

NEITHER GLAMOR OF SUPER HEROES, NOR APPLAUSE IN WINDOWS: THE REALITY EXPERIENCED BY NURSES ON THE FRONT LINES OF FIGHTING COVID-19 IN BRAZIL

NEM GLAMOUR DOS SUPER HERÓIS, NEM APLAUSOS NAS JANELAS: A REALIDADE VIVENCIADA POR ENFERMEIROS NA LINHA DE FRENTE DE COMBATE À COVID-19 NO BRASIL

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ABSTRACT

Aim: Reflect on the reality experienced by nurses working on the frontline of caring for patients and combating COVID-19, through (auto) biographical narratives. **Methodology:** It is a descriptive study, through (auto) biographical narratives, with a qualitative approach. The participants in this research were 76 nurses, working on the front line of care for people with COVID-19, in all Brazilian states, and the data collection took place between May 25 and July 15, 2020. The collected information was submitted to the Content Analysis, proposed by Bardin. In addition, to support the (auto) biographical analysis, the contributions of Boaventura de Sousa Santos and Michel de Certeau were used. **Results:** It was found that the majority of participants reported having access to personal protective equipment, however with restriction and based on very strict compliance protocols and also, in questionable quantity, durability and suitability. Regarding the use of resources received by States and Municipalities during the pandemic, there was the position of nurses who believe that the resources received were sufficient, but their application was inadequate, and conceptions that the received funds do not correspond to the need for health services. The statements contained in this article demonstrate that the professionals are exhausted, bewildered and clamoring for recognition and social and professional visibility. **Conclusion:** It is hoped that the narratives shown here will serve not only to denounce the bad situations experienced, but to prove the importance of establishing better opportunities for professionals.

Key words: Nurses; COVID-19; Individual protection equipment; Professional Exhaustion; Social Recognition.

RESUMO

Objetivo: Refletir sobre a realidade vivenciada por enfermeiros atuantes na linha de frente de cuidado aos doentes e combate à COVID-19, por meio de narrativas (auto)biográficas. **Metodologia:** Trata-se de um estudo descritivo, por meio de narrativas (auto)biográficas, com abordagem qualitativa. Os participantes desta pesquisa foram 76 enfermeiros(as), atuantes na linha de frente de cuidado a pessoas com COVID-19, em todos os Estados brasileiros, sendo que a coleta de dados ocorreu entre 25 de maio e 15 de julho de 2020. As informações coletadas foram submetidas à Análise de Conteúdo, proposta por Bardin. Ademais, para embasar a análise (auto)biográfica foram utilizados os contributos de Boaventura de Sousa Santos e Michel de Certeau. **Resultados:** Constatou-se que a maioria dos participantes referiu ter acesso aos equipamentos de proteção individual, entretanto com restrição e a partir de protocolos de consecução muito rigorosos e ainda, em quantidade, durabilidade e adequabilidade duvidosos. Quanto ao uso dos recursos recebidos por Estados e Municípios durante a pandemia, verificou-se o posicionamento de enfermeiros(as) que acreditam que os recursos recebidos foram suficientes, mas a aplicações dos mesmos foi inadequada, e concepções de que os pecúlios recebidos não correspondem à necessidade dos serviços de saúde. As falas contidas neste artigo demonstram que os profissionais estão exaustos, desmoteados e clamando por reconhecimento e visibilidade social e profissional. **Conclusão:** Espera-se que as narrativas aqui exibidas sirvam não apenas para denunciar as péssimas conjunturas vivenciadas, mas para comprovar a importância de se estabelecer melhores oportunidades aos profissionais.

Palavras-chave: Enfermeiros; COVID-19; Equipamento de Proteção Individual; Exaustão Profissional; Reconhecimento Social.

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INTRODUCTION

In December 2019, a new and primarily contagious atypical (viral) pneumonia broke out in Wuhan, China, and the etiologic agent was identified as a zoonotic coronavirus, similar to SARS coronavirus (which causes severe acute respiratory syndrome) and MERS coronavirus (respiratory syndrome) of the Middle East), known as the SARS-CoV-2 Coronavirus, - which causes COVID-19 (2019 Coronavirus disease) ⁽¹⁾.

As for the Brazilian reality, the first case was notified on February 26 and until July 18 (eighteen) of the current year, 2,074,860 (two million, seventy-four thousand, eight hundred and sixty) cases were confirmed and 78,772 (seventy-eight thousand, seven hundred and seventy-two) deaths due to COVID-19 throughout the country, with an incidence of 9,873 / 1 million inhabitants and mortality of 374/1 million inhabitants ⁽²⁾.

In the case of Nursing, it is not the first time that the category has faced respiratory epidemics and serious communicable diseases; needing to (re) invent and assume many of the responsibilities for caring for people's lives and health, and even risking their integrity and that of the people with whom they live. Neuhauser ⁽³⁾ mentions the nurse Florence Nightingale (1854),

considered a mother of Modern Nursing, who, based on mortality data from British troops in the Crimean War, proposed organizational and hygiene changes in hospitals, which resulted in a significant reduction in the number of deaths of hospitalized patients.

In the case of the COVID-19 pandemic, the subjects most affected are people who have greater weaknesses, whether by age, presence of pre-existing diseases, mental disorders, as well as those socially and politically marginalized, such as people living on the streets, users of psychoactive substances and others. Therefore, if Florence Nightingale needed to engage in the defense of the military at war, in the COVID-19 pandemic, nurses have also had to make choices and even fight to be able to offer assistance free from prejudice and that really be representative.

Furthermore, it is possible to affirm that the difficulties experienced by nurses in the middle of the pandemic, both related to work itself, as related to personal, psychological and affective relationship issues and the daily fear of being contaminated or transmitting the disease to people dear ones, they are very conflicting and hard situations, which have been faced and which, for this reason, can generate negative impacts that deserve and need to be explored and explained.

It is worth mentioning an interview given to the New York Times newspaper, by nurse Amanda Ramalho, working on the front line of COVID-19, in an Emergency Care Unit in Pelotas-SP, which said: “I am scared! I never thought I would be experiencing this warlike situation. Still, I am happy to help and I am very careful not to be contaminated [...]”. The first patient under the nurse's care tested positive for COVID-19 on March 12. “I haven't hugged anyone since. [...] I miss my family and friends very much”, he added ⁽⁴⁾.

In this context, up to epidemiological week 29 (July 12 to 18), 944,238 cases of Flu Syndrome suspected of COVID-19 were reported in health professionals at e-SUS Notifica. Of these, 195,516 (20.7%) were confirmed by COVID-19. The health professions with the highest records among the confirmed cases of Flu Syndrome by COVID-19 were nursing technicians / assistants (67,410 - 34.5%), followed by nurses (28,837 - 14.7%) and doctors (21,636 - 11,0%).

Furthermore, it has been observed in television media and on the internet, that people, as a way of thanking health professionals, especially nurses, have done for the health of the population, promoting applause and calling such workers superheroes, on the other hand, little or no attention is given by health officials and

managers to the health and physical and emotional well-being of these professionals in this pandemic moment and even less in relation to the real struggles that the class has been waging for valorization and recognition professional.

Therefore, the objective of this research was to reflect on the reality experienced by nurses working on the frontline of caring for patients and combating COVID-19 through (auto) biographical narratives.

METHODOLOGY

It is a descriptive study, through (auto) biographical narratives, with a qualitative approach. For Delory-Momberger ⁽⁵⁾ (auto) biographical research aims to explore the processes of origin and duty of individuals within the social space and show how they shape their experiences and meaning to the situations and events of their existence.

The narrative is a way of understanding the human experience, through stories (re) lived and (re) told, in a dynamic process in which participant (s) and researcher (s) interact, the latter interpreting the texts and , from them, creates a new wording ⁽⁶⁾.

The participants in this research were nurses, working on the front line of care for people with COVID-19, in all Brazilian states. To this end, it set up its web, using

technologies, in which professionals were contacted, through social networks, such as Facebook, Instagram and Whatsapp, and from there the workers themselves began to inform, like a snowball, other colleagues with the same characteristics, wanted them were also being asked to participate in the investigation.

At the end of the research, 76 (seventy-six) nurses participated, and the data collection, which took place between May 25 and July 15 of this year, ended as soon as at least one (a) representative of each Brazilian State had answered the data collection instrument, which consisted of a semi-structured interview script prepared by the researchers themselves, addressing questions related to the day-to-day activities in the COVID-19 pandemic.

The collected information was submitted to Content Analysis, proposed by Bardin ⁽⁷⁾. Among the techniques of Content Analysis, thematic analysis was chosen, which seeks the nuclei of meaning. In addition, to support the (auto) biographical analysis, the contributions of Boaventura de Sousa Santos ⁽⁸⁾ - dealing with everyday life as (re) invention of narratives - were used, and Michel de Certeau ⁽⁹⁾, who studies everyday practices in arts of knowing how to say narratives.

It is explained that, in the construction of the narratives, the researcher captures the

perceived reality, processes the information for the production of knowledge, validating or not his research hypotheses. Thus, the phenomena, that is, the fragments of the lived experiences are captured and inserted in a framework of meanings and, then, they are analyzed, being referenced in the field of the hyper space / time category, the place and moment in which they occur; the investigated being the subject of the action ⁽¹⁰⁾.

Thus, with the material from the interviews, the categorization, inference, description and detailed interpretation of the entire content proceeded. Therefore, after a comprehensive reading of the answers / speeches, they were explored and an interpretive synthesis consistent with the research objective was elaborated.

In addition, based on the interpretation carried out and in line with the objective of the study, three categories were structured, namely: 1) Access to personal protective equipment; 2) Financial, material and instrumental investments in the Municipality / State operating on the front line; 3) The experience as a nurse in the fight against COVID-19.

It is noteworthy that to facilitate the understanding of the information, the data were faithfully described, according to the response of each nurse to the questions sent, and then the participant was presented in the

text with the term Nurse (referring to the profession - Nurse, followed by a number that represented the order of answer referring to the State and the acronym of the Federative Unit in which it operates, such as: Nurse 22 MA (Nurse 22 working in Maranhão).

The research project was submitted to Plataforma Brasil, and then approved by the Research Ethics Committee (CEP) under CAAE number 32083420.2.0000.5554 and Opinion 4,043,700. The investigation followed all ethical precepts, in line with CNS Resolution No. 466/12, which deals with research involving human beings, as well as CNS Resolution No. 512/16, which allows Free and Informed Consent to be issued, including in an informed oral way.

RESULTS

In terms of presentation, the average age of respondents was 36.5 years and 71% were female. The time of training in nursing ranged from 1 to 25 years. Regarding postgraduate studies, 90.7% had a specialization lato sensu or master's degree. And, of the 76 nurses interviewed, 59.2% had only one job and 81.5% work in the front line in public service.

Category 1: Access to Personal Protective Equipment

When asked about access to personal protective equipment (PPE), most subjects replied that “yes”, however some professionals highlighted the insufficiency / scarcity of PPE, considering the time of use indicated by Organs health agencies. Such findings can be apprehended in the narratives below:

In general, yes, but I perceive a certain scarcity, I wish [...] that we could access these PPE's more easily. (Nurse 1, AC)

It provides, but not necessarily the appropriate ones, [...]. (Nurse 6, AL)

We have what is strictly necessary. [...]. (Nurse 13, BA)

[...] Today, the materials exist and I have access, but at times there is a certain resistance from the institution to deliver the appropriate material and in quantity for the provision of the service throughout the work period, [...]. (Nurse 15, CE)

Yes, our institution supplies all the equipment. [...] We work for more than 2 months with positive patients, without being tested. This caused a lot of discomfort for the team. We feel disposable, just like any disposable PPE. We have no emotional support whatsoever and we feel completely fragile [...]. (Nurse 17, DF)

PPE is distributed on duty, usually at 12 pm, and is not

sufficient according to the recommendations of Organs health agencies [...] Now, after a long time of claiming, a mask similar to the type PFF2 is being delivered, and guidance is that this one should last for around 30 days, and only then will another one be delivered. (Nurse 26, MA)

I realize that everything is very “regulated”, we have to make a request, in writing, in advance. The problem is that sometimes, this bureaucracy gets in the way. (Nurse 33, MT)

Yes, we received waterproof aprons, n95 masks that are changed every shift, in addition to glasses and face shield. [...]. (Nurse 43, PR)

Does not provide. Because pff2 is valid for 12 hours only and we are obliged to use it for 30 days, [...]. (Nurse 44, PR)

The institution where I work provided all the necessary equipment from the beginning, having some moments of adjustment by the CCIH so that there was no lack of material. [...]. (Nurse 59, SP)

Yes. In my routine, I only need a surgical mask and hand hygiene material because I am working in a management position [...]. I also have professionals who collect the notifications in the UBS- Basic Health Units and in the laboratories, they use the appropriate PPE`s, [...]. (Nurse 71, TO)

Category 2: Financial, material and instrumental investments in the Municipality / State operating on the front line

Regarding this category, it was identified that some nurses believe that the resources received were sufficient, but their application was inadequate; while in the view of others, the resources received do not correspond to the need for health services. Such understandings can be verified in the following reports:

Perhaps the financial investments are adequate, but I don't know if their use is so appropriate, as we see not only in our state, but in many others, a series of denunciations of the misuse of financial resources, [...]. (Nurse 1, AC)

In the State of Amazonas, I realized that investments fall short of the real need for health services to face this pandemic, [...]. (Nurse 8, AM)

No. Certainly they must be being channeled to other areas, because we see in the news the amount of resources that reaches the State, but we do not see this transformed into materials to fight the pandemic. (Nurse 13, BA)

I think they could be better invested, because the care with the media and dissemination is greater than with the professionals who are exposed all

the time and worse, getting sick [...]. (Nurse 20, ES)

They are not enough, starting with the salary! I think it's time to value the Nursing category with an increase in salary or bonus. They should invest in more beds, especially in the ICU. These field hospitals are just a way to mask the population's health service needs, because after the pandemic, they will be broken up [...]. (Nurse 25, MA)

[...] there is a lack of inputs such as monitors, respirators, infusion pumps, private clothes and enough beds to meet the demand that is only increasing every day. In addition, there is a deficiency in the number of professionals, generating an exhaustive workload [...]. (Nurse 28, MA)

I do not think so. Although this field hospital is a good sign of some investment. However, field hospitals will close after this period [...]. The ideal would be to equip the hospitals that we already have. (Nurse 32, MS)

I think that the resources that the State and the Municipalities received were many and sufficient, but I don't know if they are being applied properly. Unfortunately, we see all the time on social networks and on television news reports of the misuse of these resources. We even started to see some Secretaries and Mayors being investigated and arrested. [...]. (Nurse 33, MT)

I think the resources received are many, but the application of this I cannot follow very well. I realize that there is a lack of many materials and instruments necessary for the assistance, [...]. Anyway, it is terrible to know that in the midst of such a pandemic, there is still a misuse of funds. (Nurse 35, PB)

They are not using it properly. They are distributing for the emergency, leaving us partly unassisted mainly with regard to the mask and facial protector, [...]. (Nurse 44, PR)

What I understand is that the resources received by the States and Municipalities are huge, but in the daily life of health services, we do not see where they are being applied, as we lack everything, including the basics for care. (Nurse 52, RR)

I believe that they are not applying the resources they receive well, we are [...] with municipalities in the countryside collapsing, given that few hospitals have ICU beds. And with an increasing number of infected people, it happens that these patients end up being removed to neighboring cities that have a bed, which, however, are also already with a high number of hospitalizations and that generates even more demand and overcrowding. We need field hospitals for these locations. We don't have it yet. (Nurse 54, SC)

In the State of São Paulo, we are receiving help from many

businessmen, although the occupancy of ICU beds is reaching 80%, the situation remains under control. (Nurse 62, SP)

Clearly, health investments are not being properly applied. The demand for materials, instruments and even professionals in the basic health area is higher than what we have available at the hospital, [...]. (Nurse 69, TO)

Category 3: The experience as a nurse in the fight against COVID-19

With regard to this category, it was found that many professionals feel afraid, insecure, distressed, anxious and unassisted by the public authorities and managers. Furthermore, they recognize the need for greater unity among members of the category to fight for rights and better working conditions, as well as emphasize that, more than applause or being compared to heroes, they crave financial recognition and social representativeness, as can be seen perceive in the narratives below:

I want to say that at this moment, we nursing professionals need more support, both from the public authorities and from society. [...] We are anxious, physically and mentally ill, but we are firm in the purpose of saving lives, [...]. (Nurse 1, AC)

In my almost 25 years as a nurse, I have lived through everything, [...], but this is the first time that I realize everything is so obscure, we do not really know what to think. Politicians have their point of view on the pandemic, society is lost and we health professionals are completely alone and unprotected. [...] (Nurse 13, BA)

I think that there should be a union in the Nursing category at this time so that we can achieve decent working conditions, workload compatible with our responsibilities and fair wages. (Nurse 19, DF)

I really want the category to be more valued, especially from a financial point of view, because sometimes I feel bad when I look at the responsibility we assume in health services and how much we receive for it. (Nurse 20, ES)

It is unfortunate that we see so much death caused by the disease, including professionals, so much sadness from family members, so much inhumanity in mourning, but the darkest thing is to see human beings (politicians, managers, professionals and businessmen) taking advantage of the moment to illegally make a profit from it. [...]. (Nurse 24, MA)

Regarding the tributes to health professionals, all over the world, posted on social networks and the media, such as applause in the windows of buildings, music and being considered as heroes etc ... I want to say that I feel privileged to be part of these professionals

and I understand that these tributes are true and of course, welcome. However, especially in this pandemic moment of the new coronavirus, I don't want to be heroin, I don't want and I don't need to take any risk just because I took an oath, I want to be able to assist the patient with all the necessary conditions for an effective, dignified and safe assistance. (Nurse 26, MA)

When I learned that I was going to work in the pandemic with COVID patients, I immediately felt various feelings, such as fear, insecurity and anxiety. [...]. I realize in the work environment that this insecurity and anxiety symptoms are general among professionals. [...] It is 6 hours with the N95 mask, many procedures, we almost do not stop and do not sit, the patients in the ICU COVID are very serious and have been in hospital for a long time. [...]. (Nurse 29, MA)

I thank you for participating in the research, as I believe that works like this are very valuable and strengthen our class. Thank you for giving us a voice! This moment is above all, to reflect on our duties as health professionals in the face of society [...]. (Nurse 31, MG)

I am very happy with the expressions of thanks that we have received, but this is not enough. I would like people to realize how tiring and repetitive our work is, demanding a lot from us both physically and psychologically. [...]. (Nurse 33, MT)

I express my indignation with mere applause, knowing that several colleagues became ill and passed away, that numbers turned into faces, and that a large part of the population, in whatever state, does not consistently follow the guidelines for this confrontation. But I leave my sincere thanks to this research, in being able to contribute in a unique way, showing the reality experienced by us nurses at this moment. Thankful! (Nurse 34, PA)

I would like our managers to look at our class with a little more respect and pay us better, because our work is fundamental. [...]. (Nurse 35, PB)

I would like to say that there are no "heroes" in health, there are human beings like everyone else, who leave their home and family at certain times to care for other people and families, therefore, fair recognition, including financial, for work accomplished would be rewarding. (Nurse 37, PE)

In addition to the applause we have received in the media, we need better working conditions and remuneration compatible with the work and with the responsibility that we have assumed. (Nurse 45, RJ)

May we professionals be more united as we are now, taking care of the other and not just the patients. We need to express more love for co-workers and the profession, stop competing, be

*recognized for the work done.
(Nurse 50, RO)*

I would like very much that each professional who fell ill or even died in that period, would be remembered at that time not as a super hero, but as a dedicated worker who risks or risked his health and his life in favor of the population. (Nurse 52, RR)

[...] This disease seems to have come with anger at humanity. She is lethal and can destroy a family in a few days. [...]. These are tense days, difficult shifts, body aches, uncertainties, sick colleagues and the uncertainty that you will be fine to take care of others. I pray when I wake up every day asking for strength, [...]. (Nurse 59, SP)

[...] They keep calling health professionals heroes, but what we want is professional and financial recognition, because we work with love, but that's not all. Dignity now! (Nurse 61, SP)

We need psychological counseling. I think it is absurd here in São Paulo that the police take the test and their family members too, but we in nursing, who apply / test them, cannot do it on us. Look at the “valorization of nursing”! We don't need applause, we need respect. (Nurse 63, SP)

I sincerely hope that Brazilian Nursing will be able to perpetuate its acts and the exposure that is going on at this moment, in addition to strengthening the

population's understanding of who nurses are, what they do and their contribution to society, it is also important to fight for improvements in labor and wage issues. [...]. (Nurse 65, SP)

DISCUSSION

Regarding the first category, regarding access to personal protective equipment (PPE), it was found that most participants reported that they have access to them, however with a lot of restriction and based on very strict compliance protocols and still, in quantity, dubious durability and suitability; as perceived in the statements of nurses 1 AC, 6 AL, 13 BA, 15 CE and 33 MT and even Nurse 59 SP dealt with the rational use of this equipment.

Therefore, it is essential that PPE's are provided in an appropriate type, quantity and quality so that these professionals feel protected and safe in the provision of health services. In this regard, the Technical Note issued by the National Health Surveillance Agency (ANVISA) No. 07/2020 highlights the importance of personal protective equipment (PPE) for the protection of health professionals and proposes strategies that can facilitate the availability of PPE in the face of situation of global scarcity, which include education, monitoring and rational use based on institutional protocols ⁽¹¹⁾.

In addition, the nurses 26 MA and 44 PR mention the PFF2 mask, which is provided with indication of use for about 30 days. About this, due to the increased demand caused by the emergency of Public Health of COVID-19, ANVISA ⁽¹¹⁾ recommends that N95 / PFF2 masks may, exceptionally, be used for a longer period or for a number of times greater than the provided by the manufacturer, provided they are used by the same professional and all care measures are observed.

In addition, Duarte and collaborators ⁽¹²⁾ state that each PFF-2 respirator must be exclusive for use on a maximum of 12 hours of work, or, if reuse is really necessary, that it respects the validity period of five days. The Brazilian Society of Pulmonology and Tisiology ⁽¹³⁾, in turn, guides the reuse of PFF2 while in good condition and for a maximum of 15 days.

In contrast, participants 43 PR and 71 TO made it clear that they had access to all PPE's, which represents important and pertinent information in the face of a complex disease, little known, without specific treatment and which has caused a large number of contaminated and deaths . It is noteworthy that ANVISA ⁽¹¹⁾ standardized as fundamental PPE's to assist individuals with COVID-19: gloves, cloak / apron, goggles, face protector, hat, apron and hand hygiene.

As for the Second Category, regarding the use of resources received by States and Municipalities during the COVID-19 pandemic, it was found that the narratives were divided into two subcategories: on the first one is the positioning of nurses (as) who believe that the funds received were sufficient, but their application was inadequate, as observed in the reports of the participants 1 AC, 33 MT, 35 PB, 44 PR, 52 RR, 54 SC, 62 SP and 69 TO.

And in the second subcategory, the conceptions that the received earnings do not correspond to the need for health services, as verified in the statements of the nurses 8 AM, 13 BA, 20 ES, 25 MA, 28 MA and 32 MS based on the understanding of misuse of resources, low wages paid to nursing professionals, erroneous implantation of field hospitals and they also highlighted that after the pandemic, investigations will bring the answers.

In this regard, Provisional Measure No. 926 of March 20, 2020 ⁽¹⁴⁾, provides for procedures for the acquisition of goods, services and supplies intended to deal with the public health emergency of international importance resulting from the coronavirus, and in its Art. 4 explicitly waives the need for bids; however, this opening caused a series of problems in purchases and transfers, as noted below, among other investigations: the

Federal Public Ministry launched Operation Solécia to dismantle the corruption scheme in tenders carried out in the states of Pará and São Paulo, and searches were carried out and apprehensions due to fraud in emergency purchases to combat Covid-19 ⁽¹⁵⁻¹⁷⁾.

Therefore, it is clear that the concern of the participants of this research in relation to the deviations of funds related to the fight against COVID-19 is real and in fact there is a loss in the offer of services and the care directed to the patients, given that such failures they incur the proper direction for the purchase of inputs, materials, instruments, medicines, as well as the hiring of specialized personnel, in the appropriate quantity / dimension and with fair remuneration.

This problem is based on the non-liberation or change of sectors for nurses and nursing technicians belonging to risk groups, such as those over 60 years of age, with coexisting chronic diseases, increasing the chances of illness and death, as according to the Federal Council of Nursing and the International Council of Nurses, Brazil is the country with the most deaths of nurses and health professionals due to the Covid-19 pandemic ⁽¹⁸⁾.

Regarding the last Category "The experience as a nurse in the fight against COVID-19", the most significant narratives

were grouped into four subcategories, as shown below:

In the first subcategory, the content refers to the experiences of the research participants regarding feeling alone, unprotected and without attention by the public authorities and managers at this time of the pandemic, as evidenced by the nurses 1 AC, 13 BA and 35 PB. It should be noted that the action on the front line to combat COVID-19 brings a series of uncertainties, concerns not only with their own life and health, but also with other people with whom they live, in addition to co-workers and patients assisted, which weakens the professional and makes him / her more vulnerable.

In this way, when requesting more support from the public authorities and health managers, these workers emit a choked cry for help, not only because this moment is unique, because it is an aggravation in which not even health institutions or professionals and researchers they know enough, but mainly because they have been oppressed in different ways and little attention has been paid to their demands.

Certeau ⁽¹⁹⁾ addresses the being and doing of the human being in society, admitting that there are different ways of accomplishing something, in addition to the different tactics used for this and the invisibility and transparency that can affect

people, making them circulate to be seen, therefore, to reduce such incongruities, there is the power of knowledge as the capacity to transform the uncertainties of history into readable spaces for action and the search for the realization of rights.

In the second subcategory of the third Category there were (auto) biographical narratives that highlighted the need for greater unity among members of the category to fight for rights and better working conditions, as observed in the reports of nurses 19 DF, 20 ES, 31 MG, 50 RO and 65 SP.

Among the biggest claims made by nursing professionals, two bills are currently being processed in the Federal Senate and the Chamber of Deputies (PL), demanding on the salary floor and the working hours for nursing professionals, according to the identification PL 2.564 / 2020, PL 2,295 / 2000 and PL 4998/2016 that amend Law No. 7,496 / 86 to fix the monthly amount of R \$ 7,315.00 (seven thousand, three hundred and fifteen reais), as well as to establish a dignified rest during working hours and the last, fixes the workday at six hours a day and thirty hours a week. It should be noted that these requests have been, notably, gaining strength in this pandemic period, given the demands in the development of assistance actions and the exposure to which professionals are being subjected.

It should be noted that some participants were grateful for participating in the research, highlighting the importance of this channel as a way of presenting their concerns and revealing what, in fact, they are experiencing in this pandemic period and also mentioned the importance of remaining close to each other, seeking common rights with a view to consolidating the profession and showing its greatness in such a heterogeneous country.

In the third subcategory of the last Category are the interlocutions that deal with the feelings of these nurses in this moment of the COVID-19 pandemic, highlighting fear, insecurity, anguish and anxiety, both in terms of the characteristics of the service performed, relocation of professionals for more complex areas, as well as witnessing the sadness of family members with the illness and death of loved ones. It is also noteworthy the report of a participant who deals with the lack of decorum of some people in taking advantage of the moment of the pandemic to achieve profits, whether financial or political, as demonstrated by the emotional content explained by 24 MA and 29 MA.

The professional practice of nursing can become tedious and exhausting for professionals, given the diverse demands of work such as dealing with the day-to-day suffering of others, acting in the face of

stressful situations, being accused of negligence when failing to meet all requests by patients and family members, in addition to turning to care in cases of news of serious illnesses and deaths, as well as low wages received. All of these situations can, alone or together, act as intermediary entities, psychosomatic disorders causing sometimes irreversible damage of a psycho-emotional or even physical nature.

In this regard, an investigation conducted by Humerez, Ohl e Silva with the aim of reflecting on the mental health of Brazilian nursing professionals in the context of the pandemic COVID-19, found that these workers are part of one of the most affected groups, exposed to risk contagion and emotional pain that considerably affects mental health ⁽²⁰⁾.

A study by Duarte, Glanzner and Pereira analyzed the factors of suffering and defensive strategies of nurses working in the emergency of a university hospital and detected, among the factors of suffering, overcrowding and work overload, feelings of frustration, insecurity and conflicts among professionals . And in relation to defensive strategies, individual ones such as: leisure activities, physical exercises, music and therapy; ecoletivas: organizing shift activities and teamwork ⁽²¹⁾.

In the fourth and last subcategory of the third category, the nurses' reports stand out as regards the tributes received in the form of applause and being compared to the super heroes of fictional tales, because although the population is grateful for the recognition of the courageous work performed, reveal that they do not, in fact, receive the financial and social representational recognition that the category needs; as the participants point out 26 MA, 33 MT, 34 PA, 37 PE, 45 RJ, 52 RR, 61 SP and 63 SP.

The truth is that through the narrated content, it was clear that the material covered by television and social media does not, in fact, reach the meaning and the experience experienced by these professionals in the field of care for patients by Covid-19, on the contrary, if distances itself from reality a lot, because more than just following protocols, dealing with a condition in which there is no specific therapy and which presents different manifestations depending on age, pre-existing diseases and other factors, with imprecise evolution and increasing numbers of notifications and Deaths, in addition to affecting emotional aspects, affect too much the capacity for evaluation and planning.

The report does not express a practice, it does, evokes and its content produces effects. Memory does not have a ready-made

organization, mobilizing itself according to what is happening ⁽²²⁾. In this way, the memories made explicit by nurses in caring for patients with Covid-19 emerge not only their care praxis, but their emotions, sensations, emotions and experiences as people and human beings who are and express what they are full of , sometimes with uncertainties and apprehensions and, on the other, with hopes and aspirations for quieter and safer moments.

Therefore, being indignant with the manifestations of the population either in their own windows or through social networks, does not mean that they are displeased or that they may not be moved, the fact is that the same people who applaud are those who are on duty, usually crowded , with little privacy, precariousness of spaces and equipment, subject to acquiring any and all types of injury, are not solicitous to the professionals' desires and do not care about their lack of support, and yet, in many situations, charge and put the fault of the lack of inputs during the attendance of these workers.

The statements now exposed demonstrate that these professionals are exhausted, completely bewildered and clamoring for recognition and social and professional visibility, not only individually, but for the entire category. It is crucial to pay more attention to their demands, to listen to

them, to meet their needs, including psycho-emotional care, because in addition to being the largest contingent in the health area, their performance has decreased rates of illness and greatly improved health conditions of the population.

Furthermore, the sociologist Boaventura de Sousa Santos in his analysis "The Cruel Pedagogy of the Virus" encourages reflections on the effects of the pandemic, demonstrating, mainly, the ineffectiveness of the current economic and financial system, added to the fragility of the countries in response to the countless ills of the society, which intensify in periods of crisis ⁽²³⁾.

Finally, the aforementioned scholar argues that it is imperative that societies adapt to the future, in order to prevent new pandemics from appearing as deadly or even more as the one existing at the moment. Furthermore, Santos makes considerations about the paths that must be taken: whether those who seek a return to the old normal or those who encourage good living, through transformations in the forms of production and consumption ⁽²³⁾.

CONCLUSIONS

The Covid-19 pandemic has opened gaps in the health area and removed sales, explaining problems traditionally veiled by

the people, including health professionals, and their representatives, translated into the provision of low quality services, insufficient use of resources, professional disqualification, embezzlement, police scandals and other dilemmas that greatly interfere with the credibility of the Unified Health System.

It is hoped that the narratives shown here may, in fact, represent what, if not all, most nurses have experienced since the beginning of this pandemic and that they serve not only to denounce the bad circumstances experienced, but to prove the importance of to establish better opportunities for these professionals, in addition to instigating reflection on the importance of this noble profession.

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