

## EDITORIAL

### 46th National Congress of the Sociedad Española de Enfermería Intensiva y Unidades Coronarias and 3rd Iberian International Congress on Intensive Nursing<sup>☆</sup>

### XLVI Congreso Nacional de la Sociedad Española de Enfermería Intensiva y Unidades Coronarias y 3<sup>er</sup> Congreso Internacional Ibérico de Enfermería Intensiva



After an extremely tough year which we as nurses we will never forget, and coinciding with the International Year of Nurses, we were finally able to celebrate our annual congress, the 46th National Congress of SEEIUC and 3rd Iberian International Congress on Intensive nursing with our Portuguese colleagues. A virtual format had to be used which was a totally new experience for the society. The daily session connection mean was of 160 attendees and on the last day of the congress the sessions and workshops were seen on average 500 times. Opinions were diverse, although the majority agreed that online access with delayed coverage meant that more oral communications, posters, and workshops could be viewed than in a face-to-face format.

For me, the virtual format was not a replacement for the face-to-face and the informal chats in the corridors devoted to ideas for future projects. In my opinion a congress is much more than obtaining research results, it is the starting point of future ideas, and an online format frankly makes this difficult. I do not know if the virtual format is here to stay, like teleworking or whether as we advance towards a new normality we will regain face-to-face because it nurtures the human factor, and the need for relationships and affinities between people, friends and colleagues. Hybrid models will possibly become established, although for the moment I cannot see this would be cost-effective because in addition

to the price of the congress venue technological costs would have to be added.

Without the ability to look into the future and indeed, never in my worst nightmares would I have imagined what we have seen with the COVID-19<sup>1,2</sup> pandemic, we have to contemplate how two different aspects that concern us greatly as nurses will develop: the lack of speciality and the lack of nurses. Regarding specialities, we had the opportunity to listen to the speaker Dr. José Luis Cobos, vice secretary of the General Nursing Council. As an organisation they have ex-officio members in the different nursing specialities. He introduced the possibility of an accreditation diploma, a specialised type of training by means of continuous training (masters, postgraduates, experts) to be recognised as a distinction and/or a requirement for working in an ICU. The internal resident route for nurses was presented as complicated because it depends absolutely on the decision of each autonomous community and at present, as with the other nursing specialties except midwifery, does not recognise the workplace. Of the 48,541 specialist nurses registered in Spain only 9557 (obstetrics and gynaecology nursing) have to be specialists to exercise as such.

There has also been a lack of nurses,<sup>3</sup> since the 2008 financial crisis, when many nurses emigrated to other countries and who were welcomed with open arms due to the high level of their training in Spain, and this was a determinant factor during the pandemic. Hospitals, old peoples' homes and primary care centres competed with one another to contract nurses and a recent study again demonstrated how better nurse-patient ratios lead to lower mortality.<sup>4</sup>

Following up on human resources, physiotherapists are also required in ICUs. According to the MoviPre study, promoted by SEEIUC, 18.6% of ICU do not have a physiotherapist on the ICU team and 34.9% share a physiotherapist

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with the rehabilitation department.<sup>5</sup> This is now the fourth SEEIUC congress where physiotherapists have attended as members of the organizing committee and as speakers to highlight their essential contribution to critical patient care. According to the same MOviPre study, in which 70 physiotherapists participated as collaborating researchers with 80 nurses, the incidence of muscle weakness in Spain is 58%, higher than the norm,<sup>6</sup> and active mobility is only 24.9%, with a prevalence of passive transfer to a chair.<sup>7</sup> The integration of physiotherapists alone would improve these data by implementing the mobilization protocols so talked about in current literature.<sup>8</sup> It was precisely the physiotherapists who presented innovative workshops on cough management, on the myths and truths regarding tracheotomy and mobilization, the latter from the Early Rehabilitation interprofessional WG of the SEEIUC between nurses and physiotherapists, financed by Arjo®.

This workshop was very fully complemented by the Analgesia, Sedation, Restraint and Delirium workshop WGs. It makes no sense to attempt mobilisation without a suitable level of cooperation and comfort of the critically ill patient. It is the application of the different elements of the ABCDEF bundle which lead us to a collaborating patient, with appropriate pain control, with no delirium and being able to move with the help of family members.

Thanks to the contributions from the sector, the essential providers of the SEEIUC congresses which we expect to continue collaborating with in the future, we have enjoyed the expertise of the nurses from the hospital Vall Hebrón de Barcelona in ECMO (Getinge®) therapy, the management of vascular access with PPE (3M®) and how the pandemic has affected the Zero programmes (Vesismín®). We had the practical and interactive Baxter® workshop on renal replacement therapies where seating capacity was not limited, precisely because it was online, compared with previous congresses.

Given the virtual nature of the congress the highest maximum participation possible was achieved for different, necessary topics such as ethical conflicts in the ICU, thanks to the bioethical WG. Important topics such as which professionals were lacking in the ICUs were discussed. These figures include the physiotherapist, as previously mentioned, together with speech therapists which are not yet available, and psychologists. Two psychologists made highly valuable contributions with their papers on their support and reflections with "Caring for the professional in times of COVID-19: emotional impact and resilience at work".

Finally, we would comment that, for the first time, virtuality made it possible to have an open assembly of all members with no limitations of having subscribed to the congress or not. During assembly new posts were elected for the vice chairperson, the secretary and the scientific committee. I would like to take this opportunity to take my leave as chairperson of the society, after 4 years in the post, during which workgroups have been created. I believe the future lies within them, as they are the keystone to training and research. This last year has been particularly hard due to the adverse financial conditions with the suspension/conversion of the congresses that had been planned for Malaga and Barcelona, but we have overcome this through the teamwork of the management board and scientific committee.

I would also like to thank Pilar Delgado for the 10 years she has been managing the journal "Enfermería Intensiva", throughout which she has strongly advocated its inclusion in the *Journal Citation Reports*. Susana Arias Rivera will now be taking over the post.

We wish every success and fuller projects on the new management board, led by Miriam del Barrio and hope to see everyone in Seville from 12<sup>th</sup> to 15<sup>th</sup> June 2022.

## References

1. Raurell-Torredà M, Martínez-Estalella G, Frade-Mera MJ, Carrasco Rodríguez-Rey LF, Romero de San Pío E. Reflexiones derivadas de la pandemia COVID-19. *Enferm Intensiva*. 2020;31(April-June):90-3, <http://dx.doi.org/10.1016/j.enfi.2020.03.002>. English, Spanish.
2. Torres-González JI, Arias-Rivera S, Velasco-Sanz T, Mateos DA, Planas PB, Zaragoza-García I, Raurell-Torredà M. ¿Qué ha sucedido con los cuidados durante la pandemia COVID-19? *Enferm Intensiva*. 2020;31(July-September):101-4, <http://dx.doi.org/10.1016/j.enfi.2020.07.001>. English, Spanish.
3. Cabrera E, Zabalegui A. Bologna process in European nursing education. Ten years later, lights and shadows. *Adv Nurs*. 2020;00:1-3.
4. McHugh MD, Aiken LH, Sloane DM, Windsor C, Douglas C, Yates P. Effects of nurse-to-patient ratio legislation on nurse staffing and patient mortality, readmissions, and length of stay: a prospective study in a panel of hospitals. *Lancet*. 2021;397(May (10288)):1905-13, [http://dx.doi.org/10.1016/S0140-6736\(21\)00768-6](http://dx.doi.org/10.1016/S0140-6736(21)00768-6).
5. Raurell-Torredà M, Arias-Rivera S, Martí JD, Frade-Mera MJ, Zaragoza-García I, Gallart E, Velasco-Sanz TR, San José-Arribas A, Blázquez-Martínez E, Grupo MOviPre. Grado de implementación de las estrategias preventivas del síndrome post-UCI: estudio observacional multicéntrico en España. *Enferm Intensiva*. 2019;30(April-June):59-71, <http://dx.doi.org/10.1016/j.enfi.2018.04.004>. English, Spanish.
6. Raurell-Torredà M, Arias-Rivera S, Martí JD, Frade-Mera MJ, Zaragoza-García I, Gallart E, Velasco-Sanz TR, San José-Arribas A, Blázquez-Martínez E, MOviPre group. Care and treatments related to intensive care unit-acquired muscle weakness: a cohort study. *Aust Crit Care*. 2021;(March), <http://dx.doi.org/10.1016/j.aucc.2020.12.005>. S1036-7314(20)30353-2.
7. Raurell-Torredà M, Arias-Rivera S, Martí JD, Frade-Mera MJ, Zaragoza-García I, Gallart E, Velasco-Sanz TR, San José-Arribas A, Blázquez-Martínez E, MOviPre group. Variables associated with mobility levels in critically ill patients: a cohort study. *Nurs Crit Care*. 2021;(May), <http://dx.doi.org/10.1111/nicc.12639>.
8. Raurell-Torredà M, Regaira-Martínez E, Planas-Pascual B, Ferrer-Roca R, Martí JD, Blázquez-Martínez E, Ballesteros-Reviriego G, Vinuesa-Suárez I, Zariquiey-Esteva G. Algoritmo de movilización temprana para el paciente crítico. Recomendaciones de expertos. *Enferm Intensiva*. 2021;(March), <http://dx.doi.org/10.1016/j.enfi.2020.11.001>. S1130-2399(21)00003-1. English, Spanish.

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