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EDITORIAL

Nurses after the Covid-19 pandemic: What now? ☆

Las enfermeras tras la pandemia por Covid-19: y ahora ¿qué?

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We are facing one of the greatest global threats in recent years. The Covid-19 pandemic has affected all spheres of life: social, political, economic, and health especially, where it has caused a major crisis worldwide that has caused the collapse of health systems.

The entire population, without exception, has been affected by the pandemic. But health professionals have had to face its most negative consequences: death, loneliness, fear, the risk of contagion, and work overload. Coping with day-to-day work in hospitals, social and healthcare centres and primary care has been difficult and the impact has been enormous. At the end of 2020, the International Council of Nurses, in an estimate that it considered “on the low side”, as it only looked at data from 44 of the 195 countries, announced that as many nurses had already died worldwide from Covid-19 as in the First World War, when 1,500 nurses

died.¹ In addition to the deaths, the pandemic’s impact is also reflected in the mental health problems arising from the adverse experiences and working conditions that nurses have faced since March 2020, which is estimated to affect 80% of nurses.²

Nevertheless, over these months, nurses have been there, always present, on the front line, thanks to their capacity for resilience, which has helped them overcome adversity, learn from it, and gain the necessary strength to continue, because they had to. And so they have, playing an exceptional role throughout the pandemic, demonstrating their ability to adapt to this new situation, acting as a real driving force for change, planning and spearheading the continuous organisational modifications imposed by Covid-19.³

Throughout this time, nurses have regained their visibility, both outside and inside the health institutions. The population has witnessed the activity of nurses and the place they occupy in the different areas of work. However, there is still a long way to go for nurses to be acknowledged and made visible. An analysis of health sources and topics in the news programmes of Radiotelevisión Española (RTVE) broadcast between 31 December 2019 and 8 June 2020 exposes the lack of visibility of health professionals in Spanish television news coverage of Covid-19, their priority being to cover politics and politicians.⁴

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But once the worst is over, it is time to look back, to reflect and, above all, seek an answer to the question: what now? Today more than ever the shortcomings of our system are clear and have become more evident during this health crisis. The pandemic has highlighted healthcare systems that exploit the physical and emotional labour of their nurses, failing to realise that nurses are not an inexhaustible resource.⁵ For many years the ratio of nurses to inhabitants in Spain has been far from that of other European countries, and this results in a significant work overload. Nurses in Spanish hospitals are responsible for more patients than other European countries, ranging from 9.5 to 17.9 patients per nurse.⁶ Already in 2013, in the last major study carried out in 60 hospitals of the National Health System, a quarter of nurses stated that, if they could, they would leave their job in the hospital in the following year.⁷

This is coupled with a recruitment system that does not match nurses' experience and specialisation, with too frequent job rotations and little continuity despite their level of performance. Not to mention the treatment (or rather, the "bad treatment") given in many autonomous communities to nurses who have been on the front line with the so-called "Covid contracts". The system overall and those who govern it, in particular, with the current human resources management criteria, seem to have turned their backs on the evidence that the cost involved in nurse rotation is around 80 thousand euros, linked to hiring new nurses and the loss of productivity, both of the new nurse and their colleagues, who must train and assume the functions of the latter until they reach the level of specialisation of the previous nurse.⁸

Nurses are now calling for someone to take care of them so that they can continue to care. It is essential that our healthcare system achieve the numbers of nurses of other European countries by recruiting thousands of nurses, but it is also essential that working conditions improve. A study by Aiken⁹ shows that, regardless of how many more nurses are employed if the working environment is poor patient outcomes do not improve. However, in healthy work environments, an improved ratio of nurses results in a clear decrease in patient mortality. And we are aware that part of improving the working environment is to improve ratios, but only part. A good working environment is one in which the nurse has autonomy, where there is nurse leadership, interprofessional collaboration, and interest in improving the quality of care. Spain was the country rated the third worst of 15 European countries in terms of its nurses' quality of care.¹⁰

Clearly, improving the ratio of nurses and the consequent improvement in quality of care is a priority to improve nurses' working conditions. However, the evidence also indicates the need for support and motivation by managers and a figure to offer supervision and clinical support.¹¹ The need for nurse managers to have additional nursing professionals to help them train their staff in quality of care has been addressed by health systems in other countries with the help of the advanced practice nurse.¹² Advanced practice nurses have the potential to bring about organisational changes that contribute to improved care, encouraging the implementation of evidence of practice and acting as mentors and trainers for other nurses and health professionals.¹³

The pandemic has revealed the need to protect health professionals, especially nurses. Political and economic measures are needed to improve nurses' working conditions and empower them¹⁴ within and outside healthcare organisations. These advances will result in improved quality of care and, ultimately, improved health outcomes for the population.

To conclude, let us not allow the pandemic to tarnish a 2020 declared by the WHO as the Year of Nursing and Midwifery, and may it become a historic milestone in the empowerment of nurses and their care. Now is the time for political actions and structural changes and for further work to make nurses visible and ensure their deserved professional and social recognition.

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