Editorial

2020, The Year of Nursing in Colombia and its Challenges in the Face of COVID-19 Pandemic

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The initiative Nursing Now (Enfermería ya or Enfermería Ahora in Spanish) set up by the UK All-Party Parliamentary Group on Global Health and supported by the International Council of Nurses, the World Health Organization and the Pan American Health Organization, launched a three-year campaign in 2017 to make nursing visible around the world (1, 2). This campaign, which closes with the designation of the International Year of the Nurse and the Midwife this year, became an opportunity for multiple groups from more than sixty countries to start a local, national and international movement that, beyond identifying problems and general guidelines, would allow main aspects of the nursing profession to be included on the agenda of governments and institutions around the world to transcend the social representation that has long stigmatized the profession and made it invisible. In the last year of the campaign, the COVID-19 pandemic broke out, causing an international catastrophe, collapsing healthcare services, and demonstrating the vulnerability of health systems that were not prepared for such an event (3).

The purpose of this article, in this context, is to present the central aspects of the campaign, how it was received in Colombia, and how the COVID-19 outbreak has made forcefully visible the serious situation that faces the health workers, and particularly the nurses, in a system with a cracked structure that seeks to generate adaptive processes to meet in the best way the professional challenges made visible by the pandemic.
**Origin of the Nursing Now Campaign and its Propositions**

The Nursing Now campaign originated from the findings of the Triple-Impact Report published on October 17, 2016, by the UK All-Party Parliamentary Group on Global Health. The report argues that the development of and investment in nursing would improve the world's health systems, contribute to gender equality, and impact economic growth in terms of improved patient safety, which would be reflected in fewer adverse events, a better quality of care, and reduced costs (4). The report also shows that strengthening the discipline and the profession would contribute to the resignification of the public imaginary of nursing, which would positively impact and result in an increase in the number of professionals trained in this area.

The campaign focused on five areas: 1) Greater investment in education and professional development, and better employment conditions for professional nurses; 2) wider and better dissemination of effective and innovative nursing practices; 4) increase in the number of professional nurses occupying leadership positions and more opportunities for development at all levels; and 5) greater visibility of professional nurses’ capacities and the barriers to progress. Besides, the campaign established an action framework that opened up favorable scenarios to formulate public policies and the necessary settings to strengthen nursing profession and, therefore, health systems, considering that nursing human resources is the largest workforce, support, and foundation of these systems (2).

In Colombia, the National Technical Council of Nurses, as a permanent executive and advisory body of the Government, territorial entities, and nursing organizations for policy-making on development and practice of the nursing profession in Colombia (Law 266, 1996), and other nursing organizations and associations—Colombian Nurses National Association, Colombian Association of Nursing Schools and Faculties, Collegiate Nursing Organization, and Colombian Student Nursing Association—decided to participate formally in the Nursing Now campaign, after studying the objectives and considering that the global manifestation of the campaign established a favorable climate for promoting the work that had been carried out in Colombia for several years (5).

The Council called on organizations, national associations, higher education institutions, healthcare providers and local groups that had already joined the campaign, to take a national effort, open up a strategic space to promote the visibility of the profession, and to influence and enhance its disciplinary, political and labor development in our country, bringing together the work that for many years our organizations had been carrying out for this purpose.

Thus began a joint effort that was formalized in May 2019 with two events: the launch of the Nursing Now Colombia campaign, in which the former Minister of Health committed himself to support professionals’ visibility and improvement, and a public hearing before Senators of the Republic and members of the Government, where a diagnosis of the situation of professional nurses was presented along with the challenges to ensure better remuneration, decent work, postgraduate studies recognition, and an increase in the nurse-patient ratio, among others matters (5). As a result of the above, the need to formulate the National Policy on Nursing Talent and to guarantee its operation in the Ten-Year Strategic Plan 2020-2030 arose. In doing so, three technical working groups were set up to address three cross-cutting issues: working conditions and professional development, nursing education and training quality, and autonomy, leadership, and visibility (6).

This initiative was very well received by professionals throughout the country. It was possible to hold consultative and validation meetings over the National Policy and the Strategic Plan in several regions, with face-to-face meetings in Cali, Medellin, Pereira, Santander, Barranquilla and Bogotá, and some virtual meetings with professionals from other regions. More than 500 professional nurses participated in the event. They have been providing essential inputs to consolidate the documents and submit them to the Ministry of Health and Social Protection for approval in 2020, the International Year of the Nurse and the Midwife.

**COVID-19 Outbreak and Colombian Nursing Response**

The pandemic originated in the city of Wuhan (China) by the new coronavirus SARS-CoV-2 (COVID-19) broke out in Colombia in March 2020. The Colombian nurses, who were making ready to celebrate
the International Year of the Nurse and to present a National Policy on Nursing Talent, were in the midst of a crisis that quickly revealed the fractures of the health system and confirmed the diagnoses of the difficult situation of Colombian nursing. Complaints about the precarious working conditions related to outsourcing, delays in payments, low affiliation to the social health insurance system, lack of personal protective equipment and biosecurity mechanisms, inadequate nurse-patient ratio, and a disorderly institutional response to the pandemic soon increased. For their part, organizations and associations began to voice their concerns and make requests to the Government, clearly showing their concerns about the slow response to the imminent risk of contagion given the institutions’ poor preparation to deal with such a critical situation (7).

By July 2020, statistics from the National Health Institute and the diagnoses made by professional organizations, associations, and colleges indicated an increase in cases of health workers infected with COVID-19. Nurses and nursing assistants are the most affected as they are the frontline health staff in the care of infected people. Added to this critical situation is a social response of discrimination, manifested by verbal and physical abuse against health workers because of their occupation (8).

The pandemic has also affected the training processes of health personnel. Universities at large and specifically those that offer health programs have been faced with the impossibility of attending practicum sites. Quarantines and the critical conditions of health services to provide security to their employees have prevented educational health programs and particularly nursing programs from advancing in their training curricula, and have been forced to adapt them quickly through open-source learning platforms and computer simulation resources that today have become crucial strategies to advance on academic continuity (9).

Challenges for Nursing in Colombia

Great difficulties bring new possibilities that challenge creativity and innovation of societies as human history continually demonstrates. The SARS-CoV-2 (COVID-19) pandemic will probably not be the last, so we must learn from it and work out adaptation strategies that allow us to overcome it and come out stronger in the process. As far as national nursing is concerned, this situation poses the following challenges for us:

1. Reformulating strategies for promotion, prevention, and care, which will involve strengthening the use of information and communication technologies with new computer applications, innovative devices applied to healthcare, telehealth, gamification, simulation, and the internet of things, among other alternatives.

2. Networking strengthening, which means interprofessional, interdisciplinary, and inter-institutional cooperation, at all local, regional, national, and international levels.

3. Health programs curricular resignification, which implies the transformation of teaching-learning processes and the invitation to take up again the principles of primary care to strengthen collective, community, family, and personal health maintenance.

4. Union of professional and student guilds, associations, and colleges to implement the National Policy on Nursing Talent, and the National Nursing Plan 2020-2030 proposed to the National Government.

5. Active political participation of organizations representing Colombian nurses in legislative and Government bodies to contribute to the transformation of the country’s health system, which, during the pandemic, has shown serious cracks and deficiencies and, consequently, will have to be reinvented to account truly for the comprehensiveness of its policies.

6. The care ethics question, which makes it mandatory during the pandemic to reflect on what the right to life and to be cared for means, and the nursing professionals’ responsibility for their role as advocates of the subjects of care.
References


