CURRENTLY, HUMANITY LIVES COMPLEX TIMES AS A CONSEQUENCE OF MAJOR SOCIAL INEQUALITIES, TIMES THAT ARE INTENSIFIED BY THE EFFECTS OF THE SINDEMIC DUE TO COVID-19, LEADING TO A SERIES OF INTERVENTIONS FROM DIFFERENT DISCIPLINES TO RESPOND TO THE PRIORITY NEEDS OF THIS HEALTH CRISIS.

IT IS AN OUTLOOK THAT, IN THE LIGHT OF THE HEALTH SCIENCES, HAS BEEN A CONSTANT CHALLENGE SEEKING TO MEET THE NEEDS OF THE POPULATION. IN THIS CONTEXT, NURSING, CONSIDERED AS THE MOST NUMEROUS GROUP IN THE HEALTH SECTOR WITH 59%, IS STILL INSUFFICIENTLY STAFFED TO OFFER UNIVERSAL HEALTH COVERAGE AND TO ATTAIN THE SUSTAINABLE DEVELOPMENT GOALS IN SOME CONTEXTS.

THE WORLD SCARCITY OF NURSING PROFESSIONALS, ESTIMATED IN 6.6 MILLIONS IN 2016, WAS REDUCED TO 5.9 MILLIONS IN 2018; AND IT IS ESTIMATED THAT 89% OF SUCH SCARCITY IS CONCENTRATED IN LOW- AND MIDDLE-INCOME COUNTRIES. FOR EXAMPLE, IN SOME LATIN AMERICAN COUNTRIES, THE NUMBER OF NURSING PROFESSIONALS BARELY MANAGES TO KEEP UP WITH THE PACE OF DEMOGRAPHIC GROWTH, IN RELATION TO THE NUMBER OF INHABITANTS.

THIS SITUATION HAS GENERATED STAFF DEFICIT IN THE VARIOUS AREAS, WORK OVERLOAD AND STIGMA IN SOCIETY, ADDED TO LOW WAGE RECOGNITION, LEADING TO MARKED WEAR OUT IN THE PROFESSIONALS AND EXERTING A NEGATIVE IMPACT ON THEIR FAMILY NUCLEI. NEVERTHELESS, NURSING STILL REPRESENTS THE FIRST LINE OF DIRECT CARE TO PATIENTS AND THEIR FAMILIES, DAILY IMPLEMENTING DIFFERENT STRATEGIES IN THE VARIOUS WORK SETTINGS, SEEKING TO PRESERVE LIFE AND PRIORITIZING ASSISTANCE IN THE MIDST OF A PANDEMIC THAT HAS EVIDENCED THE FRAILTY OF HUMAN BEINGS.

ALTHOUGH 2020 WAS DESIGNATED AS THE YEAR OF NURSING BY MEANS OF THE FOLLOWING MESSAGE: "IT IS TIME TO ACKNOWLEDGE THE FUNDAMENTAL CONTRIBUTION MADE BY NURSES (…) TO GLOBAL HEALTH" 1, IT IS
necessary to analyze this motto; on the one hand, the Nursing role is made visible in the care settings in a time of confusion and uncertainty and, on the other hand, it imposes challenges on Nursing encompassing generation of new evidence, reconstruction of new roles, and implementation of new knowledge in the clinical practice. Some questions arise in this setting, whose potential answers are the basis for this editorial:

**Which are the challenges for the development of Nursing knowledge in sindemic times?**

The answer must begin with the factors that exert an impact on Nursing research during the pandemic, namely: gaps in the workforce, deficit in the availability of human talent in Nursing, greater clinical deployment of the professionals and staff deficit due to the interruption in the education flow, among other aspects⁴, added to suspension in some research projects and postponement of Nursing training activities.

In that respect, Hetland et al.⁵, point out that most of the research studies conducted in Intensive Care Units (ICUs) which were not related to COVID-19 were postponed on the basis of safeguarding the researchers’ health and limiting the presence of non-essential staff in these areas. The authors state that “although this temporary interruption in non-essential clinical research in the ICU is the adequate solution, completely suspending these studies is a severe obstacle to progress up to date”⁵. All these disturbances, added to the low installed capacity in research in the different areas, have further worsened the development of Nursing knowledge.

There are contexts in which the research settings go through recurrent and convergent epidemics, a concept that is deeply associated with the emergence of a sindemic or interaction of diseases explained by social forces⁶. These experiences would be a starting point that allow enriching the new settings, not only in research but also those related to work and to the academic scope, among others, based on the population’s priorities and demands.

Which path to choose?: the one that allows continued growth as a science, discipline and profession in all care settings; the construction and renovation of knowledge is a task that must keep pace with time, fill the new generations with enthusiasm, and be a cornerstone in care showing leadership and challenging obstacles, as it is only in that way that we will be part of history.

**Which changes and adaptations must undergo Nursing to generate new evidence in sindemic and post-pandemic settings?**

The nature and evolution of the sindemic due to COVID-19 has opened doors to the search of new evidence that respond to the current health needs in the population, encouragement for the application of theoretical models inherent to Nursing in the research studies, appropriation of adaptive and participatory research designs, interdisciplinary work, and generation of dynamic research studies which translate into innovations and products that may contribute to the needs of emerging answers.

Another important aspect to be worked on is the management of regulatory changes, national and institutional policies that provide more room for research in Nursing, leading to a new post-pandemic era⁷, which requires generation of studies and prioritizing the contemporary themes of the Nursing work, consistently with the current call and articulation with other disciplines.

However, the articulation of the research results in the practice has been a major controversial point; according to López & Barreras⁸, in the current Nursing clinical practice it is acknowledged that, despite the efforts, knowledge translation is an exercise that is seldom contemplated, leading to fragmentation in the implementation of the research results, generating problems for knowledge development, loss in positioning, invisibility of the work performed, invalidity of the results’ current nature, and limited impact on the clinical settings. In the light of reality, this paradigm requires an
urgent intervention from a critical, reflective and visionary perspective which ensures coherent actions since, to permeate the practice, the requirements encompass from an epistemological and historical analysis of the conception to its very conceptualization⁹.

Another input that can be considered is analyzing the causes of this situation, helping to understand frequent questions of both professionals and students in training, such as: How can I use the evidence?, How am I going to find the time?, Why not sticking to the traditional? and How to do so in contexts with limited resources?, questions that are valid and deepened in the midst of the current pandemic.

Finally, and facing the future, there is the relevant need for Nursing leadership in the construction of its own scientific evidence regarding professional and interdisciplinary work. Although this evidence has to respond to the most pressing needs, it must also be capable of adapting and transforming itself according to the setting in which it is applied. The importance of new research strategies in vulnerability situations, crises, and in epidemic, pandemic and sindemic settings stands out, where nurses from different profiles must appropriate them showing consistent evidence with the new reality¹⁰.

REFERENCES


