

# Nursing Coordinator's Skills in the Reorganization of Home Care during COVID-19: An Experience Report

Habilidades do Coordenador de Enfermagem na Reorganização da Atenção Domiciliar Frente à COVID-19: Relato de Experiência

Habilidades del Coordinador de Enfermería en la Reorganización de la Atención Domiciliar frente a la COVID-19: Relato de Experiencia

## RESUMO

Descrever as ações de reorganização da Atenção Domiciliar voltadas a pacientes de alta complexidade durante a pandemia da COVID-19. Relato de experiência desenvolvido pela coordenadora de Enfermagem do Serviço de Atenção Domiciliar do Grupo Vitalmed (Recife-PE), entre março e junho de 2020, com abordagem qualitativa e coleta observacional. As ações foram analisadas de forma descritiva e reflexiva. As principais dificuldades envolveram escassez de Equipamentos de Proteção Individual (EPIs), sobrecarga de trabalho e necessidade de capacitação. As estratégias incluíram elaboração de plano de contingência, treinamento de equipes e reorganização dos fluxos assistenciais. A reorganização da Atenção Domiciliar demonstrou a importância da liderança do enfermeiro na gestão de crises e na segurança do paciente, contribuindo para o fortalecimento das práticas assistenciais e gerenciais em situações emergenciais.

**DESCRIPTORES:** COVID-19; Atenção Domiciliar; Coordenação de Enfermagem; Gestão em Enfermagem; Enfermagem.

## ABSTRACT

To describe the reorganization actions of Home Care for high-complexity patients in facing COVID-19. Experience report by the Nursing Coordinator of the Home Care Service of Grupo Vitalmed (Recife, Brazil), from March to June 2020. Qualitative approach based on descriptive observation and critical reflection. The main challenges included shortage of Personal Protective Equipment (PPE), work overload, and need for continuous training. Strategies involved contingency planning, staff training, and workflow reorganization. The experience strengthened safe nursing management practices in home care during public health emergencies.

**DESCRIPTORS:** COVID-19; Home Care; Nursing Coordination; Nursing Management; Nursing.

## RESUMEN

Describir las acciones de reorganización de la Atención Domiciliar dirigidas a pacientes de alta complejidad durante la pandemia de la COVID-19. Relato de experiencia desarrollado por la coordinadora de Enfermería del Servicio de Atención Domiciliar del Grupo Vitalmed (Recife, Brasil), entre marzo y junio de 2020, con enfoque cualitativo y recolección observacional. Las acciones fueron analizadas de manera descriptiva y reflexiva. Las principales dificultades incluyeron escasez de Equipos de Protección Individual (EPI), sobrecarga laboral y necesidad de capacitación continua. Las estrategias aplicadas comprendieron la elaboración de un plan de contingencia, la formación del personal y la reorganización de los flujos asistenciales. La reorganización de la Atención Domiciliar evidenció la relevancia del liderazgo del enfermero en la gestión de crisis y la seguridad del paciente, fortaleciendo las prácticas asistenciales y de gestión en contextos emergentes.

**DESCRIPTORES:** COVID-19; Atención Domiciliar; Coordinación de Enfermería; Gestión en Enfermería; Enfermería.

Joyce Kelly Tomaz da Fonseca

PhD; University of São Paulo – USP  
ORCID: <https://orcid.org/0000-0001-5841-4634>

Evandro de Sena Silva

PhD; School of Medicine, University of São Paulo  
ORCID: <https://orcid.org/0009-0007-8253-6309>

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## INTRODUCTION

The pandemic caused by the new coronavirus due to rapid sustained transmission across continents (WHO, 2020; GORBALEN YA et al., 2020) has required health services around the world to (re)organize themselves to meet the health needs of the population<sup>(1,2)</sup>.

It is also worth noting that the rapid spread of COVID-19 in China and its spread to other places, mainly in Europe, the United States, Canada, and Brazil (BRASIL, 2020a), led the Ministry of Health (MS) to

declare a State of Public Health Emergency of National Importance (ESPIN) through Ordinance No. 188/2020<sup>(3,4)</sup>.

The work of nursing professionals and other categories goes beyond hospital environments, with many working in patients' homes, and in this health context, home patients are generally those with acute, chronic, or exacerbated conditions, in palliative care, with respiratory syndromes, neurological disorders, hypertension, diabetes, and are also susceptible to the SARS-CoV-2 virus<sup>(5)</sup>.

Home care goes beyond the technical

and scientific knowledge learned during nursing training, as entering the home and providing care requires much more than knowledge and action. Since care is provided in a space dominated by the patient and their family, the healthcare professional is merely a guest<sup>(6)</sup>.

The family context encompasses social, economic, cultural, and relational issues that take on a special perspective, which must be observed by nurses when providing home care. It is necessary to pay attention to the cultural patterns of the individual, family, and community, respecting their traditions, habits, feelings, and needs, in order to enhance the humanization and autonomy of those involved in care<sup>(7)</sup>. The success of home care lies in looking at the individual and their family in their context, visualizing and considering their social environment, their insertions, their place of residence, their habits and relationships, and anything else or situation that is part of their existence and being in the world).

The great specificity of home care lies in the fact that it takes place in the client's environment and not in the "professional's context," challenging nurses to be equipped with technical competence, creativity, and flexibility, as well as the ability to communicate, relate, and work as a team with users, their families, and other professionals<sup>(8)</sup>.

All health services must ensure that internal policies and practices minimize exposure to respiratory pathogens, including the new coronavirus (SARS-CoV-2). Measures must be implemented before the patient arrives at the health service, upon arrival, during triage, while waiting, and throughout the entire care and assistance provided. Thus, in addition to standard precautions, contact and droplet precautions should be implemented in all health services and, in specific situations, aerosol precautions<sup>(9)</sup>.

In the implementation processes of the SADs analyzed, the role of the coordinator and municipal manager was shown to be fundamental for the organizational aspects and functioning of the Program, with the agreement of flows and the definition of protocols. However, it is known that the

dynamics of these services enable the mobilization of technological arrangements in the daily health work process, providing potential for the creation of new forms of care in the home environment<sup>(10)</sup>.

Given the emotional problems faced by professionals during the pandemic, explain that outbreaks of infectious diseases can cause feelings of distress and anxiety, as well as direct and indirect trauma among health professionals, due to high workloads and lack of protective equipment<sup>(11)</sup>. As for Personal Protective Equipment, there are two main problems: scarcity and inappropriate use<sup>(12)</sup>.

The objective of this article is to describe the actions of (re)organization of Home Care in high-complexity patients in coping with COVID-19.

Given this, the fear and insecurity that preceded the arrival of the virus put nursing team managers on alert, with many asking the following question: Are we prepared to face an enemy of such magnitude?

## METHODOLOGY

This is a descriptive experience report with a qualitative approach, conducted by the Nursing Coordinator of the Home Care Service at Grupo Vitalmed, Recife-PE, between March and June 2020. The experience involved 15 patients receiving high-complexity care. Data collection was carried out through observational and descriptive methods during the implementation of COVID-19 response protocols. The information was qualitatively analyzed through critical reflection on management, planning, training, and patient safety actions.

The study followed ethical principles of confidentiality, in accordance with CNS Resolution No. 510/2016. It was exempt from submission to the Research Ethics Committee (CEP) as it did not directly involve human subjects, in accordance with Resolution No. 510/2016, and was registered with a justification for exemption in the CAAE system.

## EXPERIENCE REPORT

The pandemic took us by surprise, and this extends to all health sectors. We had several setbacks ranging from logistics to shortages of PPE in all sectors, such as a lack of surgical masks, N95 or PFF2 masks suitable for blocking the coronavirus, gloves, and aprons, a lack of goggles, and a lack of training in how to deal with patients to use and remove equipment suitable for blocking the coronavirus.

We tried to make up for these shortcomings, but sometimes it was difficult to find the right item and where to buy it in a timely manner. Sometimes, delivery was not as fast as expected. Fear of the demand caused by the Covid-19 public health emergency, and professionals being able to use respiratory protection masks (N95/PFF2 or equivalent) exceptionally, for a longer period or for a greater number of times than predicted by the manufacturer. Lack of 70% alcohol gel and liquid, work overload due to lack of staff and professionals without the qualifications for the demand.

Professionals exposed to risks will receive instructions at the place where they provide services, so as not to expose themselves unnecessarily and become spreaders of the virus. They should not perform any type of activity on their own, but rather follow detailed instructions provided in advance by the health unit.

Training was also provided to professionals who are in charge of activities regarding the use of surgical masks, gloves, protective goggles, waterproof aprons, disposable aprons, caps, shared equipment, correct dressing and undressing, and waste management in terms of handling, segregation, packaging, disposal, internal and external collection, transportation of biological material, and other highly hazardous activities.

Finally, the Contingency Plan created by managers had the main objective of organizing actions to combat COVID-19 according to epidemiological scenarios, based on the National Contingency Plans (SANTOS et al., 2020).



## DISCUSSION

“ The COVID-19 pandemic revealed the need for a new perspective on the competencies required of the nursing coordinator in Home Care, especially in emergency situations. ”

The reported experience demonstrates that management, planning, communication, evaluation, and motivational skills became essential to ensure the continuity and safety of home care delivery. According to Feitosa<sup>(13)</sup>, the ability to manage services, allocate resources, and handle complex information is a fundamental attribute of nursing leadership.

During the COVID-19 response period, it was observed that the nursing coordinator needed to combine technical knowledge, human sensitivity, and managerial competence to sustain the quality of care. This integration is reaffirmed by the Ministry of Health, which recognizes the nurse's role as a care manager and key link between the team, the patient, and the family<sup>(14)</sup>. Thus, the author of this study experienced firsthand the im-

portance of situational leadership, acting adaptively according to the epidemiological and logistical demands that arose in the daily routine of Home Care (HC).

The literature reinforces that nursing performance in home settings requires a combination of ethical and emotional attitudes in addition to technical mastery<sup>(6)</sup>. The ability to communicate effectively was crucial to guide families, clarify doubts, and reduce fear in the face of a little-known virus. Studies show that clear and empathetic communication is a strategic tool in the management of health crises<sup>(15)</sup>. In this sense, the actions described by the author—such as alignment meetings and continuous training—align with the need to integrate educational practices into care management.

Infection control in home care also emerged as a central challenge. Padoveze<sup>(16)</sup> emphasizes that prevention must encompass educational actions, biosafety, contact precautions, and proper handling of equipment and waste. The practices described in this report—such as training in donning and doffing PPE and proper management of infectious waste—demonstrate the applicability of these principles in an extra-hospital environment.

Moreover, the Pernambuco Contingency Plan<sup>(9)</sup> highlighted the importance of response protocols across levels of care, coordinating prevention, screening, and care actions. The author observed that, when adapting such guidelines to the home care context, the coordinator's role expanded, demanding systemic vision and decision-making capacity under uncertainty.

Recent studies indicate that the pandemic enhanced the prominence of the nurse coordinator, who began to act not only as a technical executor but also as a strategic leader in service

reorganization<sup>(17,18)</sup>. This transition reinforces the concept of “expanded management” proposed by Merhy and Feuerwerker<sup>(19)</sup>, in which care production is understood as a collective, interdependent, and user-centered practice.

Finally, the reported experience allows us to conclude that facing COVID-19 in the context of Home Care required nursing coordinators to adopt a participatory leadership profile focused on safety, communication, and team motivation. This experience reaffirms the need for institutional policies that strengthen coordinators' autonomy and ensure emotional and technical support for home care teams. As a limitation, this report reflects the experience of a single institution, which restricts the generalization of the findings.

## CONCLUSION

Facing COVID-19 in Home Care required nursing coordinators to develop managerial skills, adaptability, and situational leadership. The study highlights the relevance of management training for nurses and reinforces the need for institutional protocols that ensure patient and team safety in emergency contexts.

The strategies presented demonstrate the importance of the nursing coordinator's role in integrating the team, family, and community, promoting effective solutions in health risk situations.

It was observed that the contingency plan recommendations contributed to greater agility and efficiency in care, strengthening both patient and staff safety. It is also noteworthy that there is a scarcity of studies measuring biological risks in home care settings; however, it is recognized that the home environment is also a care space that requires the rigorous application of biosafety principles.

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