professionals for problem detection and resolution.

The description covers the period from March 2020, when the first institutional changes were instituted as a result of the SARS/COVID pandemic care, until August 2021, in a general university hospital in the city of Rio de Janeiro, which became a reference for care to patients affected by that disease.

The data used consisted of document analysis and interviews with the nine Nursing supervisors. The description of the experience was divided into three stages: history of formation of the Supervision, structuring and organizing the team, and activities carried out. In the training history, it was informed how the current supervisors are com-

posed; in structuring and organization, the conditions for the proper functioning of the Supervision were described. As for the presentation of the imple-



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mented activities, the supervisor's routine and actions developed, both educational and training of the team itself, were described.

With regard to ethical aspects, it is noteworthy that confidentiality and discretion were respected in the description of the experience, preserving the subjects involved and the institution, therefore, the study by the Research Ethics Committee was not required to be previously analyzed.

RESULTS

Training History

The current team of Nursing supervisors at HUCFF has a total of nine nurses. They work, preferably, in day and night shifts, and in the latter, in pairs that split on weekends and holidays, with one member staying during the day and the other at night.

The group is formed by nurses who have an average of 21 years of academic training and experience at HUCFF, and the activities developed in Supervision are relatively recent, with the oldest being 11 years in the position; and the youngest, two years on the team. As for the additional training, it is a doctor, two doctoral students, a master and five professionals with postgraduate degrees, with no need for proof of academic certificate in the area of management to adhere to the position; however, it is noteworthy that all the components of the Supervision previously acted in coordination positions.

It is worth mentioning that, in the last four years, eight supervisors have left due to retirement or a request to change their role, which makes it difficult to dimension and train the team. Thus, one of the characteristics of the current group is the horizontal, democratic work and partnership for problem solving and mutual empowerment.

As for the flowchart, the Nursing Supervision is linked to the Nursing Division, acting from the assistance form, to the political representation of that Division, both of the Responsible Technician and the office staff, in their absence.

Structuring and organizing activities

The Nursing Supervision currently occupies two rooms to carry out its administrative activities with computers and telephone extensions.

Recently, in 2018, the Standard Operating Procedure of Supervision attributions was revisited, with a broad discussion of the Nursing staff for restructuring and better adaptation to the institution's reality. It is also important to remember the scientific and practical adequacy to new knowledge related to the pandemic, as well as the need for consideration and discussion of the category's Code of Ethics - Resolution No. 564/2017 (4), of the Federal Council of Nursing, which came into effect in 2018.

Parallel to this, and as a result of the pandemic, there was the re-elaboration of forms that were previously exclusive to Supervision, such as the Daily Report, used in the shift change. This document contains updated information on the number of hospitalized patients by sector, in addition to all patients that deserve mention (such as social cases, risk of escape, suicide, etc.) and those hospitalized in the Intensive Care Units and/or using a prosthesis ventilation, outside the closed units. With the beginning of care by HUCFF for patients with SARS/COVID, there was a need to include all patients with suspected or confirmed cases.

Acting routine

The supervisor's work begins with the shift change, and at night and on weekends, it is carried out from supervisor to supervisor, and during the week, it takes place in the Technical Manager's office, in the presence of the coordinators of all Hospital Nursing Services. Previously, the shift change instrument – the Daily Supervision Report – was restricted to supervisors, however, with assistance during the pandemic, this became a document made available mainly to the Division

of Nursing and Social Services. This measure was implemented due to the difficulty in identifying and monitoring patients with suspected or confirmed



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cases of COVID-19.

After the shift change, the supervisor checks the schedules by telephone. It is important to emphasize that this

moment is fundamental for the beginning of the situational diagnosis of the teams, because, in addition to being aware of absences, delays and adjustments, the supervisor already carries out a preliminary survey of how the sector is doing - more serious patients, situations that demand greater attention, lack or inadequate functioning of equipment or materials.

After checking the team, the professional performs the necessary and possible relocations. This moment is delicate and deserves greater emphasis after the occurrence of the COVID-19 pandemic. First, there is the problem of human resources, which was already prevalent. With the increase in demand from the clientele devastated by the pandemic, it was necessary to restructure services and hire outsourced employees, many with no experience or knowledge of institutional routines. Parallel to this, administrative leaves, due to employees with advanced age, comorbidities, pregnancy and puerperium, ended up exacerbating the scenario. In addition to this, employees who were sick and on leave due to the COVID-19 infection itself, or even those who expressed a lack of skill, experience, or even claimed to receive an unhealthy bonus to deal with such clientele.

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Not only at this moment, but throughout the entire shift, the supervisor should help in the demand for equipment and materials, identifying the places that can make loans to those who do not have them; some materials, especially after the pandemic, when they are in reduced supply, are kept in the Supervision itself, to be distributed more satisfactorily, including materials that go beyond the use by Nursing, such as bedding and personal protective equipment, also often requested by

the HUCFF team.

Although Nursing is not responsible for regulating beds, Supervision is regularly asked to intervene or assist in the allocation of patients. This demand increased during the pandemic, especially with patients with a positive C-reactive protein test, admitted to common wards and in need of transfer.

Activities related to the maintenance of the hospital in general, or even to the Fire Brigade, are part of the Supervision's routine, acting as a bridge between the sectors and the services requested.

After this initial visualization of how the institution is and the main problems detected, referred and resolved, as far as possible, the visit to the hospital sectors begins. At this point, the institution's unfavorable physical structure stands out, as the building is old, with equidistant sectors and structures in need of modernization; even visiting the sectors sometimes becomes a challenge.

The journey through the HUCFF sectors is at the heart of the Supervision process – it is the time to get to know and interact with the team and clientele, detect problems, correct deficiencies, democratize information and act as an agent in the communication process at the top with the management.

After the visit, the Supervision Report is prepared, with rigorous updating of the patients' situation, and the Nursing Division Report is filled out, where all pertinent educational, care and administrative situations are placed. On that occasion, the reports and evolutions of the sectors are verified, which makes it possible to identify existing limitations, in order to provide better guidance.

Within the educational scope, it is noteworthy that Nursing Supervision works in coordination with other HUCFF coordinations, both local and the Continuing Education Coordination, Methods Related to Skin Integrity

Committee, Hospital Infection Control Committee, Transplants, even those that have a broader scope, such as the Fire Brigade. Therefore, supervisors



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work in the continuing education process of the team, becoming elements that spread information.

With regard to team training, there is a constant need to seek more know-

ledge to carry out Supervision activities efficiently and safely. In this way, the components participate in courses and training. Currently, two components are pursuing a doctoral degree, one in the Graduate Program in Bioethics, Applied Ethics and Public Health, and the other in the Graduate Program in Clinical Medicine; one member has a Master's in Nursing in Gerontology, in addition to being enrolled in the Law course. These actions help to subsidize the issues to be faced, in the technical-care field, as well as ethics and research in Nursing.

Most supervisors develop academic, leadership and management actions in other institutions, which promotes a double gain for Nursing, as they exchange their Supervision experiences in other units and bring contributions to the HUCFF.

DISCUSSION

The HUCFF Nursing Supervision has always faced the challenges inherent to an institution linked to the Unified Health System and the Ministry of Education, in several aspects – structural, human and financial resources, political, in addition to those intrinsic to the profession itself.

The SARVS/COVID pandemic added more challenges to the development of the work, initially due to the increase in demand, generating a readjustment of service to the population. This increase, in addition to modifying the physical structure of the sectors, accentuated the lack of human resources, which already represented an institutional reality.

It was necessary for the Nursing team to think and act in different ways, as in the pandemic panorama, the focus of health changes in a way. Within care and management, challenges occur in the spheres of human resources such as hiring, training and dimensioning; programming of material resources, as

well as the consequences of these organizations or their lack affecting direct care, requiring differentiated protocols and new service flows, anchored in the best scientific evidence. (14)

Hiring outsourced workers, which at first seemed like a promise of problem solving, ended up showing gaps in care - the lack of experience of the graduates, associated with the difficulty of time, place and personnel for in-service training, caused an initial non-compliance for adjustment of edges. Added to this is the fact that such contracts have fragile links, sometimes precarious, which hinder the professional and political organization of Nursing, both within the institution and outside.

With the deficiency in human resources, it was up to the Supervision to further refine the issue of dimensioning and relocations; it was necessary to pay close attention to the clientele to be assisted and to the Nursing team, respecting their real needs, peculiarities and potential. Given this situation, the greater importance of Nursing Supervision for the articulation of resources and strategies, adapting professionals and the Institution in order to meet the needs of users, is perceived. (12)

The structural issue went through the same perspective: an adversity that was already real ended up being exacerbated as a result of SARS/COVID. Problems such as power outages and the lack of trained professionals to resolve these and other obstacles took on another dimension, as the hospital often had a larger number of patients in a more serious situation. Supervision has increasingly become a link between the sectors and the Divisions, solidifying itself in this role.

A similar situation applies to material resources. At the beginning of the pandemic, the HUCFF, as well as the entire health care network, suffered from a lack of essential inputs for customer service. The lack of personal protective equipment caused great difficul-

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are still helping to distribute procedural and sterile gloves, which have had their quotas greatly increased. Deprivations such as sheets, monitors and precautionary kits were never fully remedied. The role of Supervision as management solidified its relevance in ensuring the best practices in reorganizing structures, helping to control infection and safety, complying with the measures defined by the management bodies and communicating with the teams in general and patients. (15)

Another limitation accentuated by the pandemic was the temporary absence of some members due to personal illness and family members, or work overload due to direct action in the care of patients with COVID-19. In this way, the team became, at times, smaller. This situation was reflected in the difficulty for supervisor scales. It is noteworthy that such demands generate physical and mental stress for the members who work in the changes caused by the pandemic, which can cause disorders that do not favor an ideal scenario for solving problems.

In the sphere of contribution to practice, the importance of the HUCFF Supervision team has been recognized by the Nursing team, as well as by other members of the hospital staff, as it acts as a link between the tip - and consequent direct patient care -, and the management of the institution's services. There is also the permanent collaboration of the Division of Nursing at the HUCFF for the development of the work, in order to eliminate the barriers that could limit the performance of supervisors.

It can be said that, after the COVID-19 pandemic, the challenges experienced by the hospital's Nursing professionals and by the Supervision, therefore, increased in number and degree, leading to the construction of a new role in the face of adversity. Self-knowledge was broadly exercised, as well as mutual, scientific and academic

learning was fostered, in addition to the study of rights and duties within professional practice, to guarantee voice and resolution in the face of conflicts experienced at the institution.

Within this context, the nurse has a fundamental role, since Nursing Supervision is characterized by a private practice, allowing action between the needs of users, the institution and the team, mobilizing the necessary resources to optimize care. (12)

The training of the team develops the ability to solve problems efficiently and theoretically, encouraging the discussion of topics relevant to the hospital space and the pandemic context. With this, the knowledge of profes-

sionals and the search for permanent and continuing education of the entire body of Nursing are expanded.

CONCLUSION

It is essential to give a voice to the nursing staff and the clientele in order to build an ethical practice, anchored in science, contextualized in different spheres - social, historical and political, imbued with a careful look at the work environment, which seeks to treat with respect the problems frequently experienced in the hospital routine. The work of Nursing Supervision is one of the steps in the effort to solve problems, serving as a bridge between

clients, family members, care staff and managers, so that the population is provided with a dignified and optimized treatment, combined with respect for professionals, always directing solutions based on high professional ethics.

It is observed that the local reality does not differ from the reality of the country, permeated by the scarcity of human resources and supplies, limited access of the population to services, as well as interpersonal conflicts produced and aggravated by such shortages. It is believed, then, that this experience report can serve as a relevant model for other Nursing Supervision services to exercise and improve their behavior.

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