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Health for all

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*Global Health Security: A Complex and Challenging Issue*

***The complex professional reality of the women on whom the health services of 8,000 million people around the world depend***

## **The engine of healthcare: nurses 24x7x365**

By Teresa Rosario Velasco

*In nursing we work 24 hours, 7 days a week, 365 days a year'. Begoña Seguí, a nurse by profession, development worker and manager at medicusmundi by vocation, gives us an x-ray of the sector in which there is a very high degree of labour insertion and also a very high deficit of professionals, as it is estimated by the WHO that by 2035 it will reach 10 million.*



*Begoña Seguí, a nurse by profession and volunteer by vocation (and now manager) of medicusmundi Spain, with extensive experience in Mozambique. Photo: © medicus mundi Spain*

Nursing is considered to be the driving force behind healthcare, as these professionals are involved in all the healthcare processes of any health system in the world. In this sector, women occupy 80% of nursing positions, which means that they guide the health services of 8 billion people in the world, and are probably the largest female workforce. However, it is questionable whether leadership positions are allocated proportionally. According to Women in Global Health, men represent less than 30% of the health workforce, but occupy 75% of management positions.

For Begoña Seguí, it depends on the location: 'You find more and more female directors of nursing. In my health department, there have been no male nursing directors for about 10 years. And as far as the supervision of units or coordination of Health Centres is concerned, we could say that the 80% mentioned by the Office for the Coordination of Humanitarian Affairs (OCHA, 2023) is fulfilled. It is true that the management of departments is still vetoed, as denounced by the Nursing Associations'.

## ***The deficit in the Spanish health system***

In Spain there are 316,094 registered nursing professionals according to Spanish National Institute of Employment data up to the year 2019. Of these professionals, 84.2%, 266,020, are women and there is still a historical deficit in the sector in the health system. If we compare with the European average of 8.3/1000 inhabitants, in Spain we have 6.5/1000 inhabitants according to the OECD. Begoña explains: 'The care needs of the population are changing, increasing over the years. And as life expectancy increases, the chronicity of many pathological processes increases, as well as the needs of health systems: there is a larger population with 'illness' that needs to be monitored and cared for. It has always been known that the Spanish health system has a structural deficit of nurses, despite the fact that in recent years attempts have been made to improve this situation. On the other hand, the shortage of doctors and the high level of training of Spanish nurses (based on university education) is causing some functions (especially those related to care and chronicity) to be delegated to the nursing sector in order to free up doctors.

The paradox is that it was only when there was a shortage of doctors that people began to think that nurses could take on certain functions and give them greater autonomy'. Added to this reality was another: emigration to countries where they earned higher salaries or had more possibilities of prosperity. But a recent study by the researcher Paola Galbany (2024) points out, that there is also an abandonment of the profession due to job insecurity and the high temporary nature of contracts.

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*Between 2018-2021, the Young Historians Project (YHP) engaged in a pioneering research project to recover the hidden history of African women who worked in Britain's healthcare sector during the 20th century. Photo: Dunk/flickr.com; CC BY 2.0 Deed*

It would also be necessary to undertake a study on the needs of the nursing sector at national level, given that the last study was carried out by the then minister Trinidad Jiménez in 2010. As well as a review of nursing specialities, given all the advances in scientific knowledge, technical resources and even the changes in the national health system itself and the needs of the population over the last 50 years. Begoña Seguí explains that the Royal Decree regulating nursing specialities dates back to 2005, and only the Obstetrics and Mental Health specialities were developed prior to this date: “But with very different characteristics. In Obstetrics there has always been a wide offer, and there was a professional category of ‘midwife that facilitated the labour insertion and recognition of these professionals’.

Unlike mental health, where there were very few specific jobs available as a speciality, which meant that many specialist mental health nurses worked as generalists. It is only in the last few years that jobs requiring the speciality have been created. As for the development of the other specialities (apart from those mentioned above: geriatric, occupational, medical-surgical, community and paediatric care), they are carried out by means of the EIR exam, although the number of places is still quite limited.

My opinion is that the 2005 decree was born with some shortcomings, as the macro speciality Medical-Surgical Care covers operating theatre, dialysis, emergencies, intensive care, each of which can be a speciality in itself. Intensive care was particularly evident during the pandemic, when the intensive care units (ICU) were collapsed and there were not enough staff with sufficient knowledge to be able to reinforce them. It was made possible by the overexertion of the professionals in these units, treating patients and training colleagues at the same time”.

With regard to the possibility of prescribing medicines, progress is gradually being made in increasing the list of medicines and medical devices dispensed by nurses (regulated in Spain by Royal Decree 1302/2018). As recently in April, medicines for smoking cessation and local anaesthetics have been included. And last January, ibuprofen and paracetamol. At the moment, the fact that nurses prescribe certain medicines is linked to the unblocking of lists, and efficiency in the system to facilitate access to medication distribution.

Another battle is digitalisation in the sector. ‘My team and I have been implementing digitalisation for a long time. In most cases it makes our work easier and is necessary, but we need to spend time training professionals in these new digital techniques. Now I notice that many professionals resist change because they are not attracted by the technology. In my case, I find it necessary to optimise my work focused on care management as coordinator of care quality and patient safety. At the care level, the computerised medical record allows us to have a lot of patient information in real time. Artificial Intelligence (AI)-based technology is also being introduced, as well as applications for monitoring certain patients.

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When asked to compare the realities of North and South, she is quick to say that ‘they are incomparable’, because we start from countries with a very different development index, and the economic realities are very different. ‘On the other hand, if we go to the human side, patients are the same here and there, and they want the same things: they want to feel better and not to feel sick, they want to be cared for by qualified professionals, they want an accessible and equitable health system. And for health professionals, they also have the same aspirations: to have a recognised job, to improve their training to improve the care provided to their community, and to have a living wage.’

**medicmundi Spain** calls for addressing the gaps and needs, and celebrates the vocation of nurses in both the North and the South. Because we all aspire to the same thing, to have health and to be able to keep it.

## References

- Office for the Coordination of Humanitarian Affairs (OCHA).  
<https://reliefweb.int/report/world/la-situacion-de...>
- Paola Galbani 2024: Shortage of nurses in Spain: from the global case to the particular situation, included in the Spanish Society of Public Health and Health Administration.  
<https://gacetasanitaria.org/es-escasez-enfermeras-...>



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