

EDITORIAL

The progress of nursing towards personal fulfilment

Herbert Spencer, a British evolutionist, published in 1857 his study "Progress: Its law and cause¹", with which he presented before the scientific and humanistic community his vision on evolution. For Spencer, progress consisted in a change from the incoherent homogeneous to the coherent heterogeneous.

When we try to analyze the future of healthcare within our society, we observe a continuing evolution of scientific knowledge, technical means, the health system, epidemiological schemes, the population pyramid and the needs derived from such population towards the National Health System. This entails the creation of a new and complex care model, with the establishment of institutional, professional, legal, political and organization relationships; and which has also faced efficiently and safely the needs demanded by citizens. Within this model, nursing has been acquiring a relatively major role compared to other health care professions.

Within health care, I have to recognize that few professions or occupations have experienced in such a short time, such a real and deep evolution as Spanish nursing. In about over half a century, nursing has changed from standing apart of University training to being engrossed in a range of functions and competences, and finally leading an updated, firm and consolidated health care panorama, where nurses can take doctoral studies or even prescribe medicines.

Nevertheless we must remember what the main changes responsible of enhancing the Spanish nursing throughout the last decades and releasing it from its confinement have been.

- **University Training and Nursing Research.** In accordance with the Act 2128/1977 of 23rd June², Healthcare Assistant (HCA) studies become integrated in University, therefore creating the University Diploma in Nursing, and therefore acquiring the research competences. Nursing Research in Spain is very recent and its development took place not only since its incorporation to University but also because of the adoption of the General Health Act³ in 1986.

- **Bachelor in Nursing and Doctoral Studies.** The Bologna Declaration in 1999 set out the structure of a common European space for higher education for all EU countries. This sets out three training cycles which entail three university qualification levels (Bachelor, Master's Degree and Doctorate). Within this project, Nursing increases its curricular requirements (240 ECTS credits) and the possibility of acquiring the ultimate academic qualification, obtaining the title of Doctor in Nursing.
- **Nursing Specialties.** The General Act 450/2005 of 22nd April⁴ closes down prior acts with regard to nursing specialties (General Act 992/1987)⁵ and creates seven nursing specialties, three of which currently receive budgetary allocation for official annual calls for posts (Nurse Residency Program). This Act also establishes how to access the title of nursing specialist for each of the possibilities.
- **Professional Career.** This has traditionally been one of the claims of health care professionals in general and specifically of nurses. Within the Act 16/2003 of 28 May on Cohesion and Quality in the National Health System⁶, and the Act 44/2003 of 21 November, on the Regulation of health care professions⁷, the professional career is conceived as the right of professionals to progress individually, as an acknowledgment to their professional development with regard to knowledge, experience in health care tasks, research and compliance of the objectives of the organization in which they provide their services. The professional career is therefore conceived as a professional motivation measure in search of professional excellence and satisfaction. Currently, the nursing professional career counts with 4 levels, which are economic and professional recognition.
- **Nursing Order (pharmacological prescription).** Since the adoption, in July 2006, of the Act on Guarantees and rational use of medicines and health products (commonly known as

the Act on Medicines), the nursing profession is daily committing thousands of illegal acts. Nursing prescription, through the Nurse Order, tries to provide legal guarantees to the daily activity developed by nurses, who continuously take decisions with regard to pharmacological treatments of users. Unfortunately, only the autonomous community of Andalucía has enacted in favor of the Nurse Order (Ruling 307/2009 of 21st July 2009 adopted by the Governing Council of the Junta de Andalucía⁸), looking forward to other regional health departments to shortly join this proposal.

After considering the aforementioned advances, we could initially say that this structural frame promotes a satisfactory working environment for the more than 220,000 nurses in our country. Nevertheless, the miscellaneous panorama of Spanish nursing; with specialist and general nurses; nurses of the national state health system and in agreement with the NHS network, nurses from the private sector, nurses of ministries (army health, exterior health, prison health, etc.); makes us face a very different reality.

Currently, we ascertain an unequal integration of such progress within the profession, something which creates a nursing professional asymmetry all throughout the national territory, in accordance with the administration and autonomous community where they work, or what it is to say, inequity in the nursing status. For example, while a nurse within Primary Care from a health district in Andalucía, already counts with a title of specialist nurse, his/her professional career is recognized, combines his/her continuing formation and health care tasks, and can issue a nurse order for the acquisition of pharmacological products, etc.; a few meters away, within a prison, nurses still count with the same professional catalogue as decades ago.

As we can see, there is no need of turning to Spencer's principles, nor re-reading *Progress: Its law and cause*, to identify which nursing professionals have evolved or which have achieved higher levels of satisfaction.

As far as satisfaction is concerned, it is defined in the dictionary as "the quality or state of being satisfied"², "reason, action or mode of the fulfillment of a need or want", "convinced assurance or certainty". If we apply this concept to professional or job satisfaction the National Institute of Working Safety and Hygiene defines it as a pleasurable emotional state resulting from the appraisal of one's job. (Locke, 1976)⁹.

Professional satisfaction is the first indicator of the quality of working life, and all the definitions that authors may have suggested from different theoretical approaches, reveal the assortment of variables that can have an effect on professional satisfaction: factors related to the structure of the work market, the circumstances and features of the job itself and personal conditions of the worker will shape the affective response towards different features of the job.

With this issue from the Spanish Journal on Prison Health, nursing has considered all this uncertainty initially through this Editorial, and later inside we can read an excellent nursing research paper, where professional satisfaction among nurses in several Spanish prisons is explored.

On account of all the nurses who still believe in research, nursing leads the uprising and unwavering path towards professional excellence. Now, as much as before, we need skilled professional to research and talented communicators to make public their achievements to the rest of the nursing community. Research has been crucial in the attainment of a body of knowledge based on scientific findings, one of the milestones of any profession and essential to promote the commitment and responsibility with the society.

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