

Changes in military nursing in relation to transformations in civilian nursing

Evolución de la enfermería militar y su relación con la civil

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The changes that have occurred in civilian nursing in Spain over the past 50 years have had a profound influence on the evolution of its younger sister, military nursing.

There is handwritten evidence of a Military Health Service as early as the 18th century, constituted by the Corps of Military Surgeons (1704), which already included surgical practitioners—who can be regarded as the precursors of today's military nurses.¹

The first Regulation of the Military Health Corps (September 7th, 1846) established the organization and functions of the service, including the duties of surgical practitioners. Among their tasks were the immediate care and assistance of those wounded in battle (art. 441) and the transfer by ambulance of recovering patients to field hospitals, carried out alongside the physician (art. 443). It would not be until 1945 that the Ministry of the Army created the Auxiliary Corps of Military Health Practitioners.

In the 1970s, civilian nursing underwent a transformative change with the creation of university nursing schools. However, this transformation represented a setback for military nursing, since the reform applied to civilian nursing education was not extended to the Armed Forces. The Law Regulating Military Personnel (Law 17/1989) created the Military Health Corps, integrating all existing specialties within the Armed Forces (physicians, pharmacists, veterinarians, dentists, psychologists, and registered nurses [RN]). While those with university degrees equivalent to a B.Sc were added into a higher rank, RN were placed in a mid-level rank due to their diploma-level qualification.²

The Regulation of Corps, Ranks, and Fundamental Specialties, enacted by Royal Decree 288/1997, marked a significant step forward for military nursing.³ It granted more dynamic and advanced professional competencies than those of civilian nurses at the time. Furthermore, it represented a qualitative leap in military hierarchy—graduates entering as Second Lieutenants could be promoted up to Lieutenant Colonel, and salary scales were

aligned with those of other military officers (moving from pay group A2 to A1 at the rank of Lieutenant). This represented a significant improvement over civilian nursing conditions.

Three decades later, in 2010, the implementation of the Bologna Plan within the European Higher Education Area (EHEA) transformed nursing education from a diploma to a bachelor's degree. This reform opened access to higher academic levels—master's and doctoral studies—fostering intellectual advancement, disciplinary and interdisciplinary development, scientific specialization, research, and advanced professional training.⁴

The Law on the Regulation of Health Professions (LOPS) recognizes nurses as responsible for providing care aimed at health promotion, maintenance, and recovery, as well as disease and disability prevention. It defines 3 areas of professional development:

- Continuing education, through accredited diplomas and postgraduate certificates.
- Academic development, through universities offering master's and doctoral programs.
- Specialized training, through the Spanish National Health System's internship and residency model.⁵

Thus, 2 professional nursing categories are defined:

- The general care nurse.
- The specialist nurse (EE).

The nursing specialties recognized under Royal Decree 450/2005 are Obstetric-Gynecologic Nursing (Midwifery), Mental Health Nursing, Occupational Health Nursing, Geriatric Nursing, Medical-Surgical Nursing, Family and Community Nursing, and Pediatric Nursing.⁶ However, in military health, these specialties are not officially recognized. Therefore, even though some military nurses hold one or more of these seven civilian specialties, they cannot practice as such within the military system.

An important milestone in the development of civil emergency nursing was Decree 836/2012, which established the structure and staffing requirements for road ambulance ser-

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vices. It defined advanced life support (ALS) ambulances as those staffed by a technician and a nurse. Although the decree excluded “official medical transport conducted by the Armed Forces,” it specified that these services should adhere to the same principles “as far as their particular circumstances allow”.⁷

Several studies have shown that defining an educational profile for nurse deployment has been associated with a higher survival rate among casualties in operational areas who previously would not have survived.⁸⁻¹¹ As military nursing had long lagged behind its civilian counterpart, operational health care needs drove the creation of 2 new specialties—highly relevant in civilian contexts as well. These needs arose mainly in overseas military operations under high-risk and isolated conditions, and domestically in SAR helicopters or Navy vessels staffed only by nurses. Thus, in 2016, the Medical-Surgical Nursing in Operations (EMQ-OP) specialty was created,¹² followed 3 years later by the Emergency and Urgent Care Nursing in Operations (EUE-OP) specialty.¹³ Both have regulated training curricula, similar to the EIR system (Spanish nursing residency). These additional specialties equip military nurse officers with spe-

cific competencies and skills to act either in critical care and surgery (EMQ-OP) or in emergency and urgent care (EUE-OP). The latter is aligned with the Emergency and Urgent Care Medicine in Operations specialty, established a few years earlier by the 2016 order.⁷

Finally, a new role has emerged within military nursing: the volunteer reservist nurse. Law 39/2007, on the military career, defines this figure within the Armed Forces. As part of the Common Corps, reservist nurses can serve in the Army, the Air and Space Force, or the Navy, facilitating interaction between civilian and military nursing, both individually and professionally.¹⁴

The nursing profession in Spain should, therefore, draw on the strengths of both its branches—civilian and military—in terms of professional recognition, clinical and care competencies, management experience, and specialization.

Despite certain differences between the 2, they remain one and the same profession, sharing the same ultimate goal: patient care—differing only in the setting where the military nurse practices.

Let us move on together.

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