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Socio-emotional competencies mobilized by nurse-leaders in coping with the covid-19 pandemic in a university hospital

Competências socioemocionais mobilizadas por enfermeiros-líderes no enfrentamento da pandemia pelo covid-19 em um hospital universitário

Competencias socioemocionales movilizadas por enfermeras-líderes en el enfrentamiento a la pandemia de covid-19 en un hospital universitario

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ABSTRACT

Objective: To understand the socio-emotional competencies mobilized by nurse leaders during and after facing the Covid-19 pandemic in a university hospital.

Method: Case study, conducted with sixteen nurses working in the leadership of units and services at a university hospital in northeastern Brazil. Data collected in two moments through semi-structured interviews. The interviews took place between August to December 2022 and January to August 2023. An inductive and coded thematic analysis was performed, according to the bucket theme technique, assisted by the NVivo12 software and supported by the grouping of twenty-five items included in the Socio-emotional competence scale.

Results: During the fight against the Covid-19 pandemic, nurses expressed a mix of emotions due to their lack of knowledge about the disease. Faced with the climate of fear and the feeling of helplessness, they developed strategies that minimized the risks of illness and death. Two categories emerged: Emotional climate experienced by nurses and Coping strategies developed by nurses in the context of the Covid-19 pandemic.

Final considerations: The competencies of social awareness, regulation, self-control, creativity, and emotional awareness were identified in the nurses' reports. These skills contributed to coping with the pandemic period, through the participation, involvement, and integration of professionals.

Descriptors: Nursing. Leadership. University Hospitals. Social Skills. Covid-19.

RESUMO

Objetivo: Conhecer as competências socioemocionais mobilizadas por enfermeiros-líderes durante e após o enfrentamento da pandemia pelo covid-19 em um hospital universitário.

Método: Estudo de caso, realizado com 16 enfermeiras(os) atuantes na liderança de unidades e serviços de um hospital universitário do nordeste do Brasil. Dados coletados em dois momentos mediante entrevista semiestruturada. As entrevistas ocorreram entre o mês de agosto a dezembro de 2022 e janeiro a agosto de 2023. Procedeu-se à análise temática indutiva e codificada, segundo a técnica *bucket theme*, auxiliado pelo *software NVivo12* e sustentada pelo agrupamento de 25 itens constantes na Escala de Competências Socioemocionais.

Resultados: Durante o enfrentamento da pandemia pelo covid-19, os enfermeiros esboçaram um misto de emoções em face ao desconhecimento da doença. Diante do clima de medo e da sensação de desamparo, elaboraram estratégias que minimizassem os riscos de adoecimento e morte. Emergindo duas categorias: Clima emocional vivenciado pelos enfermeiros e Estratégias de enfrentamento desenvolvidas pelos enfermeiros no contexto da pandemia pelo covid-19.

Considerações finais: Identificou-se nos relatos dos enfermeiros as competências da consciência social, regulação, autocontrole, criatividade e consciência emocional. Estas competências contribuíram para o enfrentamento do período pandêmico, a partir da participação, envolvimento e integração dos profissionais.

Descritores: Enfermagem. Liderança. Hospitais Universitários. Habilidades Sociais. Covid-19.

RESUMEN

Objetivo: Conocer las habilidades socioemocionales movilizadas por enfermeras líderes durante y después del enfrentamiento a la pandemia de Covid-19 en un hospital universitario.

Método: Estudio de caso, realizado con 16 enfermeros que actúan en la dirección de unidades y servicios de un hospital universitario del noreste de Brasil. Datos recolectados en dos momentos a través de entrevistas semiestructuradas. Las entrevistas se realizaron entre los meses de agosto a diciembre de 2022 y enero a agosto de 2023. Se realizó un análisis temático inductivo y codificado, según la técnica del tema cubo, asistido por el software NVivo12 y apoyado en la agrupación de 25 ítems incluidos en las Habilidades Socioemocionales.

Resultados: Durante la lucha contra la pandemia de Covid-19, los enfermeros expresaron una mezcla de emociones ante su desconocimiento sobre la enfermedad. Ante el clima de miedo y el sentimiento de impotencia, desarrollaron estrategias que minimizaron los riesgos de enfermedad y muerte. Surgieron dos categorías: Clima emocional vivido por enfermeros y Estrategias de afrontamiento desarrolladas por enfermeros en el contexto de la pandemia de covid-19.

Consideraciones finales: En los informes de los enfermeros fueron identificadas las competencias de conciencia social, regulación, autocontrol, creatividad y conciencia emocional. Estas habilidades contribuyeron al enfrentamiento del período pandémico, a través de la participación, implicación e integración de los profesionales.

Descriptores: Enfermería. Liderazgo. Hospitales Universitarios. Habilidades Sociales. Covid-19.

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INTRODUCTION

In March 2020, the COVID-19 pandemic was announced by the World Health Organization (WHO) and, on May 5, 2023, the organization declared the end of the Public Health Emergency of International Concern[1–2]. It also warned that new variants of the disease could emerge at any time, even with preventive measures such as encouraging vaccination[2].

COVID-19 is caused by the virus named SARS-CoV-2 (Severe Acute Respiratory Syndrome) which, due to its infectious nature and potential lethality, has caused the deaths of millions of people worldwide, which required urgent hospital care for critical care[3–4]. Consequently, in Brazil, the healthcare processes in hospital institutions needed to undergo a reorganization of their services, including in university hospitals, given the complexity of the care required by the disease[3,5].

During the COVID-19 pandemic, nursing was the largest healthcare professional category that provided direct care to suspected and/or confirmed COVID-19 cases[6–7]. In view of this, nurses faced numerous challenges resulting from the social and political pressures experienced during the pandemic[3,7]. These conditions fostered the search for strategies that could ensure and promote healthy practice environments amid a context of crisis, demanding professionals to exercise leadership[7].

A study[8] developed at the *Hospital Israelita Albert Einstein*, in São Paulo, evaluated the performance and commitment of nurse leaders in creating resources aimed at people management, to assist in the formation and/or qualification of teamwork. The study did not discuss in more depth the emotions and/or feelings expressed by these professionals. Another research[9] about the relationship between organizational support and burnout among nurse managers, conducted in 13 public hospitals in Jiangsu, China, identified the existence of emotional imbalance as a reflection of the need to improve care integrated with other demands. Corroborating this result, researchers[10], refer to the presence of this suffering due to the constant pressures experienced in the workplace, resulting from conflicts of interest, overload inherent of managing people and technical responsibilities.

Regarding Leadership, scholars[11–14] in the field converge in the same understanding that leadership is not a role and/or position of authority, but rather a managerial competence of the nurse, which involves a set of knowledge, skills and attitudes considered necessary for their professional practice. This competence is characterized as the ability to influence one's team in order to share common objectives, with a view to providing effective care focused on the health needs of users and their families[12]. Such aspect contributes to teamwork, through the promotion of harmonious work environments, which in turn enhances the provision of qualified patient care[7,12]. Additionally, it is observed that in the professional field of Nursing, the role of the nurse leader with the team, besides requiring technical-scientific knowledge, also requires information and development of other skills, such as socio-emotional competencies[15].

Conceptually, socio-emotional competencies represent ways of controlling, perceiving, and demonstrating individual and collective emotions so that individuals can adapt to the complexities that exist throughout the life cycle[16]. The development and emotional maturation of individuals reflect on the establishment of healthy interpersonal relationships in the work environment[15]. Therefore, the development of socio-emotional competencies is relevant, especially in times of crisis, such as the pandemic, whose state, aggravated by the precariousness of services, led professionals to face situations that increased levels of stress and anxiety and resulted in mental illness[10].

Based on the above, the question is: How did nurses who exercised leadership roles in the units and/or services of a university hospital mobilize their socio-emotional competencies during and after coping with the COVID-19 pandemic? To answer this question, the objective was to understand the socio-emotional competencies mobilized by nurse leaders during and after the COVID-19 pandemic in a university hospital.

METHOD

This is a qualitative and exploratory case study linked to the main project "Hospital management models in nursing: nurses' memories", linked to a Graduate Program in Nursing and Health at a federal public university. This study comprises the results of a doctoral thesis, developed in a large university hospital (HU), a reference in medium and high complexity, located in the Northeast of the country, whose administration is under the responsibility of the Brazilian Company of Hospital Services (*Empresa Brasileira de Serviços Hospitalares* – EBSERH).

A total of sixteen nurses participated in this study, chosen using the snowball sampling technique of non-probabilistic sampling, started from the first interview, identified as the seed, being a nurse, manager of one of the services of the hospital studied, and a student of the master's course of the Graduate Program to which the researcher is affiliated.

After this approach, the indications and/or reference chains were established[17].

The approach for selection of potential participants was made privately, via the WhatsApp messaging application. Those who agreed to participate were subject to the following inclusion criteria: being a nurse in the units and/or services of the hospital under research during and after the COVID-19 pandemic. The exclusion criterion was having worked at the institution for less than six months. It is worth mentioning that there were no withdrawals and/or refusals from the nurses contacted to participate in the study.

The individual and in-depth interviews were conducted in private rooms at the study institution on previously scheduled dates and times, they occurred in two different periods: the first six took place between August and December 2022 and the others took place between January and August 2023. These interviews were conducted by the main author of the study, a nurse and doctoral student in the Graduate Program in Nursing and Health. It is worth mentioning that there was already a pre-established connection with the research scenario and with the participants through the implementation of the extension course entitled "Nurse training for the development of managerial competencies in health services", conducted online at the end of 2020. The researcher in question has previous experience in qualitative studies and in data collection techniques, such as interviews and/or focus groups. At the time, she was accompanied by a scientific initiation scholarship holder, an undergraduate nursing student from the same institution.

A semi-structured script with information on the participants' sociodemographic data was used for data collection. Most of the participants were nurses, linked to EBSERH, declared themselves as mixed race, aged between 35 and 55 years old, and with a higher degree of specialist qualification. The following trigger question was then asked: "How does the organization function?" Other questions were also added: "How does the nursing leadership role function?" In addition to propositions such as: "Talk about how you evaluate the performance of the leadership in nursing during and after the period of the COVID-19 pandemic".

The interviews were recorded using a smartphone and lasted 60 to 120 minutes. It is worth noting that the first interview (called the pilot interview) was kept in the study after it was verified that there was no need to adjust the semi-structured script mentioned above. The interviews were conducted only once, transcribed using Microsoft Office 365 Word software, sent by email, and their textual validation was confirmed by the participants. The field notes were constructed based on the ideas and insights arising from the researcher's reflections after each interview, and later recorded in a notebook.

Regarding theoretical saturation, "the sample size was defined as ideal in the understanding that these findings reflected in quantity and intensity the multiple dimensions determined by the phenomenon"[18]. Consequently, the themes found were considered saturated based on the researcher's perception, who identified that the 13th interview did not substantially alter the results. To confirm this, three more interviews were conducted.

The analysis of the findings was conducted using the inductive thematic analysis technique of Braun and Clarke[19], following the six stages proposed by the authors and providing an in-depth look at the theme, associated with the bucket theme. This type of coding results from the synthesis of the information extracted from the participants' reports, without any preconceptions or being guided by a central idea, that is, the theoretical contribution related to the Socio-emotional Competences Scale occurred from the fourth stage of the thematic analysis, characterized by the review of the themes and the creation of the map, as described below.

The first stage consisted of approaching the data, through the transcription and grouping of the collected data (recordings, ideas and insights recorded in the field diary and interviews), followed by floating reading, in-depth rereading and organizing the participants' statements, with consequent impregnation of the content.

In the second stage of preparing the textual corpus, the interview text fragments, which contained information considered relevant, were gathered into a table created in Microsoft Office 365 Word software. In the third stage of theme searching, potential codes were grouped, such as: fear of death, dying, mental disorders, illness, among others.

The review of the themes and creation of the thematic map were conducted in the fourth stage of the thematic analysis, when the themes were reviewed, separated, organized, and classified using the NVivo12 software. Subsequently, the findings were interpreted using the theoretical framework of socio-emotional competencies[16], based on the Socio-emotional Competencies Scale.

Chart 1 below presents a set of information about the Socio-emotional Competence Scale that was adapted and validated for the reality of Brazil by researchers in the area of administration José Wilke de Lucena Macedo and Anielson Barbosa da Silva[13]. These researchers grouped 25 questions in a Likert-type questionnaire, which were defined as descriptors and divided into five socio-emotional competencies,

namely: **Emotional awareness (EA)** – ability to recognize and understand one's own emotions; **Emotional regulation (ER)** – effectiveness of individual emotion management and maintenance of performance in stressful situations; **Social awareness (SA)** – teamwork cooperation and assumption of responsibility for one's actions; **Emotional self-control (ES)** – control of emotions in a short period of time, maintaining a respectful attitude towards the presence of differences; **Emotional creativity (EC)** – individual ability to use emotions creatively to solve and manage conflicts. Additionally, for each of the five competencies, the authors considered 17 other attributes and/or subcompetencies that are related to each other as their attributes.

Regarding socio-emotional competencies, the authors[16] portray these competencies as the individual's ability to include, in their repertoire of knowledge, the emotions they capture and interpret. They consider them relevant so that, once inserted into the community, the individual can effectively adapt to the complex demands that are intrinsic to their growth and development throughout life. Furthermore, they provide the optimization of personal well-being by favoring the satisfaction of social relationships[16,20].

Following the thematic analysis of the data, there is the fifth stage, when the details of each theme were refined and the names representative of each theme were generated, observing the synonyms and similarities between the central terms that were identified in the participants' statements, consistent with: emotions, context (pandemic), problems and relationships.

In the sixth stage of the final analysis, the results were produced based on the extracts chosen related the research question, and the findings from the literature, generating 50 codes, 27 of which were in line with the objective of this study.

In short, the 27 codes identified were integrated into the final analysis, resulting in two categories: **Emotional climate experienced by nurse leaders in the context of the COVID-19 pandemic;** and **Coping strategies developed by nurse leaders in the context of the COVID-19 pandemic.**

All recommendations of Resolutions 466/12, 510/16 and 580/18 of the National Health Council were complied. The approach to the study field and its participants occurred after the institution's consent and approval by the Research Ethics Committee (REC) on June 10, 2022, under Opinion number 5,462,599. Therefore, all rights as participants were assured and guaranteed to those invited to participate in the research, after reading and signing the Informed Consent Form (ICF) in two copies (participant and researcher).

To preserve and ensure the confidentiality of information and the anonymity of participants, their names were replaced by the letter N, referring to Nurse, followed by a number according to the order of the interviews (N1, N2, ... N9).

It is noteworthy that the Consolidated Criteria for Reporting Qualitative Research (COREQ), translated and validated for Brazil, was used as a guiding instrument for organizing this text[21].

RESULTS

Emotional climate experienced by nurse leaders in the context of the COVID-19 pandemic

The climate of fear, helplessness, resistance and mental illness were some of the emotions perceived and reported by the interviewees as difficulties and challenges experienced in this context. Given the lack of knowledge about the disease, which required both individuals and collectively to maintain a state of alert impacted by the imminent risk of contamination, dissemination, illness, and death. Such elements are consistent with the Emotional Awareness competence[16], which is characterized by the attribute of Self-Awareness of their emotions:

> *Today I look back and say: "My God, how did we survive?!" Because it was very difficult emotionally speaking. It was difficult emotionally, mainly, because it was something unknown.* (N2)
>
> *We didn't really know what it was about, we were afraid of death, afraid of what was going to happen to us. We were afraid of taking the virus home and losing those we loved.* (N3)
>
> *It was a very difficult situation in that sense of us following this whole process without knowing if we could be the next [to become infected and even die from the disease].* (N6)
>
> [The rates of] *absenteeism went way up, in addition to the whole process involved with the pandemic and the professionals who were there on the front lines. We experienced the feeling of fear and all this vulnerability generated mental disorders and illness in many of us. Some of us still experience these consequences today.* (N8)

Chart 1 – Socio-emotional competencies, attributes, and descriptors. Salvador, Bahia. Brazil. 2024.

Socio-emotional competencies	Questions/Descriptors	Attributes
Emotional awareness (EA)	I easily perceive my emotions.	Interpersonal relationship
	I have relationships marked by attitudes of giving and receiving affection.	
	I maintain relationships marked by mutual trust.	
	I consider the feelings and emotions of others before making a decision.	Decision making
	I understand how others feel.	Empathy
	I consider people's difficulties when dealing with them.	
	I understand how my emotions influence my behavior.	Self-awareness
Social awareness (SA)	I take responsibility for the consequences of my decisions.	Decision-making + Teamwork
	I am available when my team/colleagues need me.	Teamwork
	I cooperate when working in a team.	
	I put myself in the others' shoes to help them deal with their difficulties.	Empathy + Teamwork
Emotional regulation (ER)	I handle multiple work demands without losing emotional balance.	Balance
	I maintain satisfactory performance at work even in stressful situations.	
	I seek the most information before making a decision.	Balance + Decision-making
	I defend my rights in a balanced manner even under pressure.	Assertiveness
	I maintain my position in a situation even under pressure.	
	I easily adapt to changing situations.	Flexibility
Emotional self-control (ES)	I avoid having explosive behavior in stressful situations.	Self-control
	I respect others when they behave differently from me	
	I control my words and actions even under pressure.	
Emotional creativity (EC)	I encourage people to achieve a common goal through mutual commitment.	Teamwork
	I establish partnerships with people and organizations with a focus on social well-being.	Social responsibility
	I find creative solutions to the problems I face.	Flexibility
	I manage my team's conflicts in the workplace in a constructive way.	Conflict management
	I create opportunities to experience positive emotions.	Balance

Source: Adapted from the Socio-emotional Competencies Scale (2020)

In this scenario of uncertainty, the nurse leader demonstrated an empathetic understanding of the struggles endured by his team members and the reactions of crying and despair expressed by the professionals. Reflected by the ability to identify suffering similar to their own, amidst the adversity:

> *How can you, was a leader, tell a professional like this: "Go to work!". Sometimes, many would come to talk to me, in tears, desperate. [I consider this behavior] normal! Because I couldn't tell them to be strong. Why did we have to be strong?!, if we are also human beings, we are people.* (N4)
>
> [...] *I was able to have a vision by living with some colleagues who participated in the unit's management process that is in line with the workers' vision. We realized how helpless the workers were feeling.* (N8)
>
> *There was a colleague who was really limited, with memory problems, who was really afraid of going to the care area and I had to understand that, because it was the right time, I had to understand.* (N9)

Self-control, an attribute of the Emotional Self-control competence[16] emerged in one of the statements as a behavior of recognition and respect for resistance, as a consequence of the wear and tear and impositions that occurred during this process:

> *I see the improvement in this issue of relationships, in the matter of respect and empathy. Even though people think otherwise. I see that it is gradual, and we have been changing over time. I see that this is improving.* (N1)
>
> *I observed in myself, and in other people, this mobilization to make things happen, this was at first, at the beginning of the pandemic. Later we managed to encounter some resistance, perhaps due to mental fatigue, physical fatigue and the issues imposed by isolation.* (N7)

In the Emotional Regulation competence[16], one of the participants described Balance as an essential emotion for performing their work activities and managing relationships:

> *Within this process of balance, I know how I was there, as a person, knowing that I could get infected and take it to my family. At the same time, I would have to maintain balance in relation to other people.* (N4)

However, the lack of Balance by other health professionals was noted in the sense of knowing how to support colleagues in the area:

> *Many doctors, due to concerns, responsibilities, and fear of getting infected, of infecting others on their team, of becoming infected, reached moments of stress. Sometimes, these doctors lost their emotional balance, spoke loudly, and you could see that this was not the profile of those professionals, so it is noticeable that their behavior changed during the pandemic.* (N1)
>
> *There was a moment of great team potential, of working together, of being able to grow as a team and valuing each other's work, forgetting the professional side and, in fact, thinking like humans.* (N6)
>
> [...] *we made this war plan, sometimes, to understand that our colleague was not well, to understand how far she could go. It took a lot of skill to really listen to the limits of each one.* (N9)

And, despite the presence of these emotional exhaustions resulting from stressful situations, the nurse leaders expressed the participation, interest and involvement of all professionals in the attempt to use more assertive decision-making, based on scientific knowledge:

> *The work process was dynamic. I remember that it changed quickly, the protocols were reviewed, reformulated, and improved.* (N3)
>
> *The use of science was fundamental because it was through science that we managed to improve the flows to reduce the issue of PPE consumption, since the supply of this material was scarce.* (N4)
>
> *We had people very mobilized in this sense, especially because life stopped out there and it seemed that we were here with a greater dedication but forced to work.* (N7)

Despite the aforementioned feelings, the interviewees sought to develop strategies that would favor the development of work to achieve appropriate results for the experienced situations, as described in the narratives in the next category.

Coping strategies developed by nurse leaders in the context of the COVID-19 pandemic

The feeling of cooperation in teamwork, as well as the leaders' access and openness when their members needed

them, refers to the Social Awareness competence[16] as strategic tools created to maintain good relations between the various participants in this pandemic context:

> [...], *here in our unit, together with the medical coordination, we met immediately when the hospital had not yet issued anything regarding the pandemic. We discussed what we were going to do if a new patient with COVID arrived, so we needed to create strategies.* (N2)
>
> *We started making work groups to better organize the material distribution flows and staff training.* (N4)
>
> *The pandemic came, it established the need, it showed the need for teamwork, for the partnership established between everyone, regardless of professional category. It had its positive side, it made everyone collectively involved.* (N6)
>
> *I was a leadership reference in the hospital, so at the time I received calls from 3 to 4 nursing technicians and nurses asking for my support.* (N8)

Beyond Social Awareness[16], nurse leaders needed to be flexible and have the ability to develop the dimension of the Emotional Creativity competence[16] to find creative solutions, including the joint development of actions mediated by scientific and technological knowledge, as well as technical and relational skills:

I understand that leadership was extremely important for the processes to happen in the best possible way, although it did not have such quick results that today it is much more controlled with the practice that happened. (N3)

I worked with the group, but from these groups came the subgroups that worked directly in the unit and built, together with the unit team, these protocols, outlined the new experiences and issued the determination. (N4)

During the pandemic, as a nurse, I think I developed many skills that I didn't have before. Dealing with so many conflicts at the same time, with so much anxiety, with so many people who wanted answers, who wanted PPE, who wanted everything. Everyone wanted a lot of things and often saw the Service where I work as a provider of everything. (N5)

> *We often spoke to the teams by phone, gave guidance by email, phone or video conference to avoid having to go to the areas. Also because we had a staff limitation when there was a shortage of resources to provide PPE.* (N9)

Based on the findings, it became clear that there was a need to strengthen leadership competencies to establish partnerships and support networks to face the COVID-19 pandemic, in order to seek personal and social well-being, such as the attribute of Social responsibility[13]:

> [...] *there was a lot of training. The issue of the infection control committee, CCIH, became very important. The nurses at the CCIH during the pandemic, specifically at the hospital, grew a lot.* (N1)
>
> [...] *research and knowledge were fundamental and these work meetings in partnership with work groups from related areas were important for nursing to be able to welcome people.* (N4)
>
> *It was an opportunity for nurses to be seen in the hospital as people who could be in charge of certain services that were very important, such as in the outpatient clinic, the bed management unit, the health surveillance and patient safety sector.* (N5)

DISCUSSION

The emotional climate presented by nurse leaders highlights the individual and collective capacity to maintain socio-emotional competencies in the face of adversities that may arise and that go beyond the previously known stressful situations that cause physical and mental overload[22]. Additionally, there is the relationship with gender, since, according to a study[23] conducted with Spanish nurses, this is a predictor of burnout among health professionals most affected by the disease crisis, whose emotional exhaustion stems due to the fear of becoming infected.

It was observed in the statements of this research that knowledge about the socio-emotional competencies mobilized by nurse leaders awakens the need for a sensitive and attentive look at healthcare professionals, especially nursing professionals. The data are emphasized in a Canadian study[24], due to the growing number of cases of nurses with a history of mental illness as a consequence of the negative impacts caused by the pandemic. In this regard, a research[25] with intensive care and emergency nurses at a central hospital in Finland found that, during the pandemic, the psychological distress experienced by professionals was linked to the provision of care to patients with the disease, as well as the need for compassionate leadership, based on altruistic values and emotional intelligence. This highlights the importance of intensifying the dialogue on the development of socio-emotional competencies in the workplace, as they are often neglected and little

encouraged, as they are overlooked in relation to technical-scientific competencies.

Similarly, a Swedish study[26], with intensive care nurses described that the risk of nurses losing the ability to provide quality care during the pandemic is related to the increase in moral distress experienced by these professionals. Corroborated by a research[27] conducted in Iran on working conditions, it was showed that the fears of hospital nurses regarding COVID-19, coupled with other stress factors, led professionals to suffer more from burnout. The results of both studies indicated that the interrelationship with a set of political and organizational factors, reflected in the precariousness of services, was also related to secondary work overload, resulting from the unpreparedness of managers, due to the lack of communication and integration with the team[26–27].

Considering this scenario, it is clear that the appropriation of the Emotional awareness competece[16], even amid the difficulties faced by fear of the unknown, provides Self-Awareness through knowledge and control of one's emotions. It also favors the recognition of the weaknesses presented by colleagues and team, in a movement of empathy to create a healthy environment.

Regarding the forms of communication with the team, the role of nurse leaders is conceived as a facilitating element of the work process, including in a pandemic scenario, which requires these professionals to manage their emotions, that is, Emotional self-control[16]. In this regard, self-control is necessary for recognizing and respecting different ideas, as well as the presence of distinct behaviors manifested by the team. On this subject, in the aforementioned Swedish investigation[26], the effects of the lack of prevention of moral suffering during the pandemic were observed as conditioning factors of emotional exhaustion, depersonalization and, consequently, long-term lack of commitment. In fact, it is reinforced that, in order to combat this type of moral injury, linked to the support of the organization, nurses need to develop moral resilience and self-management[25–26]. However, to develop these social skills, professionals need to be supported and advised on a daily basis, transcending their individual responsibility, becoming a shared responsibility of the hospital institution.

Although the experiences of the COVID-19 pandemic were similar to those of everyone involved in this context, the Emotional regulation[16] demonstrated by nurse leaders served as a measure of the organizational climate, through the balance they showed in dealing with stressful situations. To this end, these professionals express attitudes of listening and welcoming the needs of others and understanding the reactions of lack of control expressed by other professionals. This phenomenon is corroborated by studies[26–28] that indicate the importance of building positive work-oriented environments as a way of welcoming and proactively integrating the team in promoting ethical and safe behavior.

In the provision of a safe and non-threatening environment as a respectful space for discussing feelings and challenges experienced, moments of sharing information and collective decision-making stand out[16]. That said, it is believed that despite the understanding of the importance of the decision-making process as an instrument of professional empowerment, the lack of adequate technical-scientific preparation, the hierarchical nature of work, and the lack of professional autonomy can directly influence the work activities performed by nurse leaders working in university hospitals[29]. Thus, thinking on collective strategies that can involve managers, nurses, and teams can mitigate possible contentious situations that can affect the care provided to users and families, which is the primary objective of nursing work. The construction of flexible spaces that promote open debates consists of a possibility of approaching and resolving conflicts in the workplace environment.

During the pandemic, decision-making is described as repetitive and difficult, thus reflecting feelings of guilt, loss of personal identity, and the construction of feelings of uncertainty among working professionals[30]. In view of this, researchers emphasize the responsibility of nursing managers as team facilitators to provide the best possible response in a crisis situation[31]. This conception suggests a visionary approach to developing strategies to train these professionals in socio-emotional competencies[16].

Social awareness[16] aims at preserving healthy interpersonal and interprofessional relationships. Based on personal satisfaction, it is observed that attitude of nurse leaders of openness to dialogue with their team favors the joint planning and implementation of strategic actions, as well as in teamwork. Researchers[22] report that commitment, presented during teamwork and under the direction and support of the supervising nurse, is characterized by a work practice that is being mediated by resilience and self-care. According to the results, nurses have been appropriating social competencies and understanding the benefits they can add to their leadership. For this, relational skills, both individual and collective, are being incorporated into their practices, and empathy, as well as self-care, have gained prominence from the professionals' perspective.

In crisis situations evidenced by the pandemic, nurse leaders needed to have Emotional creativity[16] to seek innovative solutions as a way to ensure work safety. Thus, discussions about the culture of inclusion declare that the adoption of transformative leadership are essential, capable of breaking

the paradigms created by classic management models, which are defined by outdated and obsolete actions, based on the ineffective formation of highly hierarchical teams[32]. The results demonstrated the intense development of this competence, considering that creativity was an attribute driven by nurses during the pandemic period, associated with many factors, from the management of people and materials, due to the shortage of professionals affected by the disease, lack of PPE, the creation of protocols and new care flows.

Transforming reality, through incentives to creativity and innovation, is suggested as fundamental elements for the incorporation of new practices and the development of inspiring leaders[31,32]. For nurse leaders to establish environments of professional empowerment, it is necessary to perceive self-efficacy and autonomy in the interim of driving innovative results that significantly impact the work process[33]. Similar to Social responsibility[16], there is a need to establish support networks and/or partnerships that favor personal and social well-being.

Finally, the limitation of the study comes from the delay in granting access to hospital services and/or units due to the pandemic that caused significant changes in this scenario, as well as the slow response of nurses to accept participation in the study. As a recommendation, it is suggested quantitative studies with the application of the Socio-emotional Competencies Scales, comparing the results and verifying associations of the phenomenon in other scenarios, aiming at supporting professional preparation during training in the use of a theoretical framework appropriate for the construction of the Leadership competence together with the knowledge and control of their emotions in crisis situations. In preliminary research, it was possible to confirm the knowledge gap in the nursing area regarding Socio-emotional Competencies, which confirms the need to strengthen educational practices throughout the Nursing Bachelor's Degree, using active methodologies and realistic simulations as instruments that, in addition to fostering the development of leadership, provide future professionals with the recognition and understanding that their emotions influence the social relationships echoed in the organization.

FINAL CONSIDERATIONS

COVID-19 and the consequent lack of knowledge about this disease created a climate of fear among all nurse leaders who responded to the competencies: Emotional awareness, Social awareness, Self-control, Regulation and Emotional creativity.

It was also observed that socio-emotional competencies were expressed as feelings of helplessness and resistance that required nurse leaders to have Self-Awareness, an attribute that reveals the Emotional awareness competency of knowledge and control of emotions, as well as the empathetic/respectful look, translated into the Emotional self-control competence, demonstrated in the face of the team's reactions. Moreover, in the Emotional regulation competence, there was Balance of emotions, in which nurse leaders, even amidst moments of catharsis reflected in the desperate behaviors revealed by other professionals, knew how to support, and listen to everyone.

Therefore, the participation, involvement, and integration of everyone led to collective decision-making based on scientific knowledge that, combined to teamwork, in the dimension of the Social awareness and Emotional creativity competency, helped create strategies to cope with COVID-19. However, for this, facilitated access and openness of the leader were essential to foster team approach and participation. Furthermore, Flexibility for establishing the competence of Social responsibility facilitated the formation of partnerships/work networks, mediated by innovative and creative attitudes of nurse leaders for the creation of healthy environments.

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