

COVID-19 PANDEMIC: ANYTHING NEW IN THE NURSE'S WORK?

PANDEMIA DA COVID-19: ALGO DE NOVO NO TRABALHO DA ENFERMEIRA?

PANDEMIA DE COVID-19: ¿ALGO NUEVO EN EL TRABAJO DE LA ENFERMERA?

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Objective: to reflect on nurses' work today, 2020, whose record in history will be marked by the Covid-19 pandemic. **Method:** theoretical-philosophical reflection. **Results:** Covid-19 exposes to Brazilian society the multiple challenges of the nurse's work. Suffering at work, if present before the pandemic, is now intensified by the uniqueness of the new context, in the presence of the unknown, threatening, invisible agent that can be mortal. The pandemic of the new coronavirus demonstrates that the challenges for the nurse's work to be valued socially and economically are greater than previously thought. **Conclusion:** the work history and context in the pandemic demonstrate that the solidarity between the "work-dependent class" might be the indispensable amalgam for coping with Covid-19 and the dismantling of the rights of those who work.

Descriptors: Work. Nursing. Covid-19.

Objetivo: refletir sobre o trabalho da enfermeira e do enfermeiro hoje, ano 2020, cujo registro na história será marcado pela pandemia da Covid-19. Método: reflexão teórico-filosófica. Resultados: a Covid-19 expõe para a sociedade brasileira os múltiplos desafios do trabalho da(o) enfermeira(o). O sofrimento no trabalho, se existente antes da pandemia, agora é potencializado pela singularidade do novo contexto, na presença do agente desconhecido, invisível, que ameaça e pode ser mortal. A pandemia do novo coronavírus demonstra que os desafios para que o trabalho da enfermeira(o) seja valorizado social e economicamente são maiores do que se imaginava. Conclusão: a história e o contexto do trabalho na pandemia demonstra que é a solidariedade entre a "classe-que-vive-do-trabalho" que pode ser o amálgama imprescindível para o enfrentamento da Covid-19 e do desmonte dos direitos daquelas(es) que trabalham.

Descriptores: Trabajo. Enfermedad. Covid-19.

Objetivo: reflexionar sobre el trabajo de las enfermeras hoy, 2020, cuyo historial estará marcado por la pandemia Covid-19. Método: reflexión teórico-filosófica. Resultados: Covid-19 expone a la sociedad brasileña los múltiples desafíos del trabajo de la enfermera. El sufrimiento en el trabajo, si presente antes de la pandemia, se ve ahora

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realizado por la singularidad del nuevo contexto, en presencia del agente desconocido e invisible que amenaza y puede ser mortal. La pandemia del nuevo coronavirus demuestra que los desafíos para que el trabajo de la enfermera sea valorado social y económicamente son mayores de lo que se pensaba anteriormente. Conclusión: la historia y el contexto del trabajo en la pandemia demuestran que es la solidaridad entre la "clase-que-vive-del-trabajo" la que puede ser la amalgama indispensable para el enfrentamiento de la Covid-19 y el desmantelamiento de los derechos de quienes trabajan.

Descriptores: Trabajo. Enfermería. Covid-19.

Introduction

Work context and nurses' work

The years 2018 and 2019 are inscribed prominently in the Brazilian history, as they should be remembered as the years in which work devastation deepens. This present time can be described in the following words: "In the 21st century, more than ever, billions of men and women depend exclusively on work to survive and increasingly encounter uncertain, precarious situations, or directly experience the scourge of unemployment [...]"^(1;25).

Even in the health field, where a work recognized as indispensable in contemporary society is produced, there are no signs of attempt to preserve workers, combat the dismantling of labor rights or the precarious nature of work.

If, in so-called "normal" times, the nurse's work is analyzed as precarious⁽²⁾, focusing on the workers the intensity of work and the requirement to perform multitasks to meet the managerial and care demands concomitantly, with an exhausting and exhaustive work rhythm, non-payment of managerial work, subsumed by the ideology of the "nurse-medical-assistant-at-the-sick's-bedside", this context worsens in an atypical period such as the pandemic by the new coronavirus, because it evidences precariousness, prevents work or exposes workers to risks.

A challenge, among the many theoretical challenges to understand nurses' work, is not placed in the theoretical field and in practice; their objects, in managerial and care work, are always the totality of the body, never a part of it, as it is in medical work.

A second challenge is to discuss the work for those who, as the nurse, have two work objects: sick and healthy bodies and their socially constructed needs⁽³⁾, whether service users and community members; and the bodies of other nursing workers, whose work is coordinated by the nurse.

One should also be considered the challenge of building new ideologies in the field of nursing work, ideologies that represent real work and not the imagined or desired, as the work of the nurse-entrepreneur. To face this challenge, we cannot disregard the social division of labor and the fact that nursing work has been predominantly waged since its genesis, the restructuring of service work in contemporary capitalism, the hegemonic healthcare model, gender relations and the position of women in capitalist society and in Brazilian capitalist society.

One may ask what differences mark the nurse's work today, year 2020, whose record in history will be marked by the Covid-19 pandemic.

In addition to the pandemic, the year 2020 is also marked for the nursing field as an International Year, in which the bicentenary of Florence Nightingale is celebrated, considered the forerunner in the formation of the modern nurse.

Upon celebrating the legacy of Florence Nightingale, a celebration permeated by the ideology of the "nurse-woman-devoted" and not of the "nurse-woman-worker", one can refer to another challenge, which demands the constitution of a proper domain of knowledge,

whose reference is not, in the 21st century, Florence Nightingale.

This commemorative year was preceded by the campaign called Nursing Now, supported by different institutions, organizations and entities. The name of the campaign, which reaffirms the existence of the nursing field, confirms, once again, the worldwide invisibility of a work performed mainly by women, by employed women, by exploited women. And in the Brazilian case, by women who recognize themselves as black and brown⁽⁴⁾.

Thus, our goal is to reflect on the work of nurses today, year 2020, whose record in history will be marked by the Covid-19 pandemic.

Results

The results of the proposed reflection are presented considering two main focuses: the characteristics of the nurses' work during the initial phase of the Covid-19 pandemic and the aspects of the workers' suffering.

The nurse's work in the Covid-19 pandemic

The Covid-19 pandemic exposes to Brazilian society the multiple challenges of the nurse's work. If, in the previous world, as we knew, there are no more labor rights, if the nurses, together with nursing assistants and technicians, have never been able to approve work day and wage floor, what sustains the desire that, during or after the pandemic, the prospects will be different?

In countries like Brazil, "[...] with less sovereign and economic capacity, the pandemic multiplies difficulties exponentially"^(5:174), with neoliberal forms, including in the work world, increasingly demoralized but not yet dead.

And the author seems to be right. Recent events indicate that the pandemic should not even be considered in employments in Brazil.

Considering the illness by Covid-19 as a non-occupational disease was one of the attempts in a provisional measure of the Brazilian federal government. Another attempt was to make the

nurse's work further precarious with volunteer programs in a country with a surplus supply of labor. We have enough nurses to work in the pandemic, since basic labor rights are guaranteed, such as wages and work compatible with the work to be done, and provided that they are qualified for the work of assistance to people with a new disease.

Even in the pandemic context, there are no measures for the economic and social valorization of the nurse's work. Even during the pandemic (and even because of it), the bill establishing the nursing wage floor and work hours is dragged out by the National Congress. If nurses are so important, "heroes and heroines" – a new way of erasing men and women who perform the work – why not guarantee such basic labor rights? Because social appreciation is either individualized or is pure marketing on days of celebration. Because the remaining ideology is that women can do any work (as long as considered economically unimportant), for any price and with any journey.

This is also revealed in the numerous selection processes during the pandemic, in which the wage offered is below 2,000.00 BRL for a required journey of at least 36 hours per week. There is also a suspension of contract in Brazil, authorized by Provisional Measure n. 936, in which nurses who perform managerial tasks (audit, bed control, permanent education, among others) have reduced wage and working hours. What does that mean? That this work is unnecessary for the containment of a pandemic, and thus can be dispensed, albeit partially. What no employer explains is how a pandemic can be contained without strict bed control, without internal audit of work processes, and without permanent education of workers.

In the nurse's real work, what is observed is the intensification of precariousness: more work, smaller wage, more exploration. The allure of the heroine and hero soon fades into the post-pandemic, as taught by the Italian experience. Now, under the argument of health emergency, there advances the destruction of the meager labor rights that survived the Labor Reform, 2019.

The health emergency also produces a new phenomenon in the work of coping with Covid-19, which is the flexibilization of health rules and norms that value occupational health and safety. This happens at the national level, when the National Health Surveillance Agency (Anvisa), under the discourse of rational use of personal protective equipment (PPE), increasingly makes safety standards and their use more flexible, taking into account only the economic aspect; or when employers submit workers not to follow technical standards during the working day for economic and financial reasons.

This attitude provokes the individual interpretation of the norm by each intermediate manager, exposing the workers to the highest risk of infection and illness at work.

Another phenomenon accentuated during the Covid-19 pandemic is the forgetfulness of the nurse's work in Primary Health Care (PHC), a work that includes epidemiological surveillance activities to monitor Covid-19 suspected or confirmed cases.

PHC is relegated as a background service, as if the pandemic could be contained only by the action of recovering patients in the hospital, forgetting the health authorities and scientific committees that advise them that the existing health "brigades", composed of nurses, physicians, dentists and community health workers, can execute the routine work in the Unified Health System (SUS): of health promotion, health education of the population and prevention, especially with the Family Health Strategy (FHS).

It is worth remembering that the countries that have succeeded in combating the new coronavirus, according to reports in the virtual media, have adopted territorial strategies: in New Zealand and South Korea, mass testing; in Cuba, physicians work in the home territory identifying and monitoring early cases and risk situations.

Thus, the pandemic context has contributed to accentuate the payment of the nurse's work in PHC. Evidence? The UHS, once always fought and defamed in the great Brazilian media, now not only exists, but is valued. But it is not the

UHS in its entirety. It is just the hospital UHS. For the UHS/PHC remains silence.

The suffering at work in the pandemic

Applause echoes across the country, thanks multiply, nurses are called heroes and heroines. The acclaimed heroes and heroines who act tirelessly to save lives, the protagonists of a dramatic chapter in the history of humanity are workers, men and women, human beings who face a hard daily life that also threatens and holds them hostage.

Suffering at work, if present before the pandemic, is now intensified by the uniqueness of the new context, in the presence of the unknown, invisible, threatening agent that can be mortal.

Fear marks the work in coping with the Covid-19. Fear remains at home and at work because of the feeling of vulnerability, uncertainty and anguish at the risk of contamination, even though individual protective equipment is available. Fear is intensified when workers are in the war without protection, before the crisis of availability of PPE, alcohol gel and soap, essential for safe work. In Brazil, an investigation with health professionals, including nurses, nursing technicians and assistants, showed that only 32.9% believed they had received adequate materials to work safely daily. The fear of death itself is accentuated by watching patients, relatives and colleagues die. Experiencing this pandemic context, in precarious working conditions, is a threat to one's own survival⁽⁶⁾.

The presence of fear is conveyed not only in reports of workers in social media, newspapers and news. Data extracted from an online survey showed that 88.7% of 1,456 health professionals verbalized fear of coronavirus. Among the professions, fear predominated in community health workers and endemic-fighting workers, followed by nursing workers. More than half reported knowing a partner who had confirmed or suspected of Covid-19 infection. Fear was most often reported by professionals from the North Region, followed by the Northeast, which

can be explained by the severity of the pandemic in the North Region and the differences in the structuring of health services between Brazilian regions⁽⁶⁾.

The threat to life itself is also ratified in statistics that reinforce the vulnerability and contamination of nursing workers. Data from the Observatory of the Federal Nursing Council⁽⁷⁾ recorded, on June 12, 2020, 18,708 Covid-19 suspected and confirmed cases in Brazil. Of these, 2,089 occurred in Bahia.

The suffering at work in the pandemic is also expressed in reports of nursing workers who were assaulted for sharing public transportation or for working in one city and residing in another, accused of transmitting the new coronavirus, demonstrating that they are also targets of hostility and discrimination. From heroes, they become the bearer of an evil that threatens life in society.

In Brazil, the aggression of nursing workers occurred in an even more complex context, during a protest of nurses for better working conditions on Labor Day in Brasília (DF). They denounced the deaths of colleagues, pointed out the lack of personal protective equipment in hospitals in Brasília and demanded better working conditions. The protest was interrupted by government supporters who spat and attacked the protesters, revealing that the pandemic does not mask the Brazilian political context with signs of what a study⁽⁸⁾ calls the “Suicide State”, another seemingly small sign of the new management models immanent to neoliberalism in its terminal face.

This context of suffering is reinforced by the neoliberal idea that the worker is solely responsible for what happens at work. Thus, after being infected, the return to work is permeated by fear of job loss and/or suffering discrimination from colleagues, since they remain with the stain of contaminated people.

Being on the front line of the care for people with Covid-19, as in nurses' work, besides generating emotional exhaustion, leaves marks on the body. Protective equipment hurts, aprons make them sweat, and once they are equipped,

they cannot go to the bathroom or drink water for six hours.

Exhaustion also comes from the intense and prolonged working hours, with shifts of 12 or more hours, with the requirement of double shifts due to absenteeism of colleagues or the permanent underdimensioning of nursing staff in health services. Due to the low wages offered by Brazilian health services, workers end up working in more than one place, which increases overload and exhaustion. The “heroines” and the “heroes” are fragile. If society reveres the value of work and the importance of these workers in the “salvation” of lives, it is also true that they experience their own fragility and the reification of the human being in the experience of precarious working conditions.

Workers also suffer from experiencing the deaths of several people. In the pandemic, this suffering is increased when so many others die, especially because death is lonely, the presence of family and friends in intensive care units is prohibited as a way to contain contamination. It is also painful to be a spokesperson for messages and farewells.

The suffering of nursing workers also results from the deprivation of interpersonal relationships to which patients in isolation are exposed. The feeling of compassion is both for the deprivation of meetings with those who give joy and meaning to patients' lives, and for the impossibility of being able to support them, of having to leave them inside a room alone.

The inability of the health system to accommodate the new and growing cases of Covid-19, due to insufficient beds and equipment, the overcrowding of hospitals with beds scattered everywhere, the lack of effective treatments for Covid-19 also distress these professionals, who feel powerless. What changes is that this disease has no specific treatment, no accumulated knowledge.

The experience of the pandemic at work has another high price for health professionals, the guilt of taking the virus home and contaminating family members. They leave their homes in fear and fear accompanies them on their way home,

compromising the possibility of rest. On social networks, there is a record of an Italian nurse who was contaminated and spent the last days of her life worried about the possibility of having infected other people. And in an extreme gesture, she committed suicide.

It is also necessary to record that, among the nursing workers, the ones most affected by the facts contained in this reflection, and even by facts that were not addressed, are the nursing technicians and assistants. These experience the work that becomes even more versatile and flexible in order to meet the demands due to the insufficient number of workers and are also the most affected by the Covid-19 infection; consequently, those who most die⁽⁷⁾. The fundamental explanation for this is that the work performed by these “assistant” workers is always near the patient's bed, which exposes them even more to the risk of falling ill and dying. In addition, they are the majority of those who work in the nursing field.

Thus, the pandemic context reiterates the obvious about nursing work: the weakest in the hierarchy of social and technical division of labor are the most affected by Covid-19 itself. It also reveals that the work world is no better than before the pandemic.

Thus, the minimum need for support and solidarity to nursing workers is reaffirmed, and their employers have to ensure decent working conditions.

Conclusion

The pandemic of the new coronavirus demonstrates that the challenges for valuing the nurse's work socially and economically are greater than previously imagined.

The pandemic context can be seen as a window of opportunity to transform the way society perceives nurses' work and to broaden their awareness to value their work. However, the pandemic unveils, paradoxically, the precariousness and social relevance of this work.

In this context, either one undertakes collective action strategies to overcome

contradictions and situations of vulnerability at work or continues, submissively, to accept the place of selfless heroine and hero. As such, nurses signal to society that they do not need decent wages, they do not need social recognition. Just occasional applause.

There is solution without action. The most important are undoubtedly the collective and political organization to overcome fear and the struggle for decent working conditions. Achieving a decent working day and wage floor and support from society are the challenges posed since the beginning of the 20th century in Brazil.

This movement can begin now and strengthen, exercising solidarity between co-workers, neighbors, social minorities and their daily struggles to survive. And in the pandemic, not to die!

Then, once again, the work history and context in the pandemic demonstrate what few seem to know: that solidarity between the “work-dependent class” present as the indispensable amalgam for coping with Covid-19 and dismantling the rights of those who work.

Collaborations:

1 – conception, design, analysis and interpretation of data: Cristina Maria Meira de Melo, Fernanda Carneiro Mussi and Tatiane Araújo Santos;

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3 – final approval of the version to be published: Cristina Maria Meira de Melo, Fernanda Carneiro Mussi and Tatiane Araújo Santos.

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