EDITORIAL

On the importance of quantifying nursing staffing needs in emergency departments… and respecting them

Sobre la importancia de cuantificar las necesidades enfermeras en urgencias… y respertarlas

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Most of the population attends emergency departments seeking a solution to a health problem. Overuse of emergency services is a widespread global issue, particularly in public health systems with universal health coverage. This phenomenon not only imposes unnecessary economic burdens but also entails additional health risks.[1] According to the *Barómetro Sanitario* published by the Spanish Ministry of Health, more than 25 million users attended a emergency department (ED) in Spain, and more than 32 million sought assistance from emergency medical services (EMS) during 2024.[2]

Patient care in hospital ED involves the provision of nursing care that may be highly variable, complex, and continuous, beginning with triage and the assignment of a care priority level.[3] This activity is characterized by high pressure, need for rapid decision-making, and excessive workload. These factors, inherent to the dynamics of emergency care, have a particularly significant impact on nursing staff and on the quality of care provided to the population.[4]

Nursing, as a health discipline, is not limited to the administration of direct patient care but includes a broad range of responsibilities, including resource management, coordination with other levels of care, and the development of care protocols. In the emergency setting, nurses' ability to adapt to changing situations and to make rapid decisions is both decisive and highly valuable.[5]

The study by Fontonova-Almató *et al.,* published in this issue of EMERGENCIAS, represents a novel scientific contribution by estimating patient workload in hospital ED, thereby enabling calculation of nurse-to-patient ratios according to care burden.[6] Nursing workloads were very high, and the workload was considered disproportionate according to the measurement scale used. Multiple influencing variables were identified, including age, triage level, degree of dependency, care pathway, and admission to the resuscitation area. Workload was directly proportional to patient age and severity and inversely proportional to dependency level and assigned triage level, resembling the foundations of the North American Emergency Severity Index (ESI) triage system, which is based on care workload.[7]

An increasing number of nurses are required to assume a prominent role in the provision of initial care within EMS and in EDs. Demand is rising, pressure is increasing, and the number of frontline professionals remains limited. These professionals must be adequately prepared, yet general nursing degree programs scarcely provide these competencies.[8] In this context, the role of the emergency and critical care nurse specialist, based on the creation of a new specialization pathway through the NIR (Nurse Intern Resident) system, emerges as a promising response with the potential to transform health care delivery in the Spanish health system and optimize patient flow in emergency settings.[8,9]

Military health care has traditionally been one step ahead of civilian health care. In response to the need to train its personnel, it created the specialty of Emergency and Critical Care Medicine in 2016 and, months later, the specialty of Medical-Surgical Nursing in Operations (EMQ-OP), followed 3 years later by the specialty of Emergency and Critical Care Nursing in Operations (EUE-OP). All these specialties have an officially regulated curriculum, similar to the NIR pathway.[10] In the civilian sector, given the absence of an officially regulated specialty, specific training has been led by universities, both public and private, through the development of proprietary degrees and official master's programs with varying names and content. These programs generally encompass emergency care, hospital emergency care for adult and pediatric patients, high-complexity interhospital transport, and disaster response.[11,12]

An increasing number of nurses are conducting research in the field of emergency and critical care. The study by Urbina *et al.,* recently published in EMERGENCIAS, represents a pioneering and timely contribution by proposing the use of a standardized and

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validated system to measure the intensity of nursing care in EDs and subsequently associate it with patient disposition.[13] Another example is the work by Miró *et al.,* led by nursing professionals and designed as a prospective multicenter study, which evaluated the impact of nursing training and involvement in the screening of occult human immunodeficiency virus (HIV) infection.[14] Therefore, while awaiting the establishment of the specialty, specific training, clinical updating, and nursing-led research—both independent and within multidisciplinary and multiprofessional teams—are professional imperatives.

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