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Dispensing Individualized Nursing Care in Primary Care: A Critical Need for Quality

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Letter to the Editor

Primary Health Care (PHC) stands as the fundamental pillar of the Cuban health system, with family medicine being its main strategy. Within this framework, Comprehensive Health Coverage (Dispensarización) emerges as an essential tool for organizing the work of the basic health team, enabling planned, continuous, and dynamic intervention on the health status of individuals, families, and the community [1]. This process, which is clinical, epidemiological, and social in nature, finds a leading role for the nursing professional, whose work in health promotion, prevention, and care management is irreplaceable [2]. However, after more than two decades of professional experience in nursing service management within the province of Sancti Spíritus, a critical gap has been observed between the theoretical potential of dispensarization and its practical application, specifically regarding the standardization of individualized nursing care. Evidence suggests insufficient mastery of this process among nursing professionals, which limits the quality of care and, consequently, the health status of the population. The authors' objective is to reflect on this problem, substantiate the need for a tailored model for our reality, and outline the expected benefits of its implementation.

Dispensarización: Beyond a Simple Registry

In the Cuban Primary Health Care level, dispensarization, along with the Comprehensive Health Situation Analysis, are fundamental tools for the daily work of professionals dedicated to family medicine. It is an organized, continuous, and dynamic process that allows for the planned evaluation and intervention on the health situation of individuals and families, always with a comprehensive clinical, epidemiological, and social approach [3]. In this context, nursing personnel play a primary role, which is not limited to health promotion and disease prevention, but also includes the management of individualized care. Dispensarization should not be conceived as a mere exercise of stratifying the population into risk groups. It is, on the contrary, a complex process comprising interrelated phases: registration, evaluation, intervention, and follow-up [1]. It is in the intervention phase that nursing practice reaches its highest expression, through the execution of personalized educational and therapeutic actions. International literature supports that patient-centered care models, where care is individualized, are directly correlated with greater treatment adherence, improved user satisfaction, and ultimately, better health outcomes [4,5]. The Family Doctor and Nurse Program in Cuba provides the structure for this process but lacks concrete instruments that operationalize the concept of "individualized care" in the daily practice of nursing. Variability

in clinical practice among professionals is, therefore, a direct consequence of this lack of standardization.

The Evidence Gap: The Imperative Need for a Contextualized Model

An analysis of the available literature reveals a significant scarcity of research and publications specifically addressing the design and validation of models for dispensarization of individualized nursing care within the context of Cuban PHC. While numerous studies exist on the nursing process (NP) in general, few explicitly and methodologically integrate it within the workflow of dispensarization[6]. This lack of contextualized scientific evidence translates into insufficient ownership of the process by nursing professionals. The problematic situation identified during supervision of various primary health care institutions is clear: there is limited mastery of dispensarization with a focus on individualized care, which restricts the system's capacity to provide a quality, efficient, and personalized response to the health needs of the population. This limitation does not stem from a failure of the professional but is a consequence of the lack of a tool adapted to their work reality.

Towards a Solution: Proposal for a Model Based on Nola Pender's Theory

The phases of dispensarization—registration, evaluation, intervention, and follow-up—offer an ideal framework for tailoring care to the specific needs of each patient. However, the lack of standardization and contextualized models hinders its effective application. Faced with this challenge, we propose the design of a model for the dispensarization of individualized nursing care, contextualized for PHC in the province of Sancti Spíritus. The novelty of this proposal lies in its theoretical foundation in Nola Pender's Health Promotion Model [7].

The choice of this theoretical framework is not arbitrary. Pender's model focuses on the factors that motivate individuals to engage in behaviors that improve their health, considering their individual characteristics and prior experiences [7]. This aligns perfectly with the goal of dispensarization: to actively influence health status through education and care management. By integrating this model, the dispensarization process is endowed with a theoretical-practical foundation that goes beyond the biomedical, incorporating cognitive, perceptual, and psychosocial dimensions that are crucial for the success of any health intervention. It is imperative that nursing research focuses on developing practical tools to facilitate this process. The proposal of a model for the dispensarization of individualized care, adapted to the particularities of PHC in provinces like Sancti Spíritus, represents a necessary advance to reduce variability in care and improve health outcomes.

Structuring this model would contribute to:

- **Reduce variability in practice**: By standardizing evidence-based processes.
- **Promote efficient care**: By optimizing professional time and resources.
- **Improve health outcomes**: By ensuring continuous and coordinated follow-up, personalized for each patient and family.
- **Enrich Cuban Nursing Science**: By providing a concrete tool that links theory with clinical practice.

Conclusion

Dispensarization has the potential to be the backbone of high-quality nursing care in PHC. However, to unlock this full potential, it is imperative to move from theory to practice through the development of concrete and applicable models. The proposal of a model based on Nola Pender's Health Promotion Model represents a necessary step to address the identified gap. It is pertinent to call upon the scientific community and the governing health institutions to reflect on this issue and to collaborate in building strategies that strengthen the quality of nursing care at the first level of care, and to prioritize research in this area. Strengthening the capabilities of nursing professionals with validated and contextualized tools is not merely an academic need; it is an ethical imperative to guarantee the population's right to comprehensive, personalized, and quality healthcare.

Conflicts of Interest

The authors declare no conflicts of interest.

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