

Ciencia, amor e incertidumbre ante Covid-19

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Una vez más logre entender lo que Roy argumentaba con respecto a enfermería como disciplina práctica, al incorporar un cuerpo científico de saberes para proporcionar un servicio esencial a las personas, capaz de influir de manera positiva, al existir capacidad para pensar y sentir ajustándose de manera eficaz a los cambios del entorno¹, específicamente ante los primeros casos de Covid-19 y subsiguientes, personificado como una dura prueba para la humanidad por las secuelas de infecciones, muerte súbita o situación de salud crítica con ingresos en UCI, emergencia, centro de hemodiálisis, o servicios adaptados para las circunstancias que no eran nada fáciles de comprender y asimilar y Enfermería desarrollo una función magnífica, evidenciando sus capacidades adaptativas para mejorar las interacciones con el entorno desde la valoración en triaje hasta la aplicación de un ventilador mecánico en los servicios críticos.

Abstract

Once again I was able to understand what Roy was arguing about nursing as a practical discipline, by incorporating a scientific body of knowledge to provide an essential service to people, capable of influencing in a positive way, having the ability to think and feel adjusting effectively to changes in the hospital environment¹, specifically to deal with the first cases of covid-19 and subsequent. Personified as a tough test for humanity due to infection consequences, sudden death or critical health situation with ICU admissions, emergency, hemodialysis center or services adapted to the circumstances that were not easy to understand and assimilate and, Nursing played a magnificent role demonstrating its adaptive capacities to improve interactions with the hospital environment from triage assessment to the application of a mechanical ventilator in critical services.

The nurses were there, not only in medical care, but also in teaching and research, each one in the proper role, having a vision of the person by virtue of his or her humanity¹. The first nurses with exhausting work hours, erected in strength but giving love and kindness to those they couldn't save, providing treatments, assisting with vital controls or the variety of procedures indicated for to relieve the depth of pain and suffering; as a great nurse said "to endure this martyrdom", or redirect the flow of patients and to the extent that it was possible to provide information to the family².

In a second situation, nurses did the same, because the changes that occurred made the universities close so they started teaching in a virtual way, learning with wit, using the decision on the alternative to be updated, to learn and overcome difficulties, based on study and hours of training for then to have the tranquility arising from training future leaders, servants of the good, where life, hope and comfort for others prevail.

And investigators, involved in health intelligence, in charge of tracking suspicious cases, contacts, new cases, enduring reports, requests for medical attention, home visits or discharge to then consolidate and send it, with the direct support of nurses in confinement by age or comorbidity, marking the step, comforting the desperate, giving assertive advice to cope with loneliness or despair.

At the outset, I mentioned how the adaptability of nurses who led the Covid 19 disaster, in hospital services, in rural communities or from home, enabled them to adapt to the changes; nevertheless, all of them also studied and studied with uncertainty, for Mishell¹, the circumstances the nurses were going through exceeded his ability to predict the results of Covid 19, soon witnessed how death took patients, friends, husbands, fathers, children, relatives, a condition that, instead of being reduced every day, increased.

With this emerged the perspective of life based on probability, added to the lack of existing information, the exhaustion of resources, the improvisation of services, reasoning that they themselves are the vectors of contagion³, for their family, attached to the variety of beliefs resulting from disinformation, which did not free anyone from undue social panic and xenophobia; important insights for all health professionals to ponder as we find ethical responses to the current pandemic⁴.

Uncertainty also emerged because the epidemiological characteristics of the new coronavirus and how its long-term impact will be. Therefore, the occupational risks in which health professionals and nurses are involved have sometimes been exacerbated, due to the level of infectivity of the virus, in addition to its consequences for the physical and mental health of society as a whole⁵. Followed by fear, testing nurses' resilience to present adversity, resilience that led nurses still struggling to give their best, why not say it? even life itself, being endowed with greatness in the soul, heart and hands that put into action their executive powers to care in the midst of a world catastrophe that transformed them into remarkable models in a war full of inequalities, in which we are obliged to investigate not only because of its consequences, but also because of all the mistakes that could have been avoided in order to protect and give security to the most vulnerable.

Keywords: Science, love, uncertainty, COVID-19

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