




Nursing workers: Covid-19 pandemic and social inequalities

Os trabalhadores de enfermagem na pandemia
Covid-19 e as desigualdades sociais

Los trabajadores de enfermería en la pandemia
Covid-19 y las desigualdades sociales

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The declaration of COVID-19 as an international emergency concentrated the attention to the need of collective efforts and State action to protect life and health. Soon it was evident that the effects of the pandemic hit unevenly on individuals and social groups. That was also clear among health professionals and particularly nurses, as the distribution of cases and deaths showed unequal frequencies.

The International Council of Nurses (ICN) has called on authorities around the world to monitor infections by the new coronavirus and the deaths of nursing and healthcare professionals. In June 2020, ICN estimated that about 7% of all COVID-19 cases, internationally, were among health professionals, which represented 450 thousand cases, with the death of 600 nurses at the time. The organization recognized, however, the immense variation between countries and questioned among many interrogations, why mortality rates among nurses seem to be higher in some countries in Latin America⁽¹⁾. The Brazilian Federal Council of Nursing also warned that the country was responsible for 30% of the global deaths of nursing professionals by COVID-19, and was achieving the sad mark of being the country killing more nursing professionals on the planet⁽²⁾.

Countless news in newspapers of great circulation, in social networks and other sources, lament the loss of colleagues in this pandemic. Among us, professors at a public university, there is enormous consternation while at the same time, a sense of responsibility to answer a haunting question: Why does this country kill more health workers, including nursing staff, than any other?

To answer this question we must follow the thread of social inequalities, an expression of the structure of class division in our society, markedly impacted by the neoliberal features of the Brazilian State, and its imprinting in state policies. In particular, it is necessary to follow the thread of the elements of these inequalities, both in working conditions and in the characteristics of the nursing workforce.

The nursing workforce in Brazil encompasses approximately 2,300,000 workers, 24.5% of whom are nurses, 57.4% are nursing technicians and 18.1% are nursing assistants⁽³⁾. These different categories represent the division of labor in nursing, constituted based on the social class inequality as well as on the split between conception and execution⁽⁴⁾. The multiple training itinerary and diverse performance fields of nursing professionals in health services set apart the heterogeneous profile of an expressive workforce. This workforce is often indiscriminate in their technical differences, since different professional categories, such as nursing assistants and technicians perform equivalent work, frequently receiving remuneration that does not correspond to specific professional training. Racial and gender

inequalities are also key for the understanding of the nursing workforce and its working conditions, deserving to be explored adequately using specific data and approaches.

Nursing working conditions are also relevant in the face of the pandemic, due to the uneven distribution of cases and deaths by COVID-19 in Brazil. Research in the city of São Paulo showed that the seroprevalence of SARS-CoV-2 is 2.5 times higher in the poorest districts compared to the wealthier districts and that it decreases with increasing schooling, being 4.5 times higher among those without complete elementary school. It is also 2.5 times higher among those who identified themselves as black than among those who identified themselves as white⁽⁵⁾. In the poorest areas, nursing staff acts markedly in those Unified Health System (SUS) services that are almost always neglected, facing the consequences of extreme social inequality, with thousands in poverty and no prospect of improvement.

In a country suffering the profound and intense social inequality as Brazil suffers, these characteristics of the nursing workforce constitute the substrate on which the precarious working conditions are evidenced in the process of confronting the pandemic of COVID-19. There is absence of resources or the supply of materials, unsuitable for carrying out the work and for protecting the worker, such as personal protective equipment (PPE); insufficient or inadequate staffing in the composition of nursing professionals, long working hours with double shifts and multiple bonds. These factors, on the one hand, expose nursing workers to risks of contamination and make them error-prone, while on the other hand they cause chronic work overload and physical and mental wear and tear, resulting in illness, intense emotional suffering and it is even deadly for nursing professionals. It is worth mentioning - health and nursing workers should not die because of working.

In April this year, the Regional Nursing Council of São Paulo received 842 complaints related to the lack of PPE, of which 495 referred to the denial of equipment by the management of the organizations⁽⁶⁾, in a clear disrespect and devaluation of nursing work. In May, images of nurses and nursing technicians sleeping on the floor of makeshift hospitals in Rio de Janeiro showed disregard for the nursing workers, creating public shock, when the huge gap in the treatment received between different health professions was exposed⁽⁷⁾.

The difficult working conditions of nursing are also a consequence of the adoption in full force of the neoliberal approach by the Brazilian government in recent years, which led to an increase in inequities, concentration of income and poverty⁽⁸⁾. The increased flexibility of labor laws and the dismantling of the workers' protection system intensified the already worrying 2013 context, in which a third of nurses had more than one job, with 41.5% working more than 40 hours a week and 71.7% referring to feel wasted in professional activity⁽⁹⁾.

A more in-depth understanding and coping with this reality, just outlined here, requires nurses to organize themselves to: demand ethical-political commitments from public universities and research institutions for the development of studies in the area; to demand from unions, associations and professional councils the organization of debates regarding the loss of labor, social security rights and the current forms of exploitation at work, as well as the organization of a political struggle in defense of the worker and for better working conditions; to call for and join civil society organizations in the debate and establishment of forms for collectively combatting against social, class, gender and race inequalities; as well as towards developing actions jointly with SUS users to ensure its full functioning and achieving the right to health for the whole Brazilian population.

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