

## Nursing Care in the Covid-19 Pandemic in the Spanish Health System

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The Covid-19 Pandemic has revealed a major structural weakness in Spain's National Health System: the weakness of care.

Among health professions, the discipline that has care as its essence is Nursing. One of the most consensual definitions of care is Colliere's [1] "caring is an act that represents an infinite variety of activities that tend to sustain life, allowing it to continue and reproduce. . . human beings have always had this need as an individual act of autonomous person and reciprocity, since the person requires help to assume their vital needs" (p. 7).

In line with the dominant paradigm in science, the dominant model in Nursing has long been the biomedical model, oriented towards the disease and, therefore, emphasizing the treatment of individual pathology and its healing. This way of understanding the nursing profession undoubtedly reduced independence and slowed its development as a discipline, excluding basic aspects of care such as health promotion and psychological and psychosocial aspects.

Faced with the crisis of this model, Nursing begins to recover these dimensions and, due to the efforts of many professionals who claim them, they begin to be specified. Likewise, nursing models are beginning to develop, there is an evolution that goes from the categorization paradigm with a clear influence of positivism and in which nursing care is considered as a science that requires formal training and is focused on problems, where the nurse is the expert, and has an asymmetric relationship with the patient (of power). Going through the second of the paradigms, that of integration, which differs from the previous one in that it defends that the context in which the phenomenon occurs must be considered in order to understand and explain it, reaching the third of the paradigms, that of transformation, that is the basis of an opening of nurse science towards the world, we place it temporarily in the mid-70s and we can find its mark on the models and theories of Newman, Rogers, Watson, and Leininger. One of the fundamental characteristics of this paradigm is community participation. Within the framework of this paradigm, one of the schools that Kerouac identifies and that embraces various models and theories is the school of caring. The current biological approach to the Spanish health system has opted for an "hospital -centric" approach to the Covid-19 pandemic, the result of the neoliberal strategies of recent decades [2].

From this approach, health care puts the focus on healing. It is true that care must be taken to heal, but in this hospital environment, care is mainly focused on one of its dimensions, that of techniques, and leaves out the recognition of the relational dimension of care. For a few years, this lack of recognition of this dimension has been known as "invisible care" or, rather, we could say, "hidden". Isabel Huercanos Esparza defines invisible care as a set of interventions resulting from careful observation, empathy, knowledge and experience, which lead nurses to develop deliberate professional and ethical judgments, highly focused on the needs of each patient [3].

Responding to the needs of patients involves establishing and strengthening coordination between different social-health systems and services to ensure continuity of care and thus respond to current demands for care in medium and long term, which result from the prevalence of chronic-degenerative diseases associated with the ageing of the population and also in this context of the pandemic and in the next phases of it.

Faced with this reality, voices arise advocating revitalizing humanized, people-centered care, to foster the relationship of care. In short, there is talk of a strong reconsideration towards the humanization of health. A change of focus is needed and this change is based on the step that must be taken in care from the current "cure the disease" towards "health care".

In this sense, Watson's theory of care, framed in the transformation paradigm, is very useful for us to rebuild nursing care [4] to reflect and rethink our ways of approaching nursing practice.

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