

Learning about the practice of nursing in the COVID-19 era

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For society, governments and health professionals, the COVID-19 pandemic has been very educational in many ways.

In the first place, it has taught us that globalization, when understood and taken advantage of, can bring great benefits, but that it can have collateral effects such as the spread of a disease that can be lethal. Secondly, despite technological advances, the different health systems have not been able to contain the pandemic, and as a result of this situation, public health has become a priority.

Third learning, as health professionals we assume that working with the community is a basic principle of the health system in terms of public health; however, in our reality there is no health promoting culture in our population, so that in the current context it has been difficult to understand the importance of the measures imposed by the health authorities as preventive measures, and, therefore, comply with them effectively. Nursing professionals are an important pillar in the exercise of health education and promotion, which is why advanced nursing practice is necessary for community work to achieve the expected results.

Fourth learning, as never before, it is clear that a nurse with a formal university education, specialty or master's degree in the areas of knowledge towards primary care, can provide this education that would have a favorable impact on the costs of the health system and even increase the quality of life of the people. The latter, according to Francoise Colliere, is the original meaning of health care, that is, to develop the individual's optimal capacities, which means that through education we provide the individual with tools to learn to think, give opinions and participate in what is best for him individually and collectively, as a result we would obtain self-directed, healthy and fulfilled communities at low cost.

However, the fifth learning opens us to a reality: Historically, our society has idealized an image in which institutions and government provide us with all the resources to subsist. However, this idealization has generated a form of co-dependence, control, and comfort that has had a negative impact on habits and lifestyles, and, therefore, on the health of the population, where even health professionals have behaviors that are harmful to their own health. Contrary to this idealized image, the reality is that there is a lack of supplies and organization, and there is discrimination against health personnel, particularly nursing professionals.

In this time of the pandemic, it became evident that health professionals are more vulnerable than ever, so individually, each of us has had to seek ways of protection, starting with self-care, and additionally, we have seen the importance of training and constant updating in order to adhere to the most current

recommendations on isolation and pathological and epidemiological aspects of the virus, which are emerging as the health crisis progresses over time.

Particularly from the nursing personnel point of view, it is possible to understand the experience of those who work in these areas. However, it is recognized that nurses at different levels of care live their experience differently, since each one of them practice nursing according to their available resources, both personal and material, which reflects the empowerment of professionals, which means that we must analyze our processes of care, and train and educate at-risk personnel, manage supplies inside and outside the institutions, and most importantly, evaluate, analyze, and make decisions to adjust those processes to the day-to-day situations of this pandemic.

Although nursing personnel have assumed this empowerment, they cannot achieve it individually; therefore, they require the support of all those involved in health care. In this respect, the need to have competent personnel in management positions to effectively manage resources and competent personnel in the health care area to make adequate use of such resources becomes evident, a need that becomes the sixth lesson learned from the COVID-19 health contingency.

Because of this, collaborative work becomes the most satisfying and hopeful pillar.

The seventh learning has to do with ourselves, in the way we are practicing nursing. We have to stop for a moment and reflect: Shouldn't it be a daily practice to arrive at my job at the hospital, take a bath and get dressed in a clean uniform that has not been outside the hospital? Shouldn't I shower and go home with the civilian clothes I arrived in? Shouldn't that be the right thing to do? Nurses from previous generations have told us that this was done before, but the new generations stopped doing it and the institutions stopped demanding and investing in this, so that today, as a consequence, showers and dressing rooms are not available and there is a lack of personal lockers in the institutions. In this sense, the effectiveness of protecting ourselves and our families, friends, and society in general, depends to a great extent on our preventive practices, which include the management of the medical uniform and the equipment with which we enter the Covid areas, complying with the basic principles of medical asepsis.

Moreover, with regard to the protection of healthcare workers, the eighth learning point is: Who represent us in the Union? Who are our union leaders? The relationships we establish with those who represent us are important. The participation of nurses in unions of all institutions is essential, as a guild, we must be represented by an active member of our profession, and in difficult times such as these we are currently experiencing, representation that advocates the rights and safety of nursing professionals with full knowledge and understanding becomes extremely necessary.

Additionally, the leaders that are part of the nursing associations have the obligation to unconditionally support the nursing professionals, so that they do not feel alone, they must provide them with ideas; also, intellectual elites must be formed to help them make the best decisions, so that the governing bodies of hospitals see that nursing has something called "swarm intelligence", which is a collective intelligence that allows better results. We must promote the presence of nurses in the workplace and in administrative positions where important decisions are taken, which impact the nursing professionals that today are at the forefront of the COVID-19 pandemic.

I wonder why so many health professionals have died in Mexico? According to "The Lancet" magazine, we are the country with the most deaths worldwide, is this not alarming? What is being done to prevent this? There is a lot to learn from the practice of nursing during the COVID-19 era, after this we would not be the same, we definitely has to change individually and also as a professional guild.

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REFERENCES

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