



Neither heroes, nor new nor normal: the pandemic and professional nursing practices

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In 2020, the year announced by the World Health Organization and the Pan American Health Organization⁽¹⁾ as the year for nurses and midwives, the world was plagued by the SARS-CoV-2 pandemic. Brazilian nursing lost lives and the working conditions and the place of social value of this profession was exposed.

On June 15, 2020, the Federal Nursing Council (Cofen) announced that Brazil is responsible for 30% of the deaths of professionals in the world due to the disease. At the top of the categories are technicians, assistants and nurses⁽²⁾.

Deaths are perhaps the tip of the iceberg that we see, as there are other issues that leave marks and consequences caused and/or accentuated by the pandemic. The psychological suffering of health professionals in the face of the pandemic is remarkable⁽³⁾. We have listened to anguished professionals, afraid of becoming ill, afraid of contaminating their relatives and

still dissatisfied with what they have been able to offer as care to patients and family members.

In this sense, death is the most acute outcome for this professional category, but chronic sequels caused by the pandemic are already being announced. What does it mean to the professional life to accompany people dying alone without the right of a relative or friend to visit? What does it mean not to have enough equipment like respirators and not to have Personal Protective Equipment (PPE) to protect you and your colleagues? What does it mean to contradict the purposes for which you were trained and which support the ideals of the profession?

At the time of writing this editorial, Brazil registered over 90 thousand deaths and finds itself in a very serious health and political crisis. In an ascending epidemic curve and in the interiorization of the pandemic Brazil abroad, and commerce is opening and social isolation is easing. Thus, we can expect even more nursing and health professionals to become exposed, sick and die.

The Brazilian political and health crisis can be illustrated by the emblematic image of nursing professionals being insulted in Brasília by government supporters, when, dressed in black and white and with crosses, silently denounced the deaths and lack of conditions for the dignified exercise of the profession⁽⁴⁾.

On the other hand, there are references to the health professional in the role of hero. This expression deserves reflection. Cofen launched a video about the healthcare heroes in 2018 highlighting the heroism in nursing⁽⁵⁾, in which we see and hear reports from five professionals about their daily life, the choice of profession and the ideal that moves them: dedication to a world best.

Even before the epidemic, this was an attempt by the Federal Council to honor and promote social visibility for the profession that has been suffering for a long time with low wages, material supply difficulties for care, exhausting work relationships especially with the medical category, long working hours and often in more than one health facility.

Note that the idea of a hero was already circulating before the pandemic, in a kind of symbolic way.

In March 2020, Coren-SP also published a video, called "Real life heroes". A short video, mentioning the uniform, gloves, masks and the desire to save and also highlighting the words: "Respect, value. Nursing professionals fight for you"⁽⁶⁾.

In May 2020, the famous graffiti artist Banksy drew a painting depicting a child playing with a new superhero, a nurse in mask, red cross on his chest, cape, one of his arms raised as in-flight position at the university hospital in Southampton, England. It also portrays a basket with Batman and spiderman, suggesting that they were passed over in favor of this female superhero⁽⁷⁾.

The expression "hero" produces contradictory effects since heroism removes the human characteristics of vulnerability, fear and reflexivity. The hero does not think, he acts driven

by the belief in indestructibility and the desire to save the other. He does not need to be adequately remunerated, after all he acts out of idealism.

Many nursing professionals have been expressing discomfort with this expression that still imposes a burden of moral demand of invincibility to the already difficult work.

Added to this is the lack of politicization of the nursing category, which mostly and historically said to be technical and not political.

Even though nursing work was reduced to the care of bodies, which is far from being, it would inevitably be a political and not just a technical activity because the body lives immersed in the political field and in power relation schemes⁽⁸⁾.

The pandemic showed that technical doing is a political doing and that political doing is also technical, as Mario Testa already said⁽⁹⁾. The defense of medicines and treatments in favor of more economic and political party interests, shows the misconception about the existence of neutrality in health actions.

The Unified Health System, the Brazilian SUS, is the stage for numerous nursing practices, with individual care, in groups, for disease prevention, health promotion and care for people in need and with diseases⁽¹⁰⁾.

Professional practices do not result from what capitalist ideology insists on affirming: from the will of each one and effort in the sum of the professional category. This is the same speech that tries to erase the impact of the lack of coordination experienced in the pandemic aggravated by the exchange of ministers that guided some alignment with measures proposed by the World Health Organization (WHO).

The current discourse is the individual blaming of people who do not wear masks, do not want to stay at home, do not wash their hands, denying the reality that there are houses and houses to stay in, that there are people without a home, without water, soap and alcohol gel, without official work, without incomes. There are still countless other factors, including ideological ones that drive people in their behavior, including an allusion to freedom. It seems that everything is simpler if we give the individual responsibility for their condition.

In the same way, when nursing assumes the discourse that the valorization of the profession depends on the attitude of the professionals, that they must value it in order to be valued, there also seems to be an important denial of the social, historical, political conditions that cross the practices professionals.

In this sense, we consider nursing as a social practice, that is, they are practices that are modeled on the games of knowledge and power that are woven socially, historically, politically and economically⁽¹¹⁾.

They are not neutral, they challenge spaces, they challenge knowledge and powers.

Thus, the pandemic could produce structural changes in health work and in nursing if the historical and ideological bases were thoroughly revised and analyzed collectively.

However, efforts seem to be directed towards maintaining what we already know. In this context, to refer to the post-pandemic many have used an expression that at least deserves

some reflection: it is the “new normal”. I propose a reflection on what would be “new” and what would be “normal” in the current global and especially Brazilian context?

Are there new and even more profound forms of exploitation of workers and nursing? Perhaps yes, with the withdrawal of labor rights and worker protection, withdrawal of rights to retirement, underfinancing of SUS⁽¹²⁾. The dismantling in the Brazilian public system directly affects the employability of the category, and in 2016 a study pointed out ⁽¹⁰⁾ that the public sector is the largest employer of nursing.

Thus, the question becomes: who is this “new” interested in?

Concerning the “normal”, I ask the reader: would it be normal to simply resume what oppresses us and does not include us?

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