

FROM FLORENCE NIGHTINGALE TO THE COVID-19 PANDEMIC: THE LEGACY WE WANT

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ABSTRACT

Objective: to reflect on the future of the nursing profession based on the impact of the COVID-19 pandemic on the goals of the *Nursing Now* campaign and the celebration of Florence Nightingale's bicentennial.

Method: reflexive analysis presented in two central topics: the first deals with Florence Nightingale-precursor of entrepreneurship in nursing; the second deals with the COVID-19 pandemic, the consequent turnaround of the *Nursing Now* campaign and the strengthening of nursing as a valuable profession.

Results: in the first topic, we point out the fundamental aspects of the trajectory of Florence Nightingale as the creator of modern nursing worldwide through advances, innovations, scientificity and correlation of its principles with the current reality. In the second topic, we historically reflect on the activities of Nursing in the great wars and epidemics up to the present, correlating the practices and the way nursing is constituted as a profession. We point out the goals of the *Nursing Now* campaign and its significance post-pandemic, as well as the expansion of nursing visibility and the constitution of a new professional identity.

Conclusion: finally, we reflect on the importance of nurses pursuing their efforts to grant visibility to their expertise in all fields of work and knowledge, strengthening the identity and the professional image we want to anchor in society and maintain for the future.

DESCRIPTORS: Nursing. History of nursing. Innovation. Technology. Pandemics. COVID-19. Professional identity.

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DE FLORENCE NIGHTINGALE À PANDEMIA COVID-19: O LEGADO QUE QUEREMOS

RESUMO

Objetivo: refletir sobre o futuro da profissão de enfermagem a partir do impacto da pandemia COVID-19 sobre as metas da campanha *Nursing Now* e sobre a celebração do bicentenário de Florence Nightingale.

Método: análise reflexiva apresentada em dois tópicos centrais: o primeiro trata de Florence Nightingale - precursora do empreendedorismo na enfermagem; o segundo trata da pandemia COVID-19, a consequente reviravolta da campanha *Nursing Now* e o revigoramento da enfermagem enquanto profissão de valor.

Resultados: no primeiro tópico apontamos os aspectos fundamentais da trajetória de Florence Nightingale como criadora da enfermagem moderna em todo o mundo através de avanços, inovações, cientificidade e correlação de seus princípios com a atualidade. No segundo tópico, refletimos historicamente sobre a atuação da enfermagem nas grandes guerras e epidemias até o momento presente, correlacionando as práticas e o modo como a enfermagem constituiu-se como profissão. Apontamos as metas da campanha *Nursing Now* e seu significado pós pandemia, assim como a ampliação da visibilidade da enfermagem e constituição de uma nova identidade profissional.

Conclusão: reflete-se, enfim, acerca da importância de as enfermeiras continuarem se empenhando em dar visibilidade à sua expertise, em todos os campos de trabalho e de conhecimento, fortalecendo a identidade e a imagem profissional que desejamos fixar na sociedade e manter para o futuro.

DESCRITORES: Enfermagem. História da enfermagem. Inovação. Tecnologia. Pandemias. COVID-19. Identidade profissional.

DE FLORENCE NIGHTINGALE A LA PANDEMIA COVID-19: EL LEGADO QUE QUEREMOS

RESUMEN

Objetivo: reflexionar sobre el futuro de la profesión de enfermería a partir del impacto de la pandemia COVID-19 sobre las metas de la campaña *Nursing Now* y sobre la celebración del bicentenario de Florence Nightingale.

Método: análisis reflexivo presentado en dos tópicos centrales: el primero trata de Florence Nightingale - precursora del espíritu emprendedor en la enfermería; el segundo trata de la pandemia COVID-19, el consecuente giro de la campaña *Nursing Now* y la revitalización de la enfermería como profesión valiosa.

Resultados: en el primer tópico, señalamos los aspectos fundamentales de la trayectoria de Florence Nightingale como creadora de la enfermería moderna alrededor del mundo a través de avances, innovaciones, cientificidad y correlación de sus principios con la actualidad. En el segundo tópico, reflexionamos históricamente sobre la actuación de la enfermería en las grandes guerras y epidemias hasta el presente, correlacionando las prácticas y el modo como la enfermería se establece como profesión. Apuntamos las metas de la campaña *Nursing Now* y su significado post-pandemia, así como la ampliación de la visibilidad de la enfermería y la constitución de una nueva identidad profesional.

Conclusión: se reflexiona finalmente sobre la importancia de que las enfermeras siguen empeñándose en dar visibilidad a su experiencia, en todos los campos de trabajo y de conocimiento, fortaleciendo la identidad y la imagen profesional que deseamos fijar en la sociedad y mantener para el futuro.

DESCRITORES: Enfermería. Historia de la enfermería. Innovación. Tecnología. Pandemias. COVID-19. Identidad profesional.

INTRODUCTION

The idea of writing about the bicentennial of Florence Nightingale articulated to the *Nursing Now* campaign was born a few months ago, when the pandemic called COVID-19, acronym of coronavirus SARS-CoV-2, was just beginning. At that time, we had no idea what impact this would have on the Nursing profession, precisely in the year in which we are celebrating the 200th anniversary of Florence Nightingale, titled by the World Health Organization (WHO) and Pan-American Health Organization (PAHO), as “the International Year of the Nurse and the Midwife”.¹

The idea is to outline a framework in the sense of recognizing the work of nursing professionals and midwives around the world, in addition to concretizing the movement of these professionals' empowerment, also improving their working conditions, education and professional development.¹

In the same sense, in this “capricious coincidence” of moments, the COVID-19 pandemic put Nursing at the frontline, in terms of visibility of its activities, dedication and competence. The result was the recognition of its importance beyond the walls of care environments. Neither Florence Nightingale nor the creators of the global *Nursing Now* campaign created in 2018 could imagine that the struggle undertaken for the benefit of nurses around the world, in search of the profession's valuation by society, would assume such an intense and significant protagonist role, achieving goals far beyond what the campaign itself had outlined, in the fight against this terrible pandemic.

Florence Nightingale created the first nursing school, with its own curriculum and exclusively managed by nurses. She later disseminated this model to the other countries. She intended to change the status of a lay, unstructured practice without specific training to unlock the potential of profession and prominence that nursing should have.² And she was successful, especially considering that in various parts of the world, including Brazil, this model was adopted as a standard until schools began to create their own standards.

Despite this, it is still noticed in professional practice that nurses in general do not seem to have the strength to leave the status of subordination, invisibility and non-recognition of the importance of their work, both by health service users and by other health professionals, as well as by society as a whole. Even the universities - which have the role of training competent professionals, committed to Nursing care and science and the development of new leaderships and future scientists, have not been able to reverse this situation, especially in private health services.³

Nursing is a profession that has been bravely building its history over time, questioning, as a science, the reasons that lead to a still subordinate and invisible performance in daily professional practice. Nursing needs to be continuously struggling for spaces of recognition of its importance by the multiprofessional team and society as a whole, for a professional identity based on the expertise and scientific character of its actions and to reduce the gap that still exists between theory and practice.⁴

Against the background this reality, on February 27, 2018 the worldwide campaign called *Nursing Now* was launched, lasting three years, whose mission is to promote Nursing in the foreground. Therefore, the accomplishment of the campaign would be in line with the celebrations of the 200th anniversary of Florence Nightingale. The *Nursing Now* campaign was implemented in collaboration between the International Council of Nurses (ICN) and the World Health Organization (WHO), with the support of the Burdett Trust for Nursing, together with the union of a group of nurses and other supporters.⁵ There are currently 587 active *Nursing Now* groups spread across 117 countries, including Brazil.

Moreover, with the advent of the COVID-19 pandemic, one may certainly say that the world was exposed to unpredictable situations of risk especially in the area of health. Everything that was planned at the turn of 2019 to 2020 underwent great transformations. The current generation, from the youngest to the oldest, has never lived with anything similar, with brutal lethality in a short time,

perhaps comparable only to the “Spanish Flu” from 1918 to 1920, which infected about 100 million people worldwide and took between 17 and 50 million lives, making it one of the most lethal epidemics in history.⁶

Despite previous experiences with pandemics such as the Spanish Flu and later with the H1N1 flu and the Ebola virus (the latter in few countries in Africa), countries have not prepared for potential new global epidemics. Measures were adopted that “paralyzed” the dynamics of global society, and we were baffled by the collapse of health systems, the unpreparedness of governments and health teams to act in a pandemic of this size. Scientists engaged in an unbridled search to understand the disease in search of a vaccine to mitigate the impact of COVID-19 and prevent its dissemination. In this sense, experimental clinical trials started to be published immediately after their first results, without necessarily having sufficient evidence for their acceptance. They allowed other scientists to pursue the studies or even reject their results though. Thus, the precepts of open science gained an unexpected, but at the same time necessary breadth, and a strong ally to get close to the discovery of a vaccine capable of winning the battle against COVID-19.

Nursing assumed an unmatched role in all fields of work and, especially, in public and private hospitals, and in field hospitals, actively acting in the care of hospitalized patients due to the COVID-19 pandemic. These professionals faced risks to their own health, considering the lack and/or insufficiency and/or deficiency of existing personal protective equipment (PPE), thus distancing themselves from their families, the patients from their families of the patients, and putting themselves at the frontline to combat the disease, in holistic care to hospitalized people. In the field of educational institutions, nurses have been exemplary in the creation and innovation of care technologies, in research on the subject, such as creating protocols, making *face shields and* vaccination campaigns, aiming to qualify Nursing care.

These actions and the impact of the covid-19 pandemic on the lives of the world’s population led to a change in society’s view of the health team in general and nursing in particular. Nursing finally gained the visibility it had always sought, on TV as well as in newspapers, social networks (Facebook, Instagram, Twitter), in magazines, at the windows of homes when people clapped their hands, from anonymous individuals to countless celebrities, such as presidents, the Queen of England, and even Pope Francisco, who publicly expressed their thanks and recognition of all health professionals’ work.

Based on this initial reflection, the following question arises: how can we enhance the visibility of the Nursing profession acquired due to the COVID-19 pandemic? So that it does not turn into a forgotten past after the end of the pandemic?

Thus, this text aims to reflect on the future of the Nursing profession based on the impact of the COVID-19 pandemic on the goals of the *Nursing Now* campaign and the celebration of the bicentennial of Florence Nightingale.

FLORENCE NIGHTINGALE - PRECURSOR OF ENTREPRENEURSHIP IN NURSING

Born on May 12, 1820, in 2020, Florence Nightingale completes the bicentennial of her birth and more than 150 years of a historical legacy. She acted as a woman who refused to repeat the standards expected in Victorian England, going further and revolutionizing patient care practices, creating a profession: Nursing. Although she gained greater projection of her work through her role as a volunteer in the Crimean War (1854-1856), her main contributions to the construction of a new profession derived from her work in the creation of the first professional Nursing school in the contemporary world, and through her texts written after the end of the war, when she started to demonstrate examples of the linkages among research, theory, and practice.⁷

Nightingale understood nursing as an art, and to fully practice it, future nurses should receive organized, practical, and scientific training; and they should be people capable of serving the ill in the first place.⁸ One of the legacies left by Florence Nightingale was to give voice to the silence of those who provided Nursing care, who probably did not realize the importance of the rituals they followed, which already indicated an organized professional practice,^{9:662} but not systematized (such as the sisters of charity of St. Vincent de Paul in France, and the Kaiserswerth deaconesses in Germany). When nursing was institutionalized as a profession in 1860, based on the creation of the Nightingale Training School for Nurses at Saint Thomas Hospital, she believed that Nursing teaching should be affiliated with the hospital, and argued the ideal of Nursing as a vocation, which demanded exclusive dedication and harsh preparation.⁹⁻¹⁰ The initiative served as the seed of a new status for Nursing as a profession, and for the creation of countless other teaching institutions mirrored across the world, founded by former students, implementing the so-called Nightingale System of Nursing Teaching, including in Brazil.

In her most famous book, published in 1860 and entitled *Notes on Nursing: what it is and what it is not*¹¹, translated into different languages, also Portuguese on the initiative of *Associação Brasileira de Enfermagem* (ABEn) (Brazilian Nursing Association) in 1989 as "*Notas sobre Enfermagem - o que é e o que não é*",¹² Florence Nightingale offers us principles of care which many assume to be the bases for a theory, the Environmental Theory.¹³⁻¹⁴ In this book, intended to serve as a Nursing manual, its content discussed seminal instructions of public health, as befitting and appropriate in the 19th century as in the current age we are experiencing.

She wrote that "Every nurse ought to be careful to wash her hands very frequently during the day. If her face, too, so much the better".^{11:24} She highlighted the environment as a determinant factor for health and disease conditions. The precarious environment favors certain diseases in individuals, common to the majority of the unattended population. Also, she highlighted the importance of water, air, food, and the general regime to achieve the cure.¹¹

Nightingale stated that "and what Nursing has to do in either case [...] is to put the patient in the best condition for nature to act upon him".^{8:146} For her, the main objective of Nursing is to give opportunity to the human being the best conditions so that the vital power can be enhanced, thus promoting health and disease prevention, providing comfort, support and education.

She implemented in school practice, and later in hospitals, everything that had contributed to saving lives in the Crimean War and that, according to her, "It ought to signify the proper use of fresh air, light, warmth, cleanliness, quiet, and the proper selection and administration of diet—all at the least expense of vital power to the patient".^{11:87}

Moreover, thanks to her, hospitals began to offer hot water for bathing the ill, which used to be a privilege of the wealthiest classes in London. She also implemented the "tray with medicines", used to this day, as a way to optimize the work of Nursing. She also understood that the patient notes, later referred to as medical records, should remain at the bedside for consultation by health professionals. With these innovations/inventions, we can infer that, besides everything, Florence Nightingale can be considered the inventor of the Nursing profession.

It should be highlighted that her knowledge came from her travels, notes, technical readings, contact with scientists such as John Venn (English mathematician with whom she developed her learning about statistics) and Ignaz Semmelweis, who would later be considered the creator of the concept of hospital infection, due to the basic measures of hand hygiene in the care for parturients. Anyway, it was bold and new knowledge for the time. Over time, Nightingale wrote several books and articles, including: *Notes on matters affecting the health, efficiency and hospital administration of the British Army*: founded chiefly on the experience of the late war (1858), *Notes on Hospitals* (1858), *Notes on the Sanitary State of the Army in India* (1871), *J. Life on Death in India* (1974).¹⁰

Many health care practices were influenced by Florence Nightingale, including the health reform in India, aboriginal health practices in Australia, improved infection control and the study of disease spread in hospitals, which served as the basis for modern Nursing. Thus, it can be affirmed that she revolutionized health practices in military hospitals, besides influencing the creation of new Nursing schools around the world, training nurses and also doctors who would work in military hospitals.

An expert in statistics and images, she became a pioneer in the use and application of graphs to illustrate epidemiological data in a tangible way, so that everyone could understand their meaning. She created the so-called “rose diagram” and used it to graphically represent mortality rates during the Crimean War, and convince the army of the need for hygiene-related prevention measures aimed at reducing the morbidity and mortality rates.¹⁵⁻¹⁷ Thus, she crystallized the idea that social phenomena can be subjected to mathematical logic and, using statistical data, she graphically demonstrated the need for a health reform.¹⁸ Florence Nightingale was the first woman to join the Royal Society of Statistics in London.

Her legacy, which is now widely used, shows how it is possible to “flatten the curve” of the spread of COVID-19 through social distancing and epidemiological data and graphs that support decision making about the prevention of the disease, as well as about the relaxation of social isolation measures. Nightingale believed that family environments were the crucial space for disease prevention interventions. She understood that this was the place where most people contracted and suffered from infectious diseases.¹² This phenomenon is also true in the present: in the coronavirus pandemic in Wuhan, China, between 75% and 80% of the transmissions were reported in the core families, based on studies analyzed scientifically.¹⁹

Finally, and not by chance, Florence is recognized for the fact that nursing has become a profession and a science, and not just a care occupation. She is seen as the pioneer in philosophical, aesthetic, scientific and ethical thinking for Nursing, and may be considered the first nursing researcher in the world.^{10,20-21}

To preserve her history, since 1989, an area of the Saint Thomas Hospital is dedicated to the Florence Nightingale Museum. And it was exactly in this same hospital that the Prime Minister of the United Kingdom, Boris Johnson, remained hospitalized after being diagnosed with COVID-19. The relevance of the nursing team was evident in his speech after being discharged: *“I hope that [the other professionals] would not mind me mentioning two nurses in particular who stood by my side for 48 hours when things could have taken a different direction. That was Jeny from New Zealand (...) and Luis, from Portugal, near Porto. The reason my body started getting enough oxygen was because they kept an eye on me every second during the night and because they were worried about doing everything I needed”*.²²⁻²³

COVID-19, THE TURNAROUND OF THE *NURSING NOW* CAMPAIGN AND THE REBIRTH OF NURSING AS A VALUABLE PROFESSION

Discussing the present without a historical contextualization would be the same as forgetting our origins, ignoring that the past builds us as a society, as a historical product. In the reflection about the Nursing profession, establishing this bridge between the past and the present is liberating, because it permits (re)thinking and (re) building our professional identity.

Based on this belief, we can infer that nursing has always been on the frontline in wars, catastrophes, epidemics and pandemics, whether in care spaces or in care support. The time of Nursing has always been the “now” over time, when its expertise was necessary. Let us cite some of these situations to illustrate this thought until reaching the present and its potential deployments.

It should be reminded that history until the end of the 19th century used to be mostly written by men, within a positivist perspective, giving prominence to great deeds and great leaders, and

considering the exclusion from public spaces for women. The invisibility of practices such as nursing, seen as of lower value, or as being a charitable work of love of our neighbor. There are few accounts of the past and how their actions reached the present. Therefore, when talking about wars, we focus here, first of all, on the Crimean War, already discussed in the previous item and which granted visibility to the work of Nursing, the figure of Florence Nightingale and her role in reducing mortality among the wounded, in addition to all other deeds already reported and which culminated in the creation of the so-called “modern Nursing” around the world. It is interesting to mention two other personalities in the same war, but whose actions were not that boasted and recognized, including the French Sisters of Charity of Saint Vincent de Paul, who somehow influenced the British War Secretary to summon Florence to change British soldiers’ condition during the war. The Sisters of Charity remained invisible, despite having saved many lives and also being responsible for Florence Nightingale’s learning about care practices during her travels around the world.⁹

Another personality present in the same war, but whose work as a nurse and entrepreneur similarly was not recognized was Mary Seacole, a Jamaican black woman who according to history volunteered to work with Florence in the Crimea but was not accepted in her group. Even so, dissatisfied with the response and determined to accomplish her goal, she raised funds to promote her trip to Scutari, where the volunteers were staying, and acted as such, even renting a hotel to provide care to the wounded. Several books and texts have been written about her, seeking to rescue her importance.²⁴⁻²⁶

Another example of work at the frontline in wars is that of Ana Justina Ferreira Nery (Anna Nery), a Brazilian woman, who cared for the wounded in the Paraguayan War, in 1860, being awarded the title of “first Brazilian nurse”. She received several tributes, and her name baptized the first modern nursing school in Brazil, the School of Nurses Dona Anna Nery, later Anna Nery.²⁷ In addition to Anna Nery, we can mention the performance of the Red Cross Nurses in the First World War, as well as the Nurses already graduated as such, during the Second World War. In other more recent wars, such as Korea, Vietnam, and Afghanistan, there were also nurses at the frontline, helping to save lives, but almost all of them, without exception, became known only in doctoral dissertations, master’s theses, published articles, remaining invisible to the general public.

Most of the time, the nurses offered to go to war, brave, leaving their families, the comfort of their home and being willing to take care of the soldiers in hospitals and on the battlefields, offering their caring capacity for the benefit of the other. Similarly, this activity was present, even before the professionalization of Nursing, in the great epidemics, such as cholera and yellow fever in the nineteenth century, and in the Spanish flu in 1918, which killed thousands of people around the world and caused 35,000 deaths in Brazil, including the President of the Republic at the time, Rodrigues Alves. Since the beginning of the twentieth century and until the present, nurses have been present in vaccination campaigns against yellow fever, Ebola, H1N1, Zika, among others, acting courageously and serving as protagonists in the prevention of diseases, in instructing the families, in the households, facing barriers and challenging the dangers without giving up or retreating.

And why do we talk about this topic? Because at present, facing the COVID-19 pandemic, nurses and nursing teams were finally withdrawn from the invisibility they were in, despite having acted so often in similar situations, but also in major health crises or wars.

The expansion and coverage of the electronic media, whether through TV, newspapers, magazines, social networks work in favor of the recognition of Nursing, presenting instantaneous and immediate information around the world. The severity and lethality of the pandemic and the lack of knowledge of its evolution, malignancy, and genetic chain, put the world in a panic situation, and scientists reached a single conclusion at the beginning: while the dynamics of the virus’s action are not known, the most effective way to prevent its incidence and spread should be the so-called “social

isolation”, the use of basic hand hygiene measures, environments and the use of masks in public and crowded places. These measures have been known to Nursing for almost two centuries when focusing on the principles of Florence Nightingale’s Environmental Theory. And even more so, it was discovered that gel alcohol, which became an element present in all environments, had been invented by a nurse, named Lupe Hernandez in 1966, during her master’s course in the USA.

The pandemic then forced governments to take urgent and necessary measures to prevent the greatest number of contaminations and deaths, considering the high lethality of the virus. People were put inside their house, quarantined. The professionals who did not stop, did not close the doors, on the contrary, they entered hospital and primary care environments to care for and try to contain the disease, included health professionals and the like, and nursing finally left its secondary role, silent, invisible and assumed the leading role of the actions it had practiced throughout the history of the profession.

The nurses, heroes in white, blue and green, on cartoonists’ drawings, on journalists’ photos, on magazine covers, in superhero clothes, on posters telling us to “stay at home” and “we’re here to take care of you”... The extent to which nursing makes a difference in any health service became clear. No novelty for nursing professionals, but a great discovery for the general population.

The prominent role of Nursing during the pandemic cannot and should not be maintained only during this year 2020, so as not to lose the visibility of how important this profession is. The development of collective self-esteem will also contribute to the (re)construction of the professional identity that needs constant reaffirmation, and to the development of a critical awareness of reality.

Considering this visibility and turning the nursing claims real, this is an important political moment for the profession that cannot be lost, when the pandemic is finally contained. The moment is conducive to the rescue and the struggle for better working conditions in all environments, adapting the Nursing spaces, work shifts consistent with occupational health, quality materials and PPE, and especially a minimum salary worthy of the work we develop.

The empowerment proposed by the *Nursing Now* campaign was presented by the pandemic that struck the world society, and more than ever generated credits for Nursing care as the master spring of health. Returning to the creation of the *Nursing Now* campaign, which was conceived based on the report on a global Nursing assessment initiated in 2015 by the *All-Party Parliamentary Group on Global Health*.³ This report was titled *Triple Impact*, and indicated that the nurses’ challenges were similar, regardless of which part of the world. The report pointed out that the nurses can play a central role in changing the focus to health promotion and disease prevention, besides improving gender equality, considering wage and leadership differences between men and women, and in building stronger economies.⁵

Nursing Now was born from the *Triple Impact*, with five objectives to be achieved by the end of 2020, in principle in a comprehensive and ambitious manner. They are: a) greater investment in improving nurses’ teaching, development of the profession, standards, regulations and employment conditions; b) more nurses in leadership positions and development opportunities at all levels; c) greater influence of nurses on national and global health policies as part of broader efforts to ensure that health workforce is more involved in decision making; d) greater and better dissemination of effective and innovative nursing practices; and e) greater investment in improving education, professional development, standards, regulation and working conditions for Nursing professionals”.^{28:1} In Brazil, the campaign was led by the Brazilian Federal Council of Nursing (Cofen) and the Pan-American Health Organization/World Health organization (PAHO/WHO) Collaborating Centre for the development of Nursing research, affiliated with the University of São Paulo at Ribeirão Preto College of Nursing (EERP/USP),²⁹ having been launched in 2019 in the 27 Brazilian states and the Federal District, with three main goals: (i) investing in the strengthening of the education and development of Nursing

professions with a focus on leadership; (ii) investing in the improvement of the working conditions of the Nursing staff; and (iii) widely disseminating effective and innovative evidence-based Nursing practices, at the national and regional levels”.^{29:1}

The final objective of all of these goals was the empowerment of nurses, the nursing and midwifery teams until 2020, as the “International Year of the Nurse and Midwife”. With the facing of the coronavirus 2019 pandemic (COVID-19), the campaign saw these goals take on an unimaginable proportion in terms of the visibility of Nursing and these professionals’ degree of need worldwide.

The report *Situación de la enfermería en el mundo 2020: invertir en educación, empleo y liderazgo*, launched by the World Health Organization (WHO),²⁸ points out that there are approximately 28 million nursing professionals worldwide, 8.4 million (30%) of whom in the region of the Americas, representing about 56% of the total health workforce. Globally, the report indicates a deficit of 5.9 million professionals. Drawing a parallel with Brazil, with an approximate population of 209 million inhabitants, for a total of 2.3 million Nursing professionals, with 565,458 thousand nurses.³⁰ “The Nurses represent the largest health workforce, corresponding to more than 50% of the professionals in the area. Nevertheless, the shortage of these professionals in most of the countries analyzes compromises the global target of achieving health for all by 2030”.^{3:24}

The COVID-19 pandemic appointed the fragility of health services in terms of the number of ICU beds, number of hospitals, PPE, respirators, and even essential medicines to take care of the patients. It also revealed the absence of international protocols for dealing with pandemics and the absence of decent working conditions for all professionals. As an example, we can cite the rest spaces of Nursing professionals. While doctors have their own room for rest during long hours of work, Nursing, in most hospital settings, adapts a “corner in the dressing room” for the same rest. The pandemic also widened the deficit pointed out above in terms of trained Nursing professionals and in sufficient numbers to face the problem at the frontline.³¹

Among the goals of *Nursing Now*, the goal that deals with the focus on training leaders to occupy strategic decision-making positions, whether in hospitals, universities, and also in public decision-making positions about public health policies, is one of the great challenges for post-pandemic times. Universities play an essential role in this formation of leadership, with the appropriate political and management skills to assume key roles in health decisions. The new teaching modalities, especially at a distance, gained gigantic dimensions during the pandemic, and certainly came to stay, in the form of videoconferences, *online* classes, lives on platforms like Youtube and Instagram. All levels of education are obliged to adapt, learn and develop creative methods and techniques to interact with the students.

Nurses have taken the lead in fundraising campaigns to acquire PPE for teaching hospitals, hygiene materials for hospitalized patients, and for street dwellers. Actions, mostly invisible, but essential to support the vulnerable populations, victims of the pandemic.

Another important goal that has stood out during this pandemic is the need to collect more evidence related to clinical practice. An immense variety of care and prevention protocols has been created, targeting the entire life cycle, guiding the general population and Nursing teams on the daily practice. These guidelines and care include: how to wash hands, how to prevent COVID-19, performing home care with and without virus contamination, care for the elderly, children, cancer patients, street dwellers, how to support health professionals in times of pandemic, and the development of care technologies to be able to offer patients activities of better quality. As a result of the population’s set of needs in the control of this pandemic, studies are under development to support, understand and help to deal with the emotional and mental health factors Nursing professionals have experienced during this pandemic, among others.

The Nursing team, and more specifically the nurses have taken part in the decisions on how to deal with the pain of family members, to be more sensitive and affectionate with them, and to strengthen themselves in making decisions about who should or should not occupy an ICU bed. Promoting an environment of affection for patients, offering *tablets*, mobile phones for them to communicate with their families, reading support letters addressed to patients, giving them strength in those moments of loneliness and isolation, are other practices adopted.

The text reproduced here was written in 2019, when the *Nursing Now* campaign was celebrated and efforts were made to achieve its goals. It is relevant to highlight it here because of its pertinence: “So, with the world lining up to celebrate nurses and give us our moment in the spotlight, will we truly capitalize on this unprecedented opportunity? Or will we just congratulate ourselves, enjoy the immediate glow of recognition and return to our characteristic ways of engaging with Nursing issues. I sincerely hope that we can move forward collectively to face our (political, relational, structural, attitudinal or probationary) challenges and use this incredible alignment of the stars as a catalyst for Nursing action”.^{32:2}

The COVID-19 pandemic may have been a surprise at first, forcing us to adapt to the new living conditions in the world, but has also appointed the need to expand the health and Nursing professionals, in terms of quantity as well as working conditions (including PPE, teamwork and continuing education). Nursing professionals play a crucial role in improving the access and quality of health care, considering the prominence of this moment and the need to take advantage of the current scenario, to fight for the improvement of the working and education conditions in Nursing, which will result in important achievements for universal health coverage and access to health for disadvantaged populations.^{33–34}

Short-term implications are still unknown to everyone, but there is one clear certainty: we will have a “new normal” in all areas of our lives. Will there be a “new Nursing” as well? More empowered? Which fights harder for its rights? Which no longer accepts the silence and the secondary role it has always played in health institutions? These are certainly difficult questions to answer at this time, but one aspect is essential: authorities at all levels should not be allowed to forget why the health systems need Nursing.

CONCLUSION

It is important for us to be attentive, as health professionals, to the signs of our times. As nurses who strive to show their expertise, in all fields of work and knowledge, strengthening our identity and the professional image that we want to anchor in society and maintain for the future.

Thus, history will be rewritten by removing from the imaginary the “angel in white”, or even the superhero, in exchange for competent professionals, committed to practice, teaching, research, and attentive to be present in the broad media, appointing nursing as an essential profession to deal with health, which should therefore be valued and recognized in the appropriate working conditions and decent wages.

Nurses should truly continue to be part of the solution of the health challenges that society faces, meeting their individual voices, making them collective and literally living the *Nursing Now* concept beyond the campaign. Thus, the expertise can be used for a greater benefit for the struggles of the profession, and for the recognition of society not to be lost. History will continue to be our reference, and the precepts of Florence Nightingale and other models will strengthen our commitment to knowledge, to our professional identity, with a view to better addressing the global changes and their implications for public health.

And finally, we leave the message of how important and necessary it is for Nursing to strengthen our organizational entities, such as ABEn, COFEn, unions, in class struggles, and that nurses also

put themselves at the frontline in positions of political representation, whether institutional, or even in municipal, state or federal governments.

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