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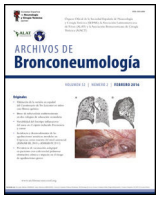

Editorial

Respiratory Nursing: Soul, Brain, and Heart of Intermediate Respiratory Care Units

Intermediate respiratory care units have experienced a huge growth and have proved to be vital throughout the last few years, mainly because of the COVID-19 pandemic[1-6].

Their own definition makes their goal clear: *CARE*.

Nursing is the science dealing with care. Nurses have taken a step forward and a leading role which needed to be taken. Moreover, they have shown their undeniable competence in this area.

Even if respiratory nursing is not officially a recognised specific area of nursing training, health professionals and the whole society have largely acknowledged its achievement in respiratory patients' care. These patients, specifically the ones in intermediate respiratory care units (IRCUs), tend to need complex support and assistance.

Not only have these units have proved their effectiveness, but they have also shown how they are essential as well, since they avoid hospital admissions in more complex units (such as the ICU), and consequently stop the healthcare system from collapsing. Furthermore, they provide better quality nursing to patients in need of that highly complex respiratory care[2,3,5,6].

The documents published up to this date have described IRCU as units having pulmonologists who are skilled in Non-Invasive Respiratory Support (NIRS)[6]. Throughout the COVID-19 pandemic healthcare systems collapse, centres have not always been able to adjust to said criteria. Nevertheless, respiratory nurses have stepped forward dealing with semi critical patients and have managed units counting with no pneumologists on call, led by nurses with the only assistance of intensive care specialists or other doctors on call. We have become the key in the management of patients needing complex care.

Huge efforts in training have been necessary to get that goal: management of non-invasive mechanical ventilation devices (NIV), high-flow oxygen therapy (HFOT), monitoring, respiratory monitoring, capnography, use of different disposable materials for those specific devices, etc. Furthermore, some situations required us to adjust equipment originally created for different purposes, due to the lack of the right equipment or the excessive demand on them.

We, respiratory nurses, have been in the whole process: we have worked side by side with our Faculty Area Specialists (FEA), with the Nursing Auxiliary Care Technicians (TCAE), with Physiotherapists, Porters, Cleaners... We have created teams that will be unforgettable for everyone there and have needed to perform this role. Nurses have been the link between all those professionals, and between them and their patients. We are the ones taking care of the patients at the bedside, interacting with their family and friends, educating them about their illness and looking for an answer to their needs, establishing protocols to enable a safe monitoring of infectious patients, and means of communication when things have gotten complicated in a way we could never imagine...

Empathy is our hallmark: the way we can put ourselves in someone else's shoes and look for solutions and ways to improve the situation of someone who is having a hard time. Nursing is not only the science in charge of care, but also the science of empathy, which has been clearly shown in these ICRUs.

Consequently, I can proudly say, loud and clear, that *nurses are the soul, brain and heart of the IRCUs*.

I am proud of being part of one of these teams. Moreover, a team which has been a role model in our community due to its unusual performance and resilience. A team that has assisted patients and families well, that every day has taken care of the members of this small great family which we have created and whose bonds exceed largely the ones which usually connect coworkers.

Besides work centres, despite the isolation, mobility problems and all the difficulties the lockdown involved, we have boosted working groups and developed projects and documents. General population and healthcare professionals were targeted there: in this context of such a contagious and complex respiratory disease, how could we make assistance and life safer for everyone? SEPAR, this Nursing family, is an example of generosity and effort which is worldwide acknowledged today.

Therefore, ICRUs cannot be conceived without nurses who are:

The soul: they breathe life into it, bring teams together, and lead patient care.
The heart: they take care of patients, their families, but also of each other and the rest of the team.
The brain: they manage teams, care, supplies, work shifts, the need for consumables, and implement new procedures to improve patient care and quality of life. They also establish secure circuits and procedures...

Finally, I must credit our coworkers in these teams, with helping and supporting us: nursing assistants, our eyes, and hands. The pneumologists, since they have boosted our confidence even before we became aware of our potential. They have helped us with training. We have been supported and assisted when it was necessary to make decisions for the well-being of the patient, even beyond our usual scope of expertise, or at least beyond the responsibilities that we had traditionally taken on within our expertise.

I cannot help but be grateful for being a part of this team of engaged professionals which have always been at the bedside sympathetically looking after us and after our people.

Thank you, respiratory nurses.

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Conflict of Interests

The author states that they have no conflict of interests.

Appendix A. Supplementary data

Supplementary data associated with this article can be found, in the online version, at doi:10.1016/j.arbres.2023.07.022.

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