

Presentation of female nursing professionals who worked during the COVID-19 Pandemic, in 2021, and their perceptions about Nursing

Maria Fernanda Terra^{1,2}  Nathalia de Oliveira Silva³ 

¹Departamento de Enfermagem em Saúde Coletiva, Escola de Enfermagem – USP. São Paulo/SP, Brasil.

²Centro Universitário São Camilo – CUSC. São Paulo/SP, Brasil.

³Faculdade de Ciências Médicas da Santa Casa de São Paulo – FCMSCSP. São Paulo/SP, Brasil.

E-mail: nata-oliveirasilva@hotmail.com

Abstract

Brazilian nursing is marked by the social division of its professionals (nurses, technicians and assistants), 85% of whom are female, therefore gender stands out in the profile of the working body and in the political demands of the category, especially under the scenario of a public health crisis, such as the Covid-19 Pandemic. Thus, this research aims to present the female nursing professionals who worked in care in the 2nd year of the Covid-19 pandemic in Brazil, and their perceptions about the profession. It is a qualitative study carried out through questionnaires answered virtually by 100 women. The sample is made up of a majority of white nurses, married or in a stable union, aged between 20 and 40 years old, with children, from the southeast region, working in public institutions and with a single employment contract. When comparing the 1st and 2nd year of the pandemic, 41% declare a worsening due to the relaxation of protective measures by the population and professionals. 36% declare improvement associated with the effective organization of care. For the question “What is nursing for you?”, there were recurring statements that described a commitment that goes beyond professional status. The pandemic brought to the civil debate the importance of health care in facing this new disease that has deepened the social abysses existing in the country. This scenario may have provoked the need to adopt a more sentimental view to describe the profession as a strategy for emotional resilience in the face of suffering.

Keywords: Covid-19. Nursing. Gender Identity. Work.

INTRODUCTION

Nursing is a social practice, as a profession that has care as its object of action, being the target of social judgment about what constitutes or does not comprise the practices and how insertion into the job market takes place¹.

This profession aims to care for human beings from the individual, family and community context through disease prevention, health promotion, recovery and reha-

bilitation. Nursing care includes promoting comfort, well-being and welcoming, with a focus on promoting patient autonomy through health education².

In Brazil, nursing is divided into professional categories, which are: nursing assistants and technicians, professionals with technical training, responsible for manual care work; and nurses, professionals with higher education, responsible for the intellectual work of assistance, whi-

ch can occur from planning, prescription and patient evolution³. This social division of labor fragments care actions and creates a profound mark between the conception and execution of care, producing inequalities and tensions in professional relationships⁴.

Mendes-Gonçalves adopts the category of work as a core category for apprehending and understanding health practices, and does so based on the concept that Marx presents about work:

“The use of labor power is the work itself. The buyer of labor power consumes it by making its seller work. This, when working, actually becomes what it was before only potentially: labor force in action, worker. For labor to reappear in commodities, it must be used in use-values, in things that serve to satisfy needs of any nature. What the capitalist determines the worker to produce, that is, therefore, a particular use-value, a specified article”⁵.

Mendes-Gonçalves⁴ states that health work is configured as reflective work aimed at preventing, maintaining or restoring something that is fundamental to the functioning of society, health. The social division of labor is perpetuated in health services with the potential to maintain alienating conditions in daily care. From Marx⁵, this alienating condition contributes to the weakening of work and the worker, who is at the mercy of what capital presents.

Nursing covers 50% of all health professionals in the country. Of the total of

1,804,55 professionals with active registrations, 85% are women: 23% are nurses and 77% are nursing technicians or assistants. This professional division can be analyzed based on social markers gender and race/color⁶. Hirata e Kergoat⁷ present the concept of the sexual division of labor by pointing out that there is a division of work carried out by men and women, and that the female workforce is precarious, cheap and this unequal condition produces hierarchies, exploitation and oppression.

A second important social marker is race/color, which appears in nursing as follows: while the majority of nurses, 37.9% declared themselves white, among nursing assistants and technicians, 57.9% declared themselves black or mixed race⁶. Therefore, understanding the social practice of nursing involves recognizing that, despite the majority of women making up the professional class, racial inequality is established and outlines the social division of work marked in the type of work carried out by professionals, as the social division of nursing work is established.

The health crisis caused by the COVID-19 pandemic intensely exposed social inequalities in the world, and directly impacted the lives of nursing professionals, especially female professionals. Therefore, this article proposes to present the female nursing professionals who worked in care during the 2nd year of the COVID-19 pandemic in Brazil (2021), and their perceptions about the profession.

METHODOLOGY

This study uses qualitative research, using as empirical material the questionnaires answered by 100 female nursing professionals (nurses, technicians and nursing assistants) who worked in public or private hospitals, on the front line, during the 2nd year of COVID-19 pandemic (year 2021).

The research took place using questionnaires

prepared via Google Forms, with questions about: age, self-declared color/race, professional training (higher, technical or secondary), time in nursing, places of work, gender identity, working hours and life and work routine in the face of COVID-19. The questionnaire was answered after reading and accepting the free and informed consent form. The invitation to

participate in the research was through virtual nursing groups, on the social networks Facebook, Instagram, LinkedIn and WhatsApp, under the snowball system. As it was part of a scientific initiation, lasting one year, when the number of 100 women in the sample was reached, during the period from August 2021 to January 2022, it was considered sufficient to answer the research objective.

The empirical data were analyzed using the Content Analysis technique⁸. The statements

described in the results were kept to illustrate the professionals' perceptions. Two questionnaires were excluded from the analysis, as they were answered by male sex/gender professionals, without reference to female gender identity. The research was approved by the Research Ethics Committee of the Irmandade da Santa Casa de Misericórdia de São Paulo, under CAAE: 33730620.20000.5479. This scientific initiation research was financed by the Arnaldo Vieira de Carvalho Foundation (FAVC).

RESULTS

The sample analyzed is mainly composed of questionnaires answered by nurses, living and working in the southeast region of the country. The sample is made up of a majority of nurses (60%), who self-identify as white (57%), aged between 20 and 40 years (76%), married or in a stable relationship (50%), with children (52%), living in the southeast region of the country (90%), working in public institutions (54%) and with a single employment contract (81%).

Regarding family income, 8 (8%) of all wo-

men declared a maximum of 2 minimum wages, 25 (25%) women declared between 2 and 4 minimum wages, 54 (54%) between 4 and 10 minimum wages, and 11 (11%) declared between 10 and 20 minimum wages. It is worth considering that in 2021 the minimum wage was R\$1100.00.

Regarding race/color, the sample presents a similar condition to that observed in the Fio-cruz report⁶, in which white self-referenced color prevails among nurses with higher education, as shown in table 1.

Table 1 - Presentation of the race/color and professional category of the research participants. São Paulo, 2021.

Position	Assistants		Technicians		Nurses	
Race/Color	n	%	n	%	n	%
White	6	46%	13	48%	38	63%
Black/Mixed	7	55%	14	52%	19	32%
Yellow	0	0	0	0	3	5%
Total	13	100%	27	100%	60	100%

When asked about the differences in daily work between the 1st and 2nd year of the pan-

demic, 36 (36%) of the professionals indicated an improvement in care management in the se-

cond year, as they already knew the problem better. Despite this, 41 (41%) of the professionals reported noticing a worsening in the quality of care due to the increase in work overload and the relaxation of protective measures by the population and health professionals.

To the question "What is nursing for you?", the answers were diverse, but with recurrence of words associated with the profession were: caring (48 times), love (16 times), science and art (9 times).

Based on the content analysis of the empirical material, descriptions about the profession were observed, which we consider to combine feelings intensely mobilized in the exercise of the profession in the face of fear and the context established in the face of the pandemic. Below are excerpts that highlight perceptions about the nursing profession, according to the categories identified:

Nursing as love:

"It's taking care of others as if they were someone you love" AE6.

"Leaving your pain aside to take care of the pain of others" AE13.

"Caring for others with respect, love, affection, attention. Caring for others as you would like to be cared for" TE12.

"Nursing is the act of caring, loving and healing others" TE19.

"It is an act of love for others, of care, of respect and teaching" E37.

Nursing as devotion:

"Nursing is care, assistance, study, education, dedication, it is a set of knowledge and practices that must be used in the evolution of human beings without asking for anything in return" E48.

"Profession in which I can donate myself to help others... fulfillment" E38.

"Gift" E24.

Nursing as a profession:

"Nursing has the function of having a scientific vision for its patient, thus providing care in a way that is equitable" AE4.

"It is the science of caring, not just for illnesses but for the human being as a whole, individually, in the family or in the community in an integral and holistic way" TE1.

"Nursing is acting in coordinated patient care with a focus on promoting health in a holistic way based on science (...) it plays a role in the provision of physical resources and people to ensure that institutional flows are respected, but flexible to adapt. allow you to innovate safely and motivate the team you lead" E53.

DISCUSSION

Professionals with higher education stood out, who occupy leadership and coordination positions, and who declare themselves to be white, while nursing technicians and assistants reinforced a care practice based on manual labor, which is not very intellectual, reinforcing the social division of labor in nursing⁴.

The race/color relationship identified from the questionnaires is compatible with what is exposed in the report on the profile of Brazilian nursing⁶, in which among nurses the ma-

majority (57.9%) declare themselves white, and a minority (37.9%) declare themselves black or mixed race; when the profile is reversed among nursing assistants and technicians, as the majority (57.4%) declare themselves black and brown, and the minority (37.5%) white. The issue of race/color is a fundamental social marker for understanding society, and added to gender, it allows us to understand that there are distances between women, including in the workplace, as nursing is presented when the prominent positions are still

held by women. white, even though nursing is a female profession, and therefore, socially diminished in society⁹. This condition reinforces the cultural hierarchy of races, and intimately shapes the professional organization of nursing⁹. The formation of the “free worker” in Brazilian territory was deformed by the form of bond prior to its recognition, slavery, so that the hegemonic sector of the economy maintains capitalist forms of labor exploitation. Thus, it is not coincidentally that the unemployed and underemployed belong to a marginalized social group with specific characteristics, including women and the black population⁹. In this context, black women are concentrated, above all, in manual occupations with low income, less education, while in non-manual occupations, this scenario is reversed, as exposed in the profile of Brazilian nursing, in which black and brown women make up the majority occupation of nursing technicians and assistants¹⁰.

The findings of this research corroborate what Machado *et al.*¹¹ presented regarding the nursing workforce in Brazil, of those with active registration with the Federal Nursing Council (Cofen), it is made up of young people, that is, 76% of professionals are people up to 40 years of age.

No articles were found comparing the context of the pandemic in the 1st (2020) and 2nd year (2021), despite this, we identified national and international research on the impact of Covid-19 on the health of nursing professionals. According to Accioli *et al.*¹², Robba *et al.*¹³ and Ferreira¹⁴, the fear of the unknown, the contamination of family members and the experience of personal and collective grief, added to Burnout, anxiety and depression due to the lack of Personal Protective Equipment (PPE), unfavorable working conditions, negative relationships with superiors and the social isolation, impacted the lives of nursing professionals.

Regarding the understanding of nursing, the statements present the description of a

commitment that goes beyond the professional condition, there is a narrative of heroic and messianic actions that may have appeared as a strategy to sustain themselves emotionally in the face of intense individual, team and patient suffering¹⁵. Despite this, during the pandemic period, the performance of health professionals was associated with the status of angels and superheroes who, for Mendes *et al.*¹⁵, reinforced the exercise of kindness, charity and, above all, the ability to withstand any adversity to “save” those who are under protection.

This romantic condition of the profession, carried out mostly by women, has the potential to also harm advances in favor of valorization and better working conditions, since the practices carried out in the profession, socially, reinforce the condition of non-work¹⁶. This context can be reinforced by what Hirata and Kergoat⁷ present about the sexual division of labor that if seen as a lens for care practices, nursing remains busy caring, an almost domestic condition extended to the health services environment, often seen as appendages to the doctor's productive work. The socio-historical construction of nursing implied gender-based stereotypes to govern professional practice. Throughout history, women have been associated with biological reproduction, the domestic responsibilities of the family at home. As the activities carried out in the professional context of care are routinely confused with the functions performed in the domestic environment, there is an equivalence between the social role played by nurses and women in society, which may also explain the descriptions of nursing narrated by the participants¹⁷.

Another important highlight is the social division of nursing work. In this regard, it is important to recover the meaning of health work, which, according to Pires¹⁸, refers to a non-material production in which the product is inseparable from the process that produces

it, and which is carried out by a collective of workers. Even though it is recognized that care is produced by a group of workers, and that there is a certain technical autonomy, splits in the process reduce the subjectivity and participation of workers in the design of care actions. This context also needs to be understood in light of the capital that permeates the entire society, and marks the differences in workforce costs in health services^{19,20}.

In the context of nursing, the longer the social division of labor is maintained, the greater the risk of establishing professional passivity, as it can contribute to maintain-

ing the alienating condition imposed by this context, and thus, the fundamental political practice to reflect and build changes in professional practice tend to remain in the background²¹. In addition to the distance from political practice, the social project of transforming health from the perspective of law, constructed democratically, may not happen. The depoliticized condition of workers reproduces the logic of capital in everyday work, marked by practices that tend to be developed in an immediate manner, with little reflection, with medical assistance as the purpose of health care²².

CONCLUSION

The analysis carried out allowed us to answer the proposed objective and showed that the COVID-19 pandemic changed work relations, social relations and deepened social gaps from the perspective of gender, race and social class. In the context of nursing, it brought to the scene the importance of the category for health care, an immaterial, non-measurable product, however, fundamental to providing biological and emotional support to patients in facing this new disease that affects unequally homogeneous social groups, including nursing workers themselves in their subcategories.

This situation imposed by the pandemic mobilized different feelings among nursing professionals to maintain care work.

There is a need for critical, critical, autonomous, and interprofessional training that makes nursing viable as a transversal work. It is necessary to overcome the romantic,

missionary and accessory perception in health practices. It is worth considering that this fragmentation was imposed by capital to alienate and depoliticize, whether in struggles within the professional category (or outside it), or in the daily care practice of nursing to implement health as a right, as described in the 1988 federal constitution.

Among the limitations of the research are the lack of in-depth analysis of the intersection between race, gender and class. These joint social markers can offer a new lens through which to observe the sample and hypothesize about their description of the profession. Another notable point is the lack of information about where nurses are trained, a perspective that can reveal significant points of discussion about the existence of a nursing degree that trains professionals who are critical of their own category.

FUNDING: Project financed through a Scientific Initiation grant awarded to FAVC – Fundação Arnaldo Vieira de Carvalho from August 2021 to August 2022. Presented as a course completion work to the Faculty of Medical Sciences of Santa Casa de São Paulo for obtaining a Bachelor's degree in Nursing.

CREdiT author statement

Conceptualization: Earth, MF; Silva, NO. Methodology: Terra, MF; Silva, NO. Validation: Terra, MF; Silva, NO. Formal analysis: Terra, MF; Silva, NO. Research: Terra, MF; Silva, NO. Resources: Writing-elaboration of the original draft: Terra, MF; Silva, NO. Writing-review and editing: Terra, MF; Silva, NO. Visualization: Terra, MF; Silva, NO. Supervision: Terra, MF. Project administration: Terra, MF; Silva, NO.

All authors read and agreed to the published version of the manuscript.

REFERENCES

1. Campos CMS, Soares CB. Fundamentos de saúde coletiva e o cuidado de enfermagem. Barueri: Manole; 2013.
2. Rocha SMM, Almeida MCP de. O processo de trabalho da enfermagem em saúde coletiva e a interdisciplinaridade. Rev. Latino-Am. Enfermagem.2000;8(6):96-101. Disponível em: <https://doi.org/10.1590/S0104-1169200000600014>
3. Leal JAL, Melo CMM. O processo de trabalho da enfermagem em diferentes países: uma revisão integrativa. Rev Bras Enferm. 2018;71(2):413–23. Disponível em: <https://doi.org/10.1590/0034-7167-2016-0468>
4. Gonçalves RBM. Tecnologia e organização social das práticas de saúde: características tecnológicas de processo de trabalho na rede estadual de centros de saúde de São Paulo. 1994 .
5. Marx K. O Capital - Livro I – crítica da economia política: O processo de produção do capital. 2ª ed, Vol 1. São Paulo: Boitempo, 2011.
6. Fiocruz, Cofen. Relatório final da Pesquisa Perfil da Enfermagem no Brasil. [publicação na web]; Vol 1. Rio de Janeiro, 2017. Disponível em: <http://www.cofen.gov.br/perfilenfermagem/pdfs/relatoriofinal.pdf>
7. Hirata H, Kergoat D. Novas configurações da divisão sexual do trabalho. Cad Pesqui. 2007;37(132):595–609. Disponível em: <https://doi.org/10.1590/S0100-15742007000300005>
8. Bardin L. Análise de conteúdo. 70ª edição. São Paulo: Almedina Brasil; 2016.
9. Gonzalez L. Por um feminismo afro-latino-americano. Rio de Janeiro: Zahar; 2020.
10. Fanon F. Racismo e cultura. [publicação na web]; 2019. Acesso em 19 de abril de 2023. Disponível em: <https://periodicos.uff.br/convergenciacritica/article/view/38512>.
11. Machado MH, Lunardi-Filho WA, Lacerda WF, Oliveira E, Lemos W, Wermelinger M, et al. Características gerais da enfermagem: O perfil sociodemográfico da enfermagem. Enferm. foco. 2015; 6 (1/4): 11-17. Disponível em: <https://doi.org/10.21675/2357-707X.2016.v7.nESP.686>
12. Acioli DMN, Santos AAP, Santos JAM, de Souza IP, Silva RKL. Impactos da COVID-19 para a saúde de enfermeiros. Rev. Enferm. UERJ.2022; Disponível em: <https://doi.org/10.12957/reuerj.2022.63904>
13. Robba HCS, Costa AA, Kozu KT, Silva CA, Farhat SCL, Ferreira JCOA. Impacto na saúde mental de enfermeiros pediátricos: um estudo transversal em hospital pediátrico terciário durante a pandemia de COVID-19. Rev. Latino-Am. Enfermagem.2022;30:e3583. Disponível em: <https://doi.org/10.1590/1518-8345.5750.3583>
14. Ferreira LDM. Burnout, ansiedade e depressão nos Enfermeiros no contexto de pandemia por COVID-19. Leiria: Tese [Mestrado em Enfermagem de Saúde Mental e Psiquiátrica]. Politécnico de Leiria; 2022.
15. Pitta, A.Hospital: dor e morte como ofício. 7.ed. São Paulo: Hucitec; 2016.
16. Mendes M, Bordignon JS, Menegat RP, Schneider DG, Vargas MA de O, Santos EKA dos, et al. Nem anjos nem heróis: discursos da enfermagem durante a pandemia por corona vírus na perspectiva Foucaultiana. Rev Bras Enferm. 2022;75:e20201329. Disponível em: <https://doi.org/10.1590/0034-7167-2020-1329>
17. Coelho EAC. Gênero, saúde e enfermagem. Rev Bras Enferm. 2005; 58(3):345–8. Disponível em: <https://doi.org/10.1590/S0034-71672005000300018>
18. Pires D. Reestruturação produtiva e consequências para o trabalho em saúde: implicações para o trabalho em saúde. Rev Bras Enferm. 2000; 53(2):251–63. Disponível em :<https://doi.org/10.1590/S0034-71672000000200010>
19. Peduzzi M, Anselmi ML. O processo de trabalho de enfermagem: a cisão entre planejamento e execução do cuidado. Rev Bras Enferm. 2002;55(4):392–8. Disponível em: <https://doi.org/10.5935/0034-7167.20020086>
20. Peduzzi M. Equipe multiprofissional de saúde: conceito e tipologia. Rev Saude Publica. 2001;35(1):103–9. Disponível em: <https://doi.org/10.1590/S0034-89102001000100016>
21. Fortuna CM, Matumoto S, Mishima SM, Rodríguez AMMM. Enfermagem em saúde coletiva: desejos e práticas. Rev Bras Enferm. 2019; 72:336–40. Disponível em: <https://doi.org/10.1590/0034-7167-2017-0632>
22. Lunardi-Filho WD, Lunardi VL, Spricigo J. O trabalho da enfermagem e a produção da subjetividade de seus trabalhadores. Rev. Latino-Am. Enfermagem. 2001;9(2):91–6. Disponível em: <https://doi.org/10.1590/S0104-11692001000200013>

Received: 17 may 2023.

Accepted: 21 november 2023.

Published: 18 december 2023.