EDITORIAL

The professional future of emergency nursing in Spain

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Nurses are direct witnesses of the growing complexity of health care and experience these problems more directly than many others in healthcare. An increasingly fragile population presents greater risk and additional complexity in the event of any imbalance in their state of health. There have been numerous efforts to introduce changes in preparation to face these new demands, but not especially in the field of nursing in general and in emergency medicine (EM) in particular. Thus, although health management plans consider the professional as the most valuable resource of the system, strategies aimed at enhancing this resource have not resulted in much action: nurses do not see the effect of these plans reflected in their work. The royal decree RD 450/2005 on Nursing Specialties¹, which regulates the development of Title II of LOPS (Law 44/2003)² and which sets out new regulations for Health Science specialties, has been fully implemented without improving our professional situation and, what is worse, the range of specialties provided does not meet professional nurse expectations or the needs of the system.

The current situation does not please anyone. It does not satisfy the professionals because, in nursing, recognition of professional success is associated with the areas of management or teaching where the number of places is limited, and does not encourage a significant number of professionals to develop their professional role. Any nurse with aspirations related to clinical professional development is limited due to the absence of ascending clinical qualifications. And it does not satisfy the health system because it leads to irreparable demotivation in many professionals who, burned out, are forced to seek positions in other areas after years of

specific training in EM. Without doubt, this constitutes an unparalleled waste of human resources in the health system. The planned development of nursing specialties will not fully solve the current state of affairs. EM nurses who opt for the specialty will be included within the broad umbrella of the Medical Surgery Specialty, which unifies various specialties that have now disappeared. We believe it is difficult to be a specialist in a field as large and diverse as this, with continuously increasing demands regarding management techniques, technology, knowledge etc. Perhaps the alternative for this mega-specialty is to offer training for specific qualifications within Health Science specialties, which was contemplated in the law LOPS, Chapter III, Articles 24-252, but does not appear in the decree RD 450/20051.

There is no sign on the horizon of a clinical career path in healthcare organizations, the Ministry, nor any part of autonomous health services. The promised professional career has become no more than a wage rise, due to lack of commitment and rigor on the part of the health administration³. Redirection of this professional promotion is increasingly difficult to fill with content and practical application.

In this scenario, the new Degree in Nursing offered by European Higher Education must be considered a huge step forward for our professional future. In short, there will be nurses, specialists, graduates and doctors, but without a structure for professional promotion within the different professional fields to provide a legitimate route for personal aspirations and to optimize human resources and knowledge.

This issue of EMERGENCIAS contains articles by authors with direct experience of the system in

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Ireland⁴ and England⁵, outlining their ways of resolving the lack of clinical alternatives, which seem to achieve effective use of highly trained and motivated professionals. Small shows how professional activity is scaled with different degrees of administrative and clinical functions, although at higher levels there is an option of leaving administrative functions and specializing in a clinical area4. The latter are called advanced practice nurse (ANP). The ANP is a professional role which, after years of practical experience as a nurse and academic and professional training, is an option for those who wish to opt for a career in clinical care. Since its inception in the U.S. in the sixties in response to the shortage of primary care professionals, the concept of the ANP has not been free of controversy: problems with the definition of skills and professional boundaries with other health figures, as well as lack of acceptance and understanding this new role within the profession. However, backed by excellent results and user satisfaction, the figure of the ANP is currently incorporated into the health systems of Australia, New Zealand, United Kingdom, Ireland, Netherlands, Belgium, Switzerland, Sweden and Finland⁶. The role of the emergency ANP described by Small in his article is really attractive for highly motivated people who wish to further their professional careers⁴. It requires a Masters training, and is subject to the necessary re-certification through practice and training. It is this precisely this certification in Anglo-Saxon health systems and nonexistent in Spanish regulations that constitutes a key to success7. Carrasco Alvarez describes a hierarchical structure according to the level of experience and the academic qualifications required for each case, where progress is accompanied by new competencies, responsibilities and increased remuneration in return⁴. However we do not agree with Carrasco's statement that "these new horizons provide an opportunity for

development, but dilute the essence of the nurse's role and divert attention from basic care." We believe that the nurse's role is much more than basic care: our responsibility is to guarantee that, but, above all to help ensure the best possible patient health status, and to do this we must be prepared to take on many other functions besides excellent basic care⁸.

The greatest difficulties for developing this professional landscape certainly come from those who feel their status is threatened and the belief that health depends solely on a medical diagnosis, a drug or surgery; they have never understood the multidisciplinary approach required for the resolution of health problems. An example is the controversy arising from the Law on Nurse Prescription. In our opinion, the future of the nursing profession is full of opportunities, even without the more controversial powers of the ANP in EM, which would complement with the role of the physician and other health professionals. Within a multidisciplinary team, our contribution to the comprehensive care of the patient is irreplaceable.

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164