

Critical Care in Argentina



Laura Alberto RN; Licentiate in Nursing, Respiratory Care Nurse, Nurse Educational Coordinator, Austral University Hospital and Teacher, Nursing School, Austral University; ❖ **María del Carmen Martínez, RN,** Licentiate in Nursing, Specialist in Management of Health Service Quality, Nursing Quality and Patient Safety Coordinator, Austral University Hospital and Assistant Professor of Nursing School, Undergraduate Program, Austral University; ❖ **Adriana Victoria Camio, RN,** Licentiate in Nursing, Master in Health System and Service Management, Critical Care Nurse, María Curí Oncology Hospital GCBA and Teacher, Nursing School, Buenos Aires University.

E-mail: lalberto@cas.austral.edu.ar

The Argentine Republic stretches along an extensive area, which makes it the seventh largest country in the world. Its total land area is almost 2.8 million square kilometers. The Argentine territory consists of 23 provinces, the Federal District - Autonomous City of Buenos Aires, and the South Atlantic Islands. Almost 90% of the population (36,260,130 inhabitants) lives in urban areas and over 30%, in the Great Buenos Aires. The population is unevenly distributed: whereas some vast areas are almost uninhabited, the Federal District has 13,679 people/km² (National Institute of Statistics and Censuses, 2001).

The Argentine health system involves three clearly defined sub-systems. The private sub-system aims its services at the higher-income segment that obtains services directly and voluntarily in the market, financed by private spending. The social security sub-system, whose beneficiaries include the middle-income segment integrated to the formal labor market, is financed by social contributions to the Obras Sociales (group insurance schemes based on the occupation of their beneficiaries). The third category is the public sub-system, available for all, which assists low-income sectors and is financed through taxation or fiscal resources administered by the government.

Of the total population, 51.94% has health coverage, from which may be implied that the public sector is currently assisting about 50% of the country population, including those who have no health coverage and those who resort to public care by choice. There are over 17,000 assistance institutions, 3.11% of which provide in-patient services (153,065 available beds), most of which are distributed in the provinces of Buenos Aires (48%), Córdoba (11.5%), Santa Fe (7.2%), Entre Ríos (4.4%), Tucumán (3%) and Mendoza (2.7%). In the sectors with in-patient services there are critical care units, with a comprehensive range of resources and complexity (Health Statistics and Data Agency, 2003). This diversity is likewise reflected in the accessibility to technology. High-risk patients are referred from different parts of the country to institutions of higher complexity.

Argentina has one physician per 350 inhabitants, which is deemed satisfactory, but they are concentrated in the urban districts, and there are some areas with insufficient coverage or no coverage whatsoever. The number of nursing staff is far from being

ideal. There are about 85,000 nurses, of whom 29.4% are professionally qualified, 1.17% have a licensure in nursing (Registered Nurses) and 69.3% are nursing assistants (auxiliares) or staff without education (Heredia, 2000).

The specialisation of nurses in critical care is in its beginnings and lacks the required formal framework in universities. Those with a graduate course can access multi-disciplinary programs in education and management, and scientific activities developed in the urban areas. Most professional nurses are absorbed by the critical care units of the urban areas, with polar opposite situations dependent on the scenario: capital district or provinces, public or private sector. The Argentinian Nurse Practice Act states that complex patient care is within the competence of the professional nurse, but this differs from reality since there are institutions where patients are managed by nursing assistants or staff without education. Critical care nurses lack their own scientific society. At present they participate in disciplinary or multi-disciplinary societies on an irregular and fragmented basis, and without a voice in decision-making.

There are obstacles to providing optimal care. However, progress in scientific activities, publications, an increase in graduate courses, the enactment of the Nurse Practice Act and nursing participation in the government sector are indicative of the developments made in nursing over the last decade. Development in critical care nursing still requires a formal framework for the specialisation, development of a scientific society and strengthening of bonds with other Latin American colleagues. This context calls for a greater number of nurses in the country and, at the same time, a critical care nursing workforce to effectively meet current needs.

References

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