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Editorial

Latin American Nursing and Its Social and Cultural Resignification

La enfermería latinoamericana y su resignificación social y cultural

A enfermagem latino-americana e sua ressignificação social e cultural

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Introduction

In the diagnoses and guidelines related to nursing, the World Health Organization (WHO) and, particularly, the Pan American Health Organization (PAHO) have repeatedly shown deep concern about the lack of human resources in nursing worldwide and regionally. The countries' governments must take responsibility not only to avoid the collapse of health systems, supported mainly by these health workers, as noted at the beginning of the pandemic, but also to recognize their contributions to the scientific and epistemological knowledge of what nursing care means to the quality of health care and invest in their development to ensure an adequate quantity and their suitability (1, 2).

Against this backdrop, this article proposes a reflection that not only focuses on the need for social, cultural, and economic retribution but also delves into the importance of leadership and empowerment in Latin American nursing as a collective body of public action responsible for the participation in and making of health and professional talent policies. It spotlights the contribution that nursing, as a discipline based on research and theory, makes to knowledge, which relies upon the evidence of care in the health-disease processes of individuals, families, and groups.

The current situation of nursing in Latin America

Nursing in the Americas region could be said to have been significantly influenced by a syncretism between biomedical and health cultures. The epistemological and epistemic tendencies of Anglo-Saxon and North American nursing and, lately, the recognition of autochthonous care practices of original Latin American peoples' cultural heritage hidden by the logic and truth criteria of the science of knowledge society have given rise to a Latin American movement of disciplinary criticism and self-reflection that seeks to establish the inputs to nursing practice from the Latin American experience (3).

The preceding has undoubtedly been a significant breakthrough in developing investigative skills that have allowed solid academic, scientific, and disciplinary arguments to enrich the epistemology of nursing, foster greater effectiveness, efficiency, and safety when providing care, and build rigorous scientific evidence to support nursing actions (4, 5). These aspects become a fundamental input to improve recognition, professional resignification, and social representation and move towards the social acknowledgment that scientific nursing has its own identity and contributes significantly to the sector and the care of people's health. However, nursing has not been able to have a practical impact on the global problem of critical economic conditions, resulting in a growing shortage of these health workers. It is not unknown that the issue of professional identity, low status, and social and economic recognition continue

to be the most sensitive dimensions of the development of professionals in this field (6, 7).

The latest report of the PAHO indicates that 30% (8.4 million) of the total nursing personnel (including professionals, technicians, and assistants) are concentrated in the Americas, estimating a worldwide shortage of 5.9 million professionals. It can be deduced that 89% (5.3 million) of this deficit is concentrated in low- and lower-middle-income countries and that the nursing problem in Latin America is not particular but global. Added to European countries' significant demand for Latin American professionals, whose quality training becomes cheap labor for these countries in need of nurses, this problem will soon destabilize the region's health systems if not addressed as a priority (2, 5, 6).

The progress in Latin American professional development poses several challenges condensed in various aspects, some of which have already been described by the triple impact report and the WHO. Therefore, emphasis is placed on the first three items and others proposed below, which are essential to achieving this goal (8).

1. The need to invest in nursing to create economic and social stimuli that impact status and, therefore, the increase in the number and retention of professionals (8, 9)

2. The improvement of professional training and graduate recognition in work settings (8)

3. The strengthening of nursing leadership translated into managerial and leadership positions in health institutions and government decision-making bodies (8)

4. The deployment, promotion, and development of research, which have contributed robustly to the knowledge of the disciplinary subject matter: *nursing care*. The results have consolidated, from scientific evidence, the best care practices to transform the ways of seeing, understanding, taking part in, and assisting the individual and collective processes of health, disease, life, and death relevant to global and local needs. Nonetheless, they need greater social and scientific dissemination to better value this professional discipline (10, 11).

5. The need to become a collective body that devises joint strategies to take a critical look at training programs and determine the identity of Latin American nursing and that searches for local and international methods that make visible the outstanding contributions to knowledge and the improvement of people's quality of life that build our profession from research and social outreach (12, 13).

6. The need to establish an honest interprofessional, interdisciplinary, and social dialogue that favors the knowledge of what nursing

currently is and is not in order not to continue reinforcing social and interprofessional imaginaries that nursing is *monological*, speaks to itself, and remains trapped in the social representation of being health personnel supporting medicine instead of what it truly is: a discipline that sustains itself, does research, is critical, can participate in public health policy-making, and interacts with other health professionals. Nursing understands that the complex care needs of individuals, families, communities, and groups only allow for multidimensional approaches, which have turned into knowledge in its disciplinary heritage (14).

The last challenge is to reflect and accept that the poor notoriety of nursing and decision-making in the region's public health policy agenda can be transformed through various articulated strategies, as follows:

a) The nursing undergraduate and graduate training processes in which professionals are prepared for disciplinary argumentation and interaction with interdisciplinary languages require diverse reasoning supported by indicators, scientific evidence, and tangible results in a globalized world.

b) Strengthening research, both in its consumption and in decision-making, and improving clinical judgment, financial efficiency, and actual research projects on the disciplinary subject matter and development, the nursing action and its effect on care recipients, and the social dissemination of the contribution this production of knowledge makes to the health sector and people's quality of life (15).

c) The search for work settings in which one is educated about the regulations and policies already put forward by and for nursing to exercise leadership in decision-making whose effects are better conditions of recognition, labor status, and retention (16).

d) The strengthening of union, academic, ethical, and student organizations by the logic of active political engagement that impacts regulations and guidelines to create opportunities that favor the resignification of the profession.

Disciplinary argumentation and political action as transformation opportunities

Nursing is a necessary and increasingly relevant profession in the current world situation. Disciplinary and professional advances have multiple strengths and opportunities. If the need for professionals in this area is leveraged, these aspects can be capitalized within a new paradigm that redefines the role of nursing in health care sectors and models. This will only be possible if nurses, in particular,

understand the responsibility of having solid disciplinary training to propose nursing care models in institutions with autonomous settings, horizontal relationships with other professionals, and clearly defined roles. At the same time, they should account for the multidimensional impact of care to support the nursing organizations that represent them in demonstrating this impact publicly and demanding a leading (not subordinate) role in the decision-making of the health sector. The preceding involves collective organization to propose nursing talent policies, as in Colombia, their *operationalization* through strategic plans with specific resources, and the demand from the public sector for the active participation of nurses in making health and education policies related to the role and training of nursing (17, 18).

In conclusion, Latin American nursing is called to its resignification from an active role in defining the direction that health and health worker policies should take. Its strength is forming a collective body that identifies citizen and political participation settings without eliminating the particularities of each country or region and makes visible the contribution to scientific and disciplinary knowledge and its effect on improving health models.

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