

Nurses*, work process, pandemic: where paths cross

Enfermeiras, processo de trabalho, pandemia: onde os caminhos se cruzam

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From the emergence of the new Coronavirus pandemic, which arrives here in Brazil around the beginning of 2019, the nurse's work is the agenda of the day in statements by authorities and the media. A job that has always been (and continues, even in the pandemic) unfeasible now receives some spotlight. However, the spotlight is only on one part of this work: care.

The nurse's work process is, in fact, dual: care managerial. Yes, we have double-acting. Moreover, this dual work process does not come apart. Never. What can occur is that the nurse performs more care or management work for a certain period, depending on the demands of the organization and the needs of users and the health team. The exception to this occurs when nurses occupy management positions (coordinators, directors, among others), which demands managerial work by the nature of the position.

To make this debate clearer, let us take up the context of the pandemic. A patient with COVID-19 needs many care procedures performed by the nurse or by the nursing technique: puncture,

medication administration, aspiration (shared with physiotherapy), change of decubitus, among many others. However, for the procedure to occur, someone needs to predict and provide the necessary material, distribute the work among nursing techniques, supervise it, and articulate with the doctor, physiotherapist, and other team members what care the patient will have. Furthermore, the nurse is the one who carries out all this managerial part.

In a study on the health work process, it is pointed out that the nurse performs, in most cases, the work of articulator of the health team and coordinator of the nursing team.^{1,2} In fact, we can notice that in any health service, almost all workers, at some point, need information given by a nurse, whether about the existence of a material or a patient's evolution.

With this, it is noted that the nurse, in addition to the care work, performs a work that we can say is like that of an intermediate manager: provides inputs, organizes work processes, makes the joints so that care is provided. Now, in a service such as a hospital, full of complexities and distinct

* I will always refer to the feminine, given that women are the largest workforce of this profession.

work, it is necessary that someone "tie" the nodes so that the goal is achieved: the realization of care or the satisfaction of the patient's need. The system, both economic and the care model, found this worker in the nurse.

During the pandemic, this dual work process worker becomes fundamental, but not because of the recognition of the work itself, but because, in the context of the precariousness of work and the need for more and more nurses to perform the care-managerial work, the price (salary) of this workforce has been increasingly lower.

There are several causes of low wages, but here I draw the attention of one: nurses accept, for various reasons, a salary that does not even pay the part of their work, perhaps the managerial part. It corroborates an existing ideology in the profession that the "nurse has to be at the patient's bedside," and the managerial part of her work "takes her away from the patient." How well this ideology marshes with what bosses want to spend! Thus, they get a worker who performs a dual function for the price of a half!

Another aspect to consider in the pandemic is that the nurse works before, during, and after her workday due to this dual nature. That is because she often ends up taking home what she cannot handle during office hours: she prepares training, makes work schedules, reports, among others. Thus, what we have is the intensification of work, which was already common in the pre-pandemic period, and now accentuated in the pandemic.

I would highlight some lessons for our work process to draw from this period of a health crisis: 1. We need to recognize our work process and its potential. The nurse is the only worker who assists her manager; 2. It takes political organization to stop the precariousness of work. The improvement of salaries, working hours, and working conditions will not come by decree if there is no mobilization of the category; 3. Nurses need to recognize and be proud of what they do.

The nurse's work is socially demanded, which means that society needs this; 4. Nurses need to find strategies to give visibility to their work process. The health crisis may be the opportunity if nurses cooperate through their representative entities: union and association.

As the fifth and final lesson I point out, I rescue an excerpt from an article: "From this insertion marked by experience, new knowledge developed and developed continuously, ensuring the profession a contribution in the cognitive field. Whether in the hospital field or on the fronts of public health, nursing has occupied, in the management and coordination programs, a space of debates and self-organization that results from the domain of knowledge and practices".³

The pandemic can also be an opportunity for nurses to produce knowledge, consolidate their space of activity and implement new practices to benefit those who are the object of our managerial work – nursing techniques and other health workers/ and care - patients.

References

1. Mendes-Gonçalves RB. Práticas de saúde: processos de trabalho e necessidade. In: Mendes-Gonçalves RB. Saúde, Sociedade e História [Internet]. São Paulo: Hucitec; Porto Alegre: Rede Unida; 2017. Available from: <http://historico.redeunida.org.br/editora/biblioteca-digital/colecao-classicos-da-saude-coletiva/SaudeSociedadeeHistoria.pdf>
2. Paim JS. Da teoria do processo de trabalho em saúde aos modelos de atenção. In: Mendes-Gonçalves RB. Saúde, Sociedade e História [Internet]. São Paulo: Hucitec; Porto Alegre: Rede Unida; 2017. Available from: <http://historico.redeunida.org.br/editora/biblioteca-digital/colecao-classicos-da-saude-coletiva/SaudeSociedadeeHistoria.pdf>
3. Santos LAC, Faria L. The supposedly subaltern professions: the example of Brazilian nursing. *Saude soc.* 2008;17(2):35-44. <http://dx.doi.org/10.1590/S0104-12902008000200005>