

Nursing care, relevance in the context of the COVID-19 pandemic

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The COVID-19 has brought with it a significant increase in the demand for health care, which has been faced with extreme difficulty by most countries in the world; with serious problems to adequately test the population, decide the type of quarantine to be carried out and, above all, grant health care in critical care units due to the lack of supplies, equipment, and qualified personnel.

It is in this complex context that social determinants in health (DSS) emerge with particular force, constituting the circumstances in which people are born, grow, live, work and age, configured by the health system, distribution of money, power and resources. With the pandemic that the planet is in, the DSS become more evident and with it, the inequalities within the countries such as access to health care, drinking water, the internet, access to decent housing, as well also gender inequalities and care, in which the most affected are women, who historically have taken responsibility for home care and who also constitute 70% of the health workforce (1).

Care is the axis of human existence. We all take care, we have all been taken care of, and we also practice self-care. It is a unique phenomenon in which there is reciprocal interaction and is part of the world around us, of culture and values. In health, it allows us to support the satisfaction of the person's needs in order to promote, maintain, or recover their health (2).

According to reports from the International Council of Nurses (ICN), 90.000 nurses were infected with COVID-19, and it reports 260 deaths of these professionals. There is also a deficit of elements of personal protection, a shortage of supplies, inadequate preparation for the pandemic, and mental health problems, among which are depressive symptoms, post-traumatic stress, suicidal ideation, panic attacks, among others. Health workers are exposed daily to excessive care pressure, deaths, the frustration of not being able to care adequately, and fears for their health and that of their families (3) (4).

Another major problem identified by the CIE relates to the need to make the data transparent and to standardize reports about infected nursing personnel since not all countries are reporting this situation (4).

Faced with the shortage of elements of personal protection, governments have an obligation and a moral imperative to hand them over to the health team. They are not heroes who must expose their health, nor that of their families for caring for others.

Unlike the rest of the world, Latin America had approximately three months to prepare before COVID-19 in terms of intersectoral organization, purchase of equipment and supplies, education and training of health and population personnel, and preparation of social aid baskets. Even so, the response has been reduced in several countries in the region, with a high number of infected, high case fatality, and complex social problems (5).

In pandemic situations like the one we are experiencing, the role of the nurse is crucial, according to Stirling, she must provide direct care, emotional support, educate patients and health personnel, advocate for patients and their families. To this list, it is necessary to add the role of coordinating prevention actions in the community, infection control, and political incidence for macro-level decisions (6).

Public policies focused on dignifying care are required, with adequate remuneration and job security. Overcoming the pandemic must consider all social actors; government, communities, companies, professional associations, foundations, as well as the transfer of knowledge, which must be converted into a public good, with access by all nations, regardless of their level of development and economic resources.

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