



EDITORIAL

Nursing specialities. The current fraud[☆]

Especialidades de Enfermería. El fraude actual



It was in 1961 that the title of specialty in Radiology and Electrology¹ was created for nurses (in those days with the title of Health Technical Assistant [ATS]). It was one of the first nursing specialties.² Sixty years have passed since the first regulations on nursing specialisations were enacted and today we still do not have a clear and implemented system of nursing specialisation in the Spanish healthcare system.

Internationally, most countries have implemented in their healthcare systems the figure of the general care nurse and the specialised nurse. Today it is essential that both figures coexist and interact. Unlike what has happened with other professions, such as medicine in Spain, where it is essential to have a specialist qualification to be able to practise in the health system, in nursing we have opted to maintain 2 roles: the generalist and the specialist. Certainly, for many years the different administrations, both public and private, have taken advantage of the figure of the general nurse to cover the different jobs, regardless of the specificity of the same and rotating staff in keeping with needs, which has led to the feeling that a nurse can occupy any job at any time, be it emergency units, hospital units, surgery, intensive care units, primary care, etc. What we have often called “girl/boy for everything”.

Scientific evidence has already extensively demonstrated that the more qualified nurses are the more lives that may be saved.^{3,4} If we put patient safety first, whilst also contributing to the efficiency of healthcare systems, we would have no doubt that the implementation of nursing specialties alongside the general care nurse would be the most optimal solution for the benefit of patients, the healthcare system and the healthcare professionals themselves. However, a short-sighted vision of our political leaders has meant that we have seen innumerable regulations published in the Spanish Official Gazette without the effective implementation of a true system of specialisation in nursing.

At present deep reflection is needed on what the role of nurses in the Spanish health system should be. It is now more than 40 years since our profession has been studied at university level and over 10 years since it has become a 4-year undergraduate university degree. If we take into account these 4 years plus 2 years of specialisation (current duration of the different nursing specialisations) i.e. 6 years of training in total, we may ask “what does the health system want from us?” “Should we still have the same functions and competencies as when we were ATSS, who were trained for 3 years and outside the university system?” It seems unreasonable that we have consolidated a high qualification just to do the same thing, to have the same responsibilities or functions. If we add to this that Spain has a specialised training system based on the residential model, with an employment contract attached to the training (in our case for 2 years), paid for by taxpayer’s money, we could be talking about real fraud. Fraud because despite the heavy investment which is made to have highly qualified professionals, this is not reflected in the health system or the healthcare that our citizens receive. And this is because despite having 7 currently approved nursing specialties only 6 have their respective training programmes and the possibility of studying under the residential model. The specialty of Medical-Surgical Care Nursing, despite having been established together with the other specialties, still does not have an agreed training programme. Moreover, in the vast majority of case, neither professional categories nor job descriptions have been created to enable these specialist professionals to occupy a specialist post, fully develop their specialist competences and thus provide better and safer healthcare.

There are currently almost 50,000 qualified specialist nurses but only approximately 20% practise as such. Despite all of this, we in the nursing profession continue to defend the development of the specialty system and we even ask ourselves what other specialties would be necessary in the nursing profession.

The terrible pandemic in which we are immersed has highlighted the many weaknesses of our health system.

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Among these weaknesses, the lack of human resources both in primary care and hospital care stands out. It is worth noting that in the field of intensive care these weaknesses and shortcomings are more evident. A recent study carried out by the General Nursing Council (CGE for its initials in Spanish) and the Spanish Society of Intensive Care Nurses and Coronary Units (SEEIUC for its initials in Spanish)⁵ highlighted the lack of both material and human resources to deal with care in Intensive Care Units (ICUs) during this pandemic. During the crisis it has been necessary to double the number of ICU beds compared to the usual number and according to the before-mentioned study, at least 10,000 more nurses would be needed for these units. In this sense, it must be said that the training of these professionals to carry out nursing care in these units is highly specific and specialised. So much so, that during this time a great effort has had to be made to ensure that nurses from other units receive a minimum of additional training in order to be able to provide a minimum of care in these units.

As a result, now more than ever, it is clear that there is a need to have specifically trained nurses to work in the UCIs and to provide safe, quality care. Yet another reflection is still to be had: should a specific specialty for Intensive Care Nursing be created? In order to address this issue it is necessary to unify criteria from different viewpoints, the first of which will be the professional one. That is to say, from the nursing profession we should consider what the professional profile of nurses who must provide care in ICUs should be like. Could generalist and specialist figures coexist in these units? In any event, the health authorities and those who have the capacity to manage health services must be convinced of the need to create this figure of specialist nurse otherwise we will fall back into a new fraud, in which there will be a certain number of very well trained and very specific nurses who will not be able to conspicu-

ously exercise and put into practice their specialised skills and competences.

The moment has come to answer these questions by reminding ourselves that with more qualified and trained nurses more lives will be saved. We must not miss the opportunity to continue developing and growing as a profession.

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