Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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EDITORIAL

Are we ready to forget everything we have learned during the pandemic?

¿Estamos dispuestos a olvidar todo lo que hemos aprendido durante la pandemia?

It seems like yesterday, but it is nearly three years since the COVID-19 pandemic began. Contingency plans, editorials, opinions, original articles with a quantitative approach, and others of a qualitative nature have been published since (which, incidentally, we believe to be very positive and interesting, given that research approached from this paradigm still encounters some resistance in certain professional sectors).[1–6] All addressed issues understood as fundamental to combat the pandemic in the best possible way and from all the fronts that progressively opened up.

All the information provided in these studies has been of great help to us and remains so, given the situation of ''forced coexistence'' in which we find ourselves with this pandemic.

Nurses in charge of intensive care units (ICU) have fully experienced everything that our fellow nurses have had to cope with, with the added responsibility of managing the unit in all its aspects: the well-being of patients and their families, quality of care, material resources, human resources, organisation, coverage, inexperienced staff, prioritisation, working environment, stress, conflicts, emotional burdens. A myriad of issues that we were faced with 24 h a day without interruption.[2,7,8]

It is now perhaps time to ask ourselves whether we are going to forget everything we have learnt during this time.

But what have we learned?

We have learned that we must make adequate provision for up-to-date, not obsolete, electro-medical equipment, consumables, and various materials for our activity, and that all of it must be in perfect condition for use. Today, we are much more concerned about stock-outs and backorders, as they can completely paralyse our care in certain areas.

We have learned to value all material resources, consumables, and of course, personal protection equipment much more than in the past. The appropriate use of them all, within a philosophy of efficiency, has become embedded and runs through each and every ICU professional's veins, whatever the group. After what happened with the multiple shortages of materials that we suffered, the perception of the value of these materials has produced a profound change in their management, for the whole team.

We have learned that we cannot allow similar situations to undermine the care we provide. The feeling of ''suffering because we could not care properly'' has been expressed by nurses uniformly in practically all units. We refer to the enormous difficulties in fully maintaining Zero projects,[9] adequate monitoring of analgesia, sedation, and delirium, less use of restraint and, of course, issues related to early mobilisation, bioethics, extracorporeal therapies, and ECMO support. Nurses, and other professionals in our units, have only been able to meet the most basic needs of patients and despite their efforts, much ''detailed care'', as some colleagues refer to it, has not been provided as desired.[10] All this has meant a significant emotional burden for ICU nurses, who have endured such high levels of emotional and moral distress that some authors describe them as ''second victims'' of the pandemic, all due to the culture of ''ideal care'' in which nurses are trained and which we always want to give our patients. On top of this we have to add the despair, grief, and sorrow of having lived through the death of patients without their family present. We carry this emotional burden with us as well.[5] Do we want to relive this situation?

We have learned that the critical care nurse is a valuable[11] and scarce resource. That we are able to make organisational and clinical decisions with clear leadership in our healthcare structure, given our inherent ability to take on diverse roles and fit seamlessly into multiple interdisciplinary tasks.

Our global vision as nurses, our thorough knowledge of our patients and our flexibility, comes from a broad vision

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with respect to care processes and a multidimensional perspective of care. We have been protagonists in achieving interconnections between very diverse professional groups and always with a very clear target on the horizon: the wellbeing and recovery of our patients.

We have learned that it is high time that healthcare organisations give us a specialty with a specific training area for the provision of care to critical patients. Their using the unexpectedness of the pandemic as an excuse is not enough. The Spanish Society of Intensive Care Nursing and Coronary Units (SEEIUC) has been calling for this for years. Nurses and those of us who have management responsibility have not stopped demanding it. Is it not time we were given it?

We have learned that what we knew as teamwork, which was reflected in many protocols, guidelines, and various documents, was a mere flash in the pan compared to the energetic brilliance that we have managed to achieve. We have worked without thinking about categories. This is where nurses have been cornerstones and spearheads because our competencies and knowledge mean we can work more broadly across the different functions of the various professional categories. The pandemic ''has given us the gift of true team awareness''.

Finally, we have learned that the professionals who lead units in these situations are essential to maintain an adequate level of organisation and care management to overcome any stressful threat. Nurses perceive that their leaders are competent when they demonstrate awareness of their role, when their ethical conduct is strong, when they interrelate inclusively with the entire team, when they demonstrate high-level communication skills, when they make effective decisions involving, to a certain degree, the professionals they lead, when they recognise the care they provide, and when they ensure appropriate staffing of the units.[12] All of this, moreover, contributes to a healthy working environment that benefits all aspects of care activity.

Let us hope that we do not forget all that we have suffered and learnt and let us apply it as far as possible in our day-to-day role as professionals committed to achieving the best for our patients.

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