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# EDITORIAL

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## **Times of Crisis, Times of Opportunity**

Tiempos de crisis, tiempos de oportunidades

Tempos de crise, tempos de oportunidade

*Manuel Moreno Preciado<sup>1</sup>*

### KEYWORDS (SOURCE: DeCS)

Diversity; cultural diversity; migration; human migration; prejudice; care; health.

### PALABRAS CLAVE (FUENTE: DeCS)

Diversidad; diversidad cultural; migración; migración humana; prejuicio; cuidados; salud.

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The challenges and threats that humanity will have to face in this century are many: sustainability, demographic imbalance, biotechnology risks, and poverty, to name a few. Among these, the need for learning to live amidst difference stands out, which involves getting over the cultural hierarchy-based modern thinking that privileges the West culture. Homebound, just as millions of people around the world, I want to share a reflection on the endeavor of nurses in these times of great uncertainty.

Modernity and globalization have brought about new lifestyles and health problems: increased chronicity and dependence, stress, depression, loneliness, eating disorders, and all kinds of addictions —traditional and new ones that are not substance-related but involve compulsive behaviors—. Health perception research (1) shows that the population's principal issues nowadays have a socio-cultural etiology. For example, a major study published by *The Lancet* (2) points out that poverty shortens people's lives more than other morbidities, such as obesity, alcoholism, and hypertension. Generally, we can say that open societies have produced profound technical and socio-cultural changes in time management and space use, demographic, reproductive, and family patterns, and how we relate with "the other."

Moreover, people's demographic and mobility processes have increased cultural diversity and changes in social relationships. Open societies are more competitive and conflictive than traditional ones. This explains the growing mistrust in and fear of "the other," who is seen as a threat (3). According to the United Nations (4), the number of international migrants globally climbed to 272 million. This record means an increase of 51 million people since 2010, which represents 3.5 % of the global population. In Spain, this figure has risen to 10.67 %. Even though the media discourse sometimes conveys alarmist ideas about the migrants' health, connecting it with their country of origin, all epidemiologic studies prove that their main health problems are closely related to their living conditions. They develop "destination pathologies": mental health problems because of migratory grief; work and domestic accidents caused by precarious socio-occupational conditions; maternal and child problems because this population is young; eating disorders due to their adaptation to the new environment and deprivation, among others.

The main boundaries that hinder the relationship between nurses and immigrant patients, as far as I know, are two: prejudices and our [Spain's] sanitary model (5). Biomedicine prioritizes biological order, pushing any other perspective into the background, such as the socio-cultural factors of care. The strength of prejudices allows to reproduce social stereotypes in immigrant health care behind a *culturist speech* of "Who are they?" instead of "What is happening to them?" This scenario poses new challenges and opportunities to nurses: Is nursing ready to respond to health problems of a socio-cultural etiology? I would propose: "in the face of changes, change!"

1. Learn to live amongst diversity and neutralize new prejudices. Our societies are plagued with prejudices towards anything that, for being different, can be perceived as dangerous. Avoid turning *prejudice* into *harm*.
2. Lay the foundations of a new partnership with the patient. Society has changed and so has the patient: they have become *impatient*. This new patient profile does not settle for the passive role they were given. They are more demanding and seek more participation, which sometimes clashes with professional cultures of a marked paternalist nature: "Everything for the patient, but without the patient."
3. Delve into the ethics of care. This means learning to say, "I'm sorry, I was wrong." To err is human, everybody makes mistakes, but hiding them is malpractice. Practice humbly and without the arrogance that characterizes the scientist who looks down on others.

The coincidence of the Nursing Year, the Nursing Now campaign, and the coronavirus crisis makes me suggest that we move away from identity and corporate debates and get involved in greater social challenges.

Lastly, I share with you this quote of the prestigious philosopher and thinker Edgar Morin, which summarizes the pedagogy we need in these times: "We should learn to navigate on a sea of uncertainties, sailing in and around islands of certainty."

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