

EMPOWERING NURSES IN ANGOLA: THE TRANSFORMATIVE OUTCOME OF TRAINING PIONEER HEROES

Empoderando enfermeiros em Angola: as transformações resultantes da educação de heróis pioneiros

Empoderando enfermeros en Angola: cambios resultantes de la educación de héroes pioneros

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ABSTRACT

Objective: to revisit the history of cooperation of two Portuguese Speaking countries, which resulted in the graduation of the first Nurses in Angola; to characterize the Angolan students who participated in the cooperation agreement; to identify their perspectives regarding their feelings at the end of the undergraduate program, the influences of the education received, their motivation to continue studying and their work satisfaction. **Methods:** exploratory study conducted with Angolan students who graduated at a public Nursing School in Brazil. Data were collected through a questionnaire developed by the researchers, and culturally validated by two Angolan nurses experts. **Results:** efforts, challenges and achievements of heroes from both sides of the Atlantic are recognized and reflected in the social reality of the African country. **Conclusion:** cooperation agreements are recommended as a path for the sustainability of the health policies at a global perspective.

DESCRIPTORS: Nursing; Global health; International cooperation; Collaboration; Human resources.

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RESUMO

Objetivo: revisitar a história de cooperação de dois países de língua portuguesa, que resultou na formação dos primeiros enfermeiros de Angola; Caracterizar os alunos angolanos que participaram do acordo de cooperação ; Identificar suas perspectivas e sentimentos ao final do programa, as influências da educação recebida, motivações para continuarem estudando e satisfação no trabalho. **Método:** estudo exploratório conduzido com alunos angolanos que graduados em Escola de Enfermagem pública do Brasil. Os dados foram coletados por meio de questionário desenvolvido pelos pesquisadores, culturalmente validado com dois especialistas enfermeiros de Angola. **Resultados:** os esforços, desafios e realizações de heróis de ambos os lados do Atlântico são reconhecidos e se refletem na realidade social do país africano. **Conclusão:** acordos de cooperação são recomendados como um caminho para a sustentabilidade das políticas de saúde a partir de uma perspectiva global.

Descritores: Enfermagem, Saúde global, Cooperação internacional, Colaboração, Recursos humanos, Enfermeiro.

RESUMEN

Objetivo: revisitar la historia de cooperación de dos países de lengua portuguesa, que ha resultado en la formación de los primeros enfermeros de Angola; Caracterizar los alumnos angolanos que participaron del acuerdo de cooperación ; Identificar sus perspectivas y sentimientos al final del programa, las influencias de la educación recibida, motivaciones para continuar estudiando y satisfacción en el trabajo. **Métodos:** estudio exploratorio conducido con alumnos angolanos que se graduaron en una Escuela de Enfermería pública de Brasil. Los datos fueron recoleccionados por medio de cuestionario desarrollado por los investigadores y culturalmente validado con dos especialistas enfermeros de Angola. **Resultados:** esfuerzos, retos y realizaciones de héroes de ambos los lados del Atlántico son reconocidos reflejados en la realidad social del país africano. **Conclusión:** acuerdos de cooperación son recomendados como un camino para la sostenibilidad de las políticas de salud a partir de una perspectiva global.

DESCRIPTORES: Enfermería, Salud global, Cooperación internacional, Colaboración, Recursos humanos, Enfermero.

INTRODUCTION

Aiming to encourage policies that result in the greater development of African countries, World Health Organization (WHO) and other international governmental organizations stimulate and implement technical cooperation initiatives in health and education that value the qualification and training of human resources.

In that context, the University of São Paulo at Ribeirão Preto College of Nursing (USP-RPCN), a WHO Collaborating Centre for Nursing Research Development, in line with its mission and as a state-owned public teaching institutions, established a cooperation agreement with the Ministry of Health of the Republic of Angola in 1988 to strengthen capacity building of Angolan nurses, through their enrollment at the undergraduate program offered by USP-RPCN. The central focus of this agreement was to prepare human resources in Nursing who would act as forerunners of higher education in Angola.¹

To revisit this history at a moment in which the world recognizes the importance of the investment on Nursing

training and leadership, with a global campaign such as Nursing Now is key to evaluate prior paths of action in order to achieve better health indicators in this country.

BACKGROUND

Global health promotion is one of the WHO main goals, with guidelines centered on the health needs of strategic regions. Thus, the WHO Regional Office for the African Region and its State members established goals for more sustainable and equitable health indicators.²

This region's progress regarding human development considers economic, social, cultural and political dimensions, which are measured at a long term considering access to knowledge and quality of life standards.³

Angola is a Portuguese-speaking country in Africa, located on the West coast of the continent. As a former Portuguese colony, the country fought for its independence between 1961 and 1975. This period was followed by a 27-year-long civil war, due to political divergences, funded by the oil and diamond reserves, which are natural and abundant in the country. The effects of the colonization and armed conflicts are experienced until today.⁴

Despite stable economic gains registered since the year 2018, Angola still has a low HDI (0.581), ranking 147th, among 193 countries members of the United Nations with a life expectancy of 61.8 years.⁵ With respect to childhood mortality, it dropped from 223 deaths/1000 in 1990 to 77 deaths/1000 in 2018, representing an annual reduction of 3.8%.⁶

The health conditions of the Angolan population figure amongst the worst in the world and are partially due to the lack of sufficiently qualified personnel, inefficient coordination mechanisms and administrative insufficiency. It is difficult, however, to outline a true picture that faithfully expresses the numbers and profile of the health professionals as, like other African countries, Angola does not have reliable data on the professional categories operating in the area. Attention to the analysis of African nursing education has been even scarcer.⁷⁻⁹

Although these above mentioned issues, data from the Global Health Observatory showed that in 2018 there were a percentage of 4.08 nursing professionals for 10.000 inhabitants.¹⁰ These figures can be considered insufficient for the provision of a good quality health care. Besides insufficient records, it is important to emphasize the lack of investments in the training of this small number of health professionals.

In general, the actual problems found in Angola are mainly related to the lack of health coverage, as well as the poor maintenance of health centres; insufficient numbers of human resources for health; poor health management as well as of the information systems, lack of financial resources and of access to clean water, hygiene, sanitation and access to energy.¹¹

To cope with these problems, Angola has received international financial aid, which should move forward from emergency and humanitarian to development aid, aiming to establish sustained growth conditions not only in the economic area, but also contributing to the social

and human dimensions of the development process. In that perspective, one of the strategies implemented in Angola, through international cooperation, is the investment towards professional qualification, aiming at the implementation of health reforms which may enable the country to gain competitiveness in the international context¹² and achieve its target goals related to the 2030 Agenda of Sustainable Development Goals. Within the SDG 3, it is important to mention WHO and countries investments on qualifying health personnel as a strategy to achieve universal health coverage.

Among the actions to achieve the goal of strengthening professional qualifications in Angola, this article highlights the cooperation agreement established between USP-RPCN and the Republic of Angola with the goal to characterize the Angolan Students who participated in this agreement and identify their perspectives regarding their feelings at the end of the undergraduate program, and the influences of the education received at USP-RPCN in their motivation to continue studying and their work satisfaction.

METHODS

An exploratory and descriptive research was undertaken with the support of the Angolan Ministry of Health and Agostinho Neto University Nursing School located in Luanda, regarding the cooperation agreement established between both and University of São Paulo at Ribeirão Preto College of Nursing.¹ To analyze the research project in Angola, the research was conducted in compliance with the premises of the Brazilian National Research Ethics Committee (Of. CEP-EERPUSP – 157/2011 - proc n°1290/2011) which is based on international guidelines broadly accepted by the international community of researchers. Data were collected through a questionnaire developed by the researchers, and culturally validated by two Angolan nurses experts. The questionnaire contained five questions related to demographic data, three closed questions with multiple categories on the participants feelings at the end of the undergraduate program, and the influences of the education received at USP-RPCN in their motivation to continue studying and professional satisfaction. In addition, there were two open questions, the first one asking participants about why did they feel satisfied or not and the second one about their general opinion regarding the influence of the program in their professional activity. Therefore, participants could select more than one category within the three closed questions which could sum greater than 14.

The data were collected on site during a technical visit of Brazilian researchers to Agostinho Neto University School of Nursing, Luanda, Angola. In order to collect data, researchers invited all nurses who benefited from the mentioned cooperation agreement and finished their undergraduate program at USP-RPCN. Therefore, students who had graduated between 1992 and 1999 were invited to participate in the meeting and to participate in this research. The following inclusion criteria were established: having graduated from the Undergraduate Nursing Program at USP-RPCN, participating

in the meeting and being an Angolan citizen. Data were analyzed through descriptive statistics.

RESULTS

Between 1988 and 1995, USP-RPCN enrolled 17 Angolan students in its Undergraduate Nursing Program and the last ones concluded the program in 1999. All graduates returned to Angola after completing their studies in Brazil at USP-RPCN. This study final sample consisted of 14 (82.4%) graduates, while one (5.9%) was excluded because of death and two (11.8%) were unable to participate in the meeting in which data were collected, due to the logistics of travelling to Luanda.

Table 1 displays the study participants' profile with regard to the sociodemographic data, participation in the cooperation agreement and current professional activity.

Table 1 - Sociodemographic data of Angolan graduates from USP-RPCN Ribeirão Preto, SP, Brasil

VARIABLES	n	%
Sex		
Female	04	28.6
Male	10	71.4
Current age range (in years)		
40 - 45	02	14.3
45 - 50	02	14.3
50 - 55	07	50
55 - 60	02	14.3
≥ 60	01	7.1
Marital family situation		
With partner	10	71.4
Without partner	04	28.6
Education		
Bachelor in Nursing	14	100
Teaching Diploma in Nursing	11	78.6
Graduate	10	71.4
Specialization	05	35.7
Other Undergraduate Programs	01	7.1
Actual Position		
Technical/Higher Nursing Education	09	64.3
Health Service Administration	03	21.4
Activities at Ministry of Health	02	14.3

The participants' age ranged between 40 and 62 years, with a mean age of 51.29 ± 1.53 years. The age range when the students started the undergraduate program varied between 21 and 40 years, mean 32.71 ± 1.33 years. The women started at the mean age of 36.25 ± 1.65 years and the men at 31.3 ± 1.56 years of age.

Among the participants, seven (50%) informed a stable relationship, four (28.6%) are single and three (21.4%)

indicated another marital status, but lived with a partner. Thirteen (92.8%) participants added other degrees to the Bachelor degree in Nursing, which included the Teaching diploma in Nursing or a Graduate degree at USP-RPCN. Nine (64.3%) of them finished a Master's degree, one (7.1%) a Doctoral degree and two (14.3) started but did not conclude their graduate program. One (7.1%) student held a degree in Computer Engineering.

When considering the length of these students' stay in Brazil to conclude the undergraduate Nursing program and, when this was the case, the Teaching Diploma program, the period ranged between 4 and 6 years, with a mean length of 55 months. Among the former students interviewed, 13 (92.8%) work in education and one (7.1%) in another health-related administrative area.

The participants were asked about how they felt after concluding their Undergraduate Nursing Program, about their motivation to continue studying and about their work satisfaction. Table 2 summarizes these answers.

Table 2 - Perspectives of the Angolan graduates from USP-RPCN about their feelings at the end of the undergraduate program. Ribeirão Preto, SP, Brasil

QUESTIONS	n	%
Feeling at the end of undergraduate program		
Confidence for professional activities	10	71.4
Need for supervision	04	28.6
Motivation to continue studying		
Career consolidation	09	64.3
Participation in research groups	09	64.3
Requirement of job market	07	50
Desire for further qualification	06	42.9
Work Satisfaction		
Very satisfied	01	7.1
Satisfied	10	71.4
Not very satisfied	02	14.3
Dissatisfied	01	7.1
Reasons for work satisfaction		
Desire to participate in Angola's human resource development	06	42.9
Desire to help angolan nursing	05	35.7
Reasons for work dissatisfaction		
Difficulty to get a position in the job market	01	7.1
Lack professional valuation	02	14.3
Influences of undergraduate program in their professional activity		
Positive	14	100
Negative	-	-

QUESTIONS	n	%
Reasons for positive influences		
Knowledge	09	64.3
Technical skills	05	35.7

Ten (71.4%) participants reported that, at the end of the Undergraduate Nursing Program, they felt confident for professional practice and four (28.6%) manifested feeling confident only when acting under supervision. Among the answers regarding their motivation to continue studying, nine (64.3%) declared the option to continue studying to consolidate their academic career and nine (64.3%) to participate in research groups, seven (50%) highlighted the market or workplace requirements and six (42.9%) manifested the desire for further qualification.

When asked about their professional satisfaction, ten participants (71.4%) declared they were satisfied, two (14.3%) were not very satisfied, one (7.1%) was very satisfied and one (7.1%) was dissatisfied.

The main reason mentioned that contributed to their work satisfaction was the desire to participate in their country's human resource development in nursing. Their dissatisfaction was due to the difficulty to get a position in the job market or lack of professional valuation, even for participants who held a Master's degree.

Concerning the influences of the program in their professional activities, participants reinforced that the knowledge and technical skills gained in their undergraduate program were important for their professional activity, allowing them to develop their activities, granting confidence and competency to implement specific actions.

DISCUSSION

Upon its establishment in 1988, the main objective of the Cooperation Agreement is human resource training to act in nursing, as well as the possibility to offer the faculty members and students at USP-RPCN the opportunity to interact with the Angolan student groups, sharing and learning knowledge and cultural experiences. Among the motivations to establish this agreement, the lack of teachers or tutors with specific education, as well as the lack of qualification and training opportunities abroad were factors of great pressure to incorporate the nursing teaching in Africa.¹³ Thus, the limitation of human and financial resources in the country, aggravated by the devastating effects of the war, were conditioning aspects to send students to universities in Brazil, favored by the identity with the native language.

In this section, the results regarding the characterization of the Angolan Students were compared with data from Brazil, considering that the participants of this study were the first registered nurses and nurse teachers in Angola, who served as fundamental participants in the creation of the first undergraduate Nursing program in the country,

at the Instituto Superior de Enfermagem of Universidade Agostinho Neto, currently the Instituto Superior de Ciências da Saúde (ISCISA). Therefore, there were no data from Angola to compare the findings from this study.

In that sense, the results demonstrate the entry into the university at a higher mean age than the students in Brazil, which generally start their higher education while still in their adolescence or in the first years of adult age. A study developed at USP-RPCN with Nursing students from the period between 1999 and 2003 showed that the majority of them, or 92% of the students were between 17 and 21 years when they entered the university.¹ The Angolan students had practically twice this age when they started their higher education in Brazil. These students demonstrated attitudes of courage and determination in coping with the challenge, at a more advanced age as the local students' mean age, in seeking their education abroad and in complying with the commitment to return to their country and assume the leadership for the development of nursing human resources in health services. Thus, they faced a series of challenges and returned as heroes and central elements of a transformation movement of nursing in Angola. In that sense, the emphatic argument¹⁴ highlights that nursing needs to be more open in celebrating its heroes and the transformative power of nursing achievements. Considering this analysis of the status of south-south international cooperation in Nursing involving two Portuguese-speaking countries, at a temporal and political context of a global celebration of the International Year of the Nurse, it is vital to recognize these heroes efforts to face challenges, as well as of their institutions, from both sides of the Atlantic. In sum, the results achieved and reflected in the social reality of Angola deserves to be registered.

Another noteworthy indicator was the predominance of male Angolan students. Historically, women are predominant among nursing students, as observed in the profile of new students at USP-RPCN as well.¹ This fact is reflected in the professional category, with a large number of female nurses in the job market. Nursing is considered a female profession in Brazil.¹⁵ This profile of older and male students was probably due to the fact that the Angolan government selected the students for the course, considering the candidate's knowledge and activity area, as well as the political party aspects.¹⁶

The study presented here also found that most participants were married or lived with a fixed partner when they were taking their undergraduate program, differently from the majority of the nursing student population at USP-RPCN.¹ The students' age and the cultural characteristics of the African countries, with emphasis on the group and the valuation of different social groups, especially the family, can explain the fact of being married or living with a fixed partner.

Most informants indicated feeling confident to immediately start working after their graduation. The activities the graduates developed in their country of origin are administrative and/or leadership functions, especially in nursing education. These functions are in accordance with the premises of the agreement closed between the country and USP-RPCN, which established, besides professional education, the students' preparation

to take up teaching and educational management functions in their country.¹⁶

Thus, it is a continuous challenge to maintain this workforce in Angola. The retention and geographical distribution of human resources in health is a key issue in most countries. It is increasingly acknowledged that nurses are critical for an effective health service delivery, particularly in poor and remote areas.¹⁷ In a study that revisited the history of the introduction of academic nursing education in South Africa, the results revealed that nursing education institutions are important for the constitution process of the professional identity.¹⁸ Thus, nursing education, in a specific configuration, is capable of distinguishing and broadening the career foci. The results of this research project indicated the importance of the institutional influence and the discussion of local issues, which may have been the driving force for the participants' need to continue studying and for the search for knowledge enhancement.

Participants also indicated their motivation to continue their education and proceeded with their academic career, subsequently enrolling in a Teaching Diploma program. Some chose a more solid and broader education, as observed among the participants who attended graduate (Master and Doctoral Programs) and specialization programs or even another undergraduate program.

The fact of seeking to expand one's career abroad may result from the difficulty the local teaching institutions face. Recently, in a study that identified the perceptions, attitudes and opinions of the Angolan nurses about the challenges for nursing education, it was verified that the leaders of Technical and Higher Nursing Schools in Angola face many challenges, mainly related to the lack of infrastructure, absence of human resources, irregularity of teaching institutions and scarcity of material resources.¹⁹ In addition, based on international data sources, which included the Organization for Economic Cooperation and Development (OECD) and WHO, analyzed recent and dynamic trends in the nursing workforce in a world profoundly affected by economic changes and financial recession.²⁰ In general, unemployment rates and funding in health changed the nursing profile globally, so that the impacts of the economic crisis entailed new and large challenges for nurses. Specifically in Angola, nursing is working to conquer its professional space. Against that background, the nursing workforce becomes even more important, in view of the rising levels of chronic conditions and the need for ever increasing emphasis on prevention, demanding holistic care delivery and enhanced care coordination – areas in which nursing care is paramount.

In this context, the great majority of participants felt satisfaction at their work. Work satisfaction is a complex and multidisciplinary concept. Some authors define work satisfaction as the emotional state of pleasure that results from different work aspects and is influenced by the professionals' worldview, aspirations, sadness and happiness, affecting their attitudes regarding themselves, their clients and the organization.²¹ As consequences of work satisfaction, when nurses are satisfied with their work, their performance, quality of life and health conditions improve. In addition, the level of

stress, absences and motivation to leave their work decreases and directly influences the level of patients' satisfaction.²²

Therefore, in order to improve nurses' work satisfaction, it is important to clearly establish the rights and obligations of nurses in health care, aiming to determine their function within the health team, including respect for and acknowledgement of their role in the community, centering on the valuation of nursing professionals.²³

In general, the results of this research indicate that the products of this cooperation agreement exerted a highly positive influence on the education and professional nursing training in Angola. The main limitation of this study is the lack of available data on Nursing in Angola.

Evidences showed that the lack of human resources represents a critical challenge for the achievement of health targets, especially in developing countries.^{7-9,24-27} Considering the health teams, nurses constitute an expressive majority and, not rarely, are the only human resource available to provide care to patients in some places. Therefore, investing in Nursing can be considered a global imperative, especially in countries that are struggling to achieve goals such as universal health access and better levels of human development.

It is important to think and act in the recognition of these professionals' value, considering that motivation, commitment and professional satisfaction are indicators reflected in the quality of the care, teaching and training. With this, nurses become examples for future talents engaging in the profession, who are committed to the values of equality and solidarity.

In this context, partnerships and cooperation agreements, such as the one reported in this article, are unique to build bridges to assure the sustainability of health policies based on the spirit of collaboration and social commitment for the improvement of global health.²⁸

CONCLUSION

The horizontal technical cooperation actions between USP-RPCN and the Republic of Angola, through its Ministry of Health, resulted in positive influences regarding the professional activities of the Angolan nurses who participated in this study.

The objectives of the cooperation undertaken were achieved, through the qualification of nursing human resources who are trained to act as leaders and agents of transformation in their country of origin, demonstrating the contribution of USP-RPCN for the development of human resources in health and nursing in Angola. Thus, it is important to reinforce that education represents one of the most powerful instruments to strengthen equity among people, especially considering the economic and social characteristics of Angola, in general, and Nursing potential to deal with these problems, in spite of the lack of valuation of the profession in the country. In sum, we recognize the efforts of the heroes involved in this agreement to deal with the challenges faced and described in this article. The results achieved are reflected in the social reality of Angola.

REFERENCES

1. Universidade de São Paulo - Escola de Enfermagem de Ribeirão Preto. Processo nº 1991.1.00283.22.6. Convênio de Cooperação Internacional entre Universidade de São Paulo e Ministério da Saúde da República Popular de Angola; 1998.
2. WHO. The state of health in the WHO African Region: an analysis of the status of health, health services and health systems in the context of the Sustainable Development Goals. Brazzaville: WHO Regional Office for Africa; 2018. Licence: CC BY-NC-SA 3.0 IGO.
3. WHO. Africa Human Development Report 2016. Accelerating Gender Equality and Women's Empowerment in Africa; 2016.
4. Clarence-Smith WG, Thornton JK. Angola. 2020. [acesso em 25 maio 2020]. Disponível em: <https://www.britannica.com/place/Angola>
5. UNDP. Human Development Indices and Indicators 2018 Statistical Update; 2018.
6. UNICEF. Levels & Trends in Child Mortality. Report 2019 Estimates developed by the UN Inter-agency Group for Child Mortality Estimation; 2019.
7. Gile PP, Buljac-Samardzic M, Klundert JV. The effect of human resource management on performance in hospitals in Sub-Saharan Africa: a systematic literature review. *Hum Resour Health*, 2018; 16(34). <https://doi.org/10.1186/s12960-018-0298-4>
8. Cometto G, Buchan J, Dussault G. Developing the health workforce for universal health coverage, *Bulletin of the World Health Organization*, 2020; 98 (2): 109-116; doi: <http://dx.doi.org/10.2471/BLT.19.234138>
9. Macaia D, Lapão LV. The current situation of human resources for health in the province of Cabinda in Angola: is it a limitation to provide universal access to healthcare? *Hum Resour Health*, 2017;15(1):88. doi: 10.1186/s12960-017-0255-7.
10. WHO. Nursing and midwifery personnel (per 10 000 population). World Health Data Platform /GHO /Indicators. The global health observatory.2018. [acesso em 25 maio 2020]. Disponível em: [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/nursing-and-midwifery-personnel-\(per-10-000-population\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/nursing-and-midwifery-personnel-(per-10-000-population)).
11. WHO. State of the world's nursing 2020: investing in education, jobs and leadership. Geneva: World Health Organization; 2020. [acesso em 26 maio 2020]. Disponível em: [file:///C:/Users/gepecopen/Downloads/9789240003279-eng%20\(1\).pdf](file:///C:/Users/gepecopen/Downloads/9789240003279-eng%20(1).pdf)
12. Markaki A, Moss J, Shorten A, Selleck C, Loan L, McLain R et al. Strengthening universal health: development of a nursing and midwifery education quality improvement toolkit. *Rev. Latino-Am. Enfermagem*. 2019;27:e3188. [Access maio 25 2020]; Available in: https://www.scielo.br/pdf/rlae/v27/pt_0104-1169-rlae-27-e3188.pdf. DOI: <http://dx.doi.org/10.1590/1518-8345.3229.3188>.
13. Blaauw D, Ditlopo P, Rispel LC. Nursing education reform in South Africa-lessons from a policy analysis study. *Glob Health Action*, 2014; 7: 26401. doi.org/10.3402/gha.v7.26401
14. Darbyshire P. Nursing heroism in the 21st Century. *BMC Nursing*; 2011, 10, 4.
15. FIOCRUZ/COFEN. Relatório final da Pesquisa Perfil da Enfermagem no Brasil - FIOCRUZ/COFEN, Rio de Janeiro, 28 (I) – Brasil; 2017.
16. Fávero N, Scatena MCM, Vandrúsculo DMS. Cooperação técnica da Escola de Enfermagem de Ribeirão Preto da Universidade de São Paulo na formação de profissionais de enfermagem para a República Popular de Angola. *Rev. Latino Am. Enf*; 1996, 4, 215-223.
17. Crettenden I, Poz MD, Buchan J. Right time, right place: improving access to health service through effective retention and distribution of health workers. *Hum Resour Health*, 2013; 11: 60. doi: 10.1186/1478-4491-11-60.
18. Horwitz S. The nurse in the university: a history of university education for South African nurses: a case study of the university of the Witwatersrand. *Nurs Res Pract*, 2011: 813270. doi: 10.1155/2011/813270.
19. Marchi-Alves LM, Ventura CA, Trevizan MA, Mazzo A, Godoy S, Mendes IA. Challenges for nursing education in Angola: the perception of nurse leaders affiliated with professional education institutions. *Hum Resour Health*, 2013; 11:33. doi: 10.1186/1478-4491-11-33
20. World Health Organization. Global strategy on human resources for health: workforce 2030. 2016. [Access 25 maio 2020]; Available in: https://www.who.int/hrh/resources/global_strategy_workforce2030_14_print.pdf?ua=1

21. Dorigan GH, Guirardello EB. Ambiente da prática, satisfação e clima de segurança: percepção dos enfermeiros. *Acta paul. enferm.* [Internet]. 2017 Apr [cited 2020 May 26]; 30(2): 129-135. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-21002017000200129&lng=en. <http://dx.doi.org/10.1590/1982-0194201700021>.
22. Liu Y, Aunguroch Y, Yunibhand J. Job satisfaction in nursing: a concept analysis study. *Int Nurs Rev*, 2015; 63 (1). <https://doi.org/10.1111/inr.12215>
23. Mendes IAC, Marchi-Alves LM, Mazzo A, Nogueira MS, Trevizan MA, Godoy S, Bistafa Pereira MJ, Leonardo de Oliveira Gaioli CC, Ventura CA. Healthcare context and nursing workforce in a main city of Angola. *Int Nurs Rev*, 2013; 60(1):37-44. DOI: 10.1111/j.1466-7657.2012.01039.x
24. Nogueira ALG, Munari DB, Ribeiro LCM, Bezerra ALQ, Chaves LDP. Nurses expectations about the succession of leaders in the hospital context. *Rev. Latino-Am. Enfermagem*. 2019; 27:e3178. [Access 25 maio 2020]; Available in: <https://www.scielo.br/pdf/rlae/v27/0104-1169-rlae-27-e3178.pdf>. DOI: <http://dx.doi.org/DOI: 10.1590/1518-8345.2833.3178>.
25. Salvage J, White J. Nursing leadership and health policy: everybody business. *Int Nurs Rev*, 2019; 66 (2). <https://doi.org/10.1111/inr.12523>
26. Turale S, Kunaviktikul W. The contribution of nurses to health policy and advocacy requires leaders to provide training and mentorship. *Int Nurs Rev*, 2019; 66 (3). <https://doi.org/10.1111/inr.12550>
27. Abel SE, Mellissa H, Swartz MJ, Madigan EA. Empowerment of front-line leaders in an online learning certificate programme. *J Nurs Manag*, 2020; 28:359-367. doi.org/10.1111/jonm.12933
28. Mendes IAC, Ventura CAA. Nursing protagonism in the UN goals for the people's health. *Rev. Latino-Am. Enfermagem*, 2017; 25:e2864. doi: 10.1590/1518-8345.0000.2864

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