Original Article

Dimensions of the (under) appreciation of nursing: perceptions of workers in the context of the COVID-19 pandemic*

As dimensões da (des)valorização da enfermagem: percepções dos trabalhadores no contexto da pandemia da covid-19

Dimensiones de la (de)valuación de la enfermería: percepciones de los trabajadores en el contexto de la pandemia de la COVID-19

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Abstract

Objective: Understanding the perceptions of nursing workers from Intensive Care Units regarding the appreciation of their work in the context of the COVID-19 pandemic. **Method:** Descriptive, qualitative research, conducted with nurses and nursing technicians from Intensive Care Units for COVID-19 patients of a public hospital in Minas Gerais. Semistructured interviews were carried out from January to February 2022, recorded in audio and submitted to an inductive analysis. **Results:** 15 nurses and 13 technicians participated. They highlighted the temporary appreciation received during the pandemic, their disbelief in the continuity of this appreciation, feelings of disrepute, distinction between professional classes, patient disrespect, multiple jobs, hoping for a higher wage floor and a lower hour load. **Conclusion:** It was essential to ensure dignified conditions, emotional support, payment, and fair work hours. The efforts and knowledge of these professionals must be recognized as they are essential for any level of health care.
Descriptors: Nurse Practitioners; Social Desirability; Job Market; Occupational Health; COVID-19

Resumo

Objetivo: compreender as percepções dos trabalhadores de enfermagem, atuantes em Unidade de Terapia Intensiva, acerca da valorização do seu trabalho no contexto da pandemia da covid-19. **Método:** pesquisa descritiva e qualitativa, conduzida com enfermeiros e técnicos de enfermagem atuantes em Unidade de Terapia Intensiva para pacientes com covid-19 de um hospital público em Minas Gerais. As entrevistas semiestruturadas foram realizadas entre janeiro e fevereiro de 2022, audiogravadas e analisadas indutivamente. **Resultados:** participaram 15

enfermeiros e 13 técnicos de enfermagem, os quais destacaram valorização temporária durante a pandemia, descrença na valorização contínua, sentimento de desprestígio, distinção entre classes profissionais, desrespeito dos pacientes, múltiplos empregos e esperança no piso salarial e na redução da carga horária. **Conclusão:** torna-se essencial garantir condições dignas de trabalho, suporte emocional, remuneração e carga horária justas, reconhecendo o esforço e o conhecimento desses profissionais, indispensáveis na saúde em qualquer nível de complexidade. **Descritores:** Profissionais de Enfermagem; Desejabilidade Social; Mercado de Trabalho; Saúde Ocupacional; COVID-19

Resumen

Objetivo: Comprender las percepciones de los trabajadores de enfermería de Unidades de Cuidado Intensivo respecto la valuación de su trabajo en el contexto de la pandemia de covid-19. **Método:** pesquisa descriptiva y cualitativa, con enfermeros y técnicos de enfermería de una Unidad de Cuidados Intensivos para pacientes con covid-19 de un hospital público de Minas Gerais. Las entrevistas semiestructuradas fueron realizadas entre enero y febrero de 2022, grabadas en audio y analizadas inductivamente. **Resultados:** participaron 15 enfermeros y 13 técnicos de enfermería, que destacaran la valuación temporaria de la profesión en la pandemia, su incredulidad en la continuidad de esa valuación, sentimientos de desprestigio, inequidad entre las clases profesionales, menosprecio de los pacientes, múltiplos trabajos, y esperanza de que habría una reducción en el máximo de horas semanales. **Conclusión**: es esencial garantizar condiciones dignas de trabajo, apoyo emocional, remuneración y horas de trabajo justas, reconociendo el esfuerzo y el conocimiento de esos profesionales, indispensables para la salud en cualquier nivel de complejidad. **Descriptores**: Enfermeras Practicantes; Deseabilidad Social; Mercado de Trabajo; Salud Laboral; COVID-19

Introduction

Nursing is an essential profession, indispensable as part of the structure of health professions, as it provides holistic care to individuals.[1-2] Since this profession has a role in several dimensions of health and is present in all stages of life, from birth to death, it becomes a sociologically essential occupation.[2]

In Brazil, there were, in 2024, 3.073.930 workers in nursing teams, 473.260 of which were nursing assistants; 1.847.700 nursing technicians; 752.567 nurses; and 403 obstetricians.[3] The profession is formed by an expressive workforce in the field of health, affected by work conditions that are often unsatisfactory, in addition to an observable decrease in economic and social appreciation.[4]

In this regard, social inequality in Brazil also reiterates the lack of material and human resources, which are inadequate or insufficient for nursing. This includes the lack of Personal Protective Equipment (PPE). Therefore, low personnel sizing due to high demands of work, multiple employment contracts, and risk of contamination, expose

this workers to overload and physical and mental vulnerabilities. These can trigger emotional suffering, or even death.[4]

The actions of the nursing team in the Intensive Care Unit (ICU) during the pandemic was essential, due to the need to provide care for intensive patients. Nevertheless, the challenges associated to this work during covid-19 were noteworthy, especially considering the concerns, family demands, socioeconomic needs, and the impact on the daily life of the pandemic, which had an effect on the physical and emotional health of these workers.[5-6]

In this context, the ICU is a sector that requires from its workers the ability to conduct adverse events, as they must constantly consider the clinical instability of the patients they assist.[7] Therefore, professionals often live with insufficient material resources, and work in a lower number, generating overload.[8]

Since this is a closed sector, professionals there also experience constant noise, due to the equipment the unit needs to work, such as multi-parameter monitors and mechanical ventilators. These factors bring physical and emotional harm to health workers, especially in those from the nursing team.[9] Furthermore, many workers do not feel accomplished in the worker and feel that society is not aware of their work, under unhealthy working conditions due to several demands and long work journeys.[10]

Regarding health care for covid-19 patients, these workers provide direct assistance. Due to the characteristics of this type of care, they work 24 hours, non-stop, which makes them extremely vulnerable to contamination by the virus.[11] In addition, it is worth mentioning the risks, especially of death, to which these workers are exposed. According with data from the Observatory of the Federal Council of Nursing, 872 nursing professionals died as a result of covid-19.[12] This shows how this category is undervalued, especially as these workers are constantly exposed to infection and provide health care to the population.[11]

Considering the above, the goal of this research was to understand the perceptions of nursing workers form Intensive Care Units, in regard to the appreciation of their work in the context of the covid-19 pandemic.

Method

This is a descriptive study, with a qualitative approach to data. It was carried out in according wigh the guidelines in the Consolidated Criteria for Reporting Qualitative Research (COREQ) guide.[13] The research involved nurses and nursing technicians from a public hospital in the countryside of Minas Gerais, Brazil, in the ICU dedicated to covid-19 patients. Since March 2020, the hospital started functioning as a reference to care for covid-19 patients in the region, which is formed by 27 municipalities. During data collection, from January to February 2022, the institution had 133 beds for covid-19 hospitalizations. 30 of them were in the ICU. Regarding the number of nursing workers, we considered all those who work in the three ICUs of the institution, whose shifts last for 12-hours, followed by 36 hours of rest. There were 24 nurses and 60 nursing technicians, a total of 84 nursing workers in the sector.

Eligibility criteria for participants considered nurses or nursing technicians who worked in the ICU during the pandemic. Exclusion criteria comprised those who were on vacation or any type of leave. Selection was non-probabilistic and intentional. 28 professionals were invited in person, after what the collection was declared finished, as they sufficed to reach saturation.[14]

We developed the following guiding question to carry out the interviews: "What is your opinion regarding the appreciation of nursing during the pandemic?" It stands out that the question was validated by five health experts, nurses, and psychologists, all PhDs.

Interviews were carried out individually, in person, in a room reserved for the researcher and the interviewee. The room was in the hospital, and both researcher and interviewee respected social distancing and wore masks. No one refused participation and no interview needed to be repeated. The main author of the study carried out all interviews. Each interview started with a presentation of the researcher to the participants, an explanation of the research goal and the profession of the author, who is graduated in nursing and, at the time of data collection, was an intensive care nurse and undergoing her master's degree. The above is to make explicit the relationship and influence between researcher and participants.[15]

The material was recorded in audio and manually transcribed. Interviews lasted for a mean of ten minutes, and a field journal was used by the researcher to register her

impressions of any relevant information during each interview. Transcriptions were sent back to participants, so they could comment and/or correct them. All participants approved of the transcribed version. It is worth noting that, in order to ensure the anonymity of participants, their names were replaced by a number, preceded by a letter indicating their professional category, with N for nurse and NT for nursing technician.

The information extracted from the interviews were analyzed through an inductive thematic analysis.[16] The thematic analysis starts with a pre-analysis, in which the material to be analyzed is organized; material exploration, in which categories are defined and units of registration are identified; and treatment of the results, inference, and interpretation, stage in which results are treated, information is grouped according with its meaning and interpreted using a literature review.[16]

The reflective process was relevant, as it established the credibility of the information considering the academic training of the interviewer and main author of this paper, in addition to experience and training in qualitative research. This allowed reflecting on personal values and past experiences that can influence these findings.[15] Additionally, to address reflexivity even further, the dialog between several researchers address discussions, disagreements, the context of their beliefs, perspectives, and values, which also contributes to the reliability of data[15]. The other authors of this research are also graduated in nursing and experienced in direct assistance, which also corroborates our findings.

This investigation was approved by Research Ethics Committee of the institution that was its setting, under opinion number 5,102,039. Additionally, all professionals signed the Informed Consent Form, formalizing their participation.

Results

This research included 28 nursing professionals from covid-19 ICUs, 15 of whome were nurses, while 13 were nursing technicians. 85% were female (n=24) and 15% were male (n=4). As for their age group, 42% were from 18 to 29 years old (n=12); 50% from 30 to 39 (n=14); and 8% were from 40 to 49 (n=2). Regarding marital status, 54% were single (n=15); 29% married (n=8); 10% divorced (n=3); and 7% in common-law marriage (n=2). 39% had children (n=11). Concerning their time working in the covid-19 ICU, 32% had worked

there for six months or less (n=9); 39% from six months to one year (n=11); 18% from one year to one and a half (n=5); and 11% from one and a half to two years (n=3).

One category emerged from the results found, namely, Perceptions about the appreciation of the profession. It had five subcategories, which were: Momentary appreciation during the pandemic; Disbelief in the appreciation and feelings of disrepute; Distinction between professional classes and disrespect from the patient; Multiple employment bonds due to low salaries; and Hope: wage floors and lower workloads.

Perceptions about the appreciation of the profession

This category shows the perception of nursing workers regarding the appreciation of the profession during the covid-19 pandemic. Thus, it shows their perception regarding the momentary appreciation of the profession in the context of the pandemic, their lack of belief in the continuity of this appreciation, feelings of disrepute, regardless of how important nursing work is, distinction between professional classes, and disrespect from the patients. They also discussed the existence of multiple employment contracts and low wages. On the other hand, some workers reported feeling hope and being optimistic regarding the new wage floor and the reduction of the workload of the class in Brazil.

Momentary appreciation during the pandemic

> *We got more visibility. People started talking about heroes, this kind of thing, but I don't think it changed a lot for us, no [...] because it was just that fame and that was it. (NT-1)*
> *We were looked at a bit, let's say. I think this appreciation is temporary, maybe I'm wrong, but after nine years of work, it's temporary. (N-10)*
> *Before the pandemic, it wasn't valued already. It was beautiful, a lot of applauses, 'nursing for love', very cute, but it wasn't valued [...] and when the process of the pandemic came, it only looked good at the beginning. They remembered there's a bunch of 'dumbnuts' who care for us [...] but it passed [...] go look if anyone remembers us? (N-1)*

Disbelief in the appreciation and feelings of disrepute

> *Really, I don't think it's going to happen [appreciation]. It won't. It had to have happened in the beginning. Now it's past. You think they'll value anything? The won't. [...] This salary thing will be shelved, I don't believe it, not really, I don't. If it goes through, great, good for us, but I'm not counting on it, not. (NT-7)*
> *I don't even believe the pandemic brought us anything good, because people still don't know what a nursing professional does. (NT-9)*
> *I think we had to be more valued, we basically carry the hospital on our backs. The largest work load is in nursing, we spent much longer with the patient; all the*

time, we are the bridge between patient, family and hospital [...]. I think we should be more valued for what we do, we have the knowledge for that. (N-4)

I think we are very underappreciated, really, really much, but I mean, a whole lot. And the pandemic showed very clearly that, if there is no nursing team, there is no hospital, the service won't be done. (N-5)

Distinction between professional classes and disrespect from the patient

It's weird because I don't know if its something cultural or specific of each physician, nothing apart from medical work seems to hold any value. (NT-9)

The value the physician, the nurse is a 'nobody' [...]. As if physicians were the ones that cared and spent 24 hours at the bedside of the patient. [...] And a lot of physicians humiliate nursing professionals, they feel superior to us. (N-10)

The work of the physician can't happen without that of the nurse. As far as I see, the physician does nothing but drug prescription. They evaluate and prescribe drugs, all else is for the nursing to do. A-L-L else. (N-5)

Physical therapists work for 30 hours and get a good paycheck, physicians, you don't even have to mention [...] why can't the nurse be payed well? (N-13)

We provide the best care, whatever it may be, and some patients call us names, then the physician arrives and they become all sweet, smooth flowers: 'hi doctor, oh I was feeling pain'. We are not respected, the patient doesn't respect us, not even their companions respect us. Our profession is a sad one. (N-1)

Multiple employment bonds due to low salaries

Nowadays, if you don't work in two, three, four hospitals, you can't get a living wage. This 24 hour, 36 hour shifts, they wear you down so much. (NT-8)

[...] Why must the nurse have two, three jobs to be able to have a reasonable income? Nurses aren't rich, their quality of life is a bit better, but at what cost? The cost we pay with our health is too big, because if you have a job you don't live wonderfully well, you just pay the bills. With the second one you say: 'now I'll live'. One job to pay the bills, the other to live. (N-13)

The wages don't appreciate, they are demotivating. (N-1)

There's a lot of financial disrespect, because, financially speaking, the disrespect is enormous [...] this is why we have to work at two, three, sometimes four jobs to earn the minimum we need to live. (N-5)

Hope: wage floors and lower workloads

I'm hopeful, at least to see if the new wage floor will come. (NT-11)

We're out there fighting to get 30 hours a week, a fairer job, we need to keep on fighting to see if we can get. (N-6)

I'm really rooting for the new wage floor to be approved, I hope it is, no one needs more than two [jobs]. (NT-6)

I hope this law will be approved and really happen, that we go beyond the congratulations, that the wage appreciates, because nowadays there are many professions where you earn more than we do without being at this level, and I mean no offense, but they don't spend five years at college, they don't have to learn as much, to deal with actual lives. (N-13)

During the pandemic, nursing went through a momentary appreciation, characterized by applause and temporary recognition. However, professionals believed that this appreciation was ephemeral and superficial, with no concrete change, especially regarding wages and permanent forms of recognition. The predominant feeling is one of disbelief and disrepute, while work conditions and salary continue as they were. The struggle for a better wage floor and a lower workload is seen as the hope for a better appreciation of the category.

Discussion

Nursing is essential to rehabilitate and maintain health, in addition to keeping the wellbeing of people and providing them with care. It contributes to the economic prosperity of countries as it improves the quality of health of their citizens, improve their quality of life and, consequently, increases their productivity in society. During the covid-19 pandemic, administrative authorities have momentarily praised nursing workers due to their commitment and boldness. However, little financial encouragement or emotional support was provided to these professionals.[17]

Nursing workers faced a historic and chronic deterioration of their work conditions, which was worsened by the context of the pandemic.[18] Furthermore, access to proper PPE was insufficient, making them vulnerable to infection by the disease.[4,17]

In agreement with our results, a previous investigation pointed out that the pandemic increased the recognition of the actions of nurses.[19] Nevertheless, the appreciation for the category has visibly decreased, due to long work hours, wage gaps, inadequate infrastructure, poor working conditions, and lack of quality materials for the practice of their work.[4]

Participants of this study also highlighted the discrepancies in the way they are treated and recognized when compared to other professional categories such as physical therapists and, especially, physicians. The lack of recognition for nursing workers is clear in the attitudes of administrative authorities during the covid-19 pandemic and in those of patients themselves, who often disrespect nursing workers in their day-to-day work.[19]

In addition, the underappreciation of these workers is noticeable in their low earnings. This also leads them to need two or more employment contracts in order to earn enough to have better conditions to live. Corroborating these findings, scientific evidence suggests that nursing workers are underpaid and, due to their low ages, often resort to multiple jobs (in most cases, secondary activities in poor conditions) to complement their monthly income.[20]

These challenges, in addition to the pandemic, which was a challenge for front line nursing workers, helped trigger psychological issues,[21] especially in the context of the ICU.[22] These issues have a negative impact on the mental health of these workers, who, in some cases, continue to be exposed to said situations, often with no institution support, as some health institutions have no mental health professionals available.[23]

High numbers of workers on leave, undersized workforces, and exhausting shifts showed that nursing workers who provided care for covid-19 patients were under an excessive work load.[24] A qualitative study with ICU nurses in Iran showed that managers were inefficient in providing support to nurses, who were physically exhausted, had a low desire to work during their duties, and regretted being nursing workers, which culminated in a desire to abandon job and career.[23] Another research, developed in the south of Brazil, showed a high prevalence of nursing workers who wished to abandon the profession.[25] These findings are similar to those in this research, showing an intense and worrisome feeling of underappreciation.

Therefore, Brazilian nursing, despite being underrecognized, has been the protagonist in the struggle against the new coronavirus, showing that it is necessary to discuss their formation, roles, life conditions, work, and future expectations.[26]

Although some workers showed hopelessness regarding the approval of new wage floors and shorter work hours, some interviewees were optimistic about Bills No. 2564/20[27] and 2295/00.[28] As a result, there was a glimpse at an opportunity to be more appreciated during the pandemic, a moment in which nurse was, and still is, essential for the are of hospitalized patients, especially those in ICU beds. At the time of data collection for this study, these Bills were still in progress.

In May 2023, Bill No. 14.581, from 2023, was approved. It makes R$ 7.3 billion available to pay the wage floor for nursing workers[29] The new wage floor, according to

Law No. 14.434[30] states that all nurses hired through the Consolidation of Labor Laws (CLT), both in private and public sectors, should earn R$ 4,750.00, while nursing technicians should earn R$ 3,323 and nursing assistants and midwives, R$ 2,375.[30]

Despite the approval of the wage floor in Brazil, a difficult and relevant achievement for the category, the struggle of nurses to ensure their rights will continue, including reducing their workload to 30 hours a week, support from representative entities, the class of workers a whole, and the recognition of government instances, especially in the face of threats and complaints from employers.

It is essential for health institutions/employers to attend regulations regarding wage floors, approved by the Federal Government, in addition to using the proper personnel sizing for each sector, so there is no more overload. Therefore, dealing with underappreciation should go beyond the resilience of professionals, involving mechanisms to report, debate, and organize collective struggle to ensure the rights of the category.

Additionally, raising awareness regarding this professional for society as a whole is a worldwide task, be it through media, studies, or others, since we know that health services, especially hospitals - the context of this research -, cannot dispense nursing teams and the care they provide.[11]

Limitations of this study include the fact that it was carried out in a single public hospital, whose management and payment models may be different from others, especially considering, specifically, the ICU. Nevertheless, some participants reported being employed by private hospitals, and also dealt with covid-19 patients in these institutions. It also must be considered that participants had different periods of working in a covid-19 ICU, but most (39%) worked from six months to one year in the institution where data collection was carried out. This means they had considerable experience working during the pandemic. Strengths of this research include the fact that this hospital is a reference for covid-19 care, attending 27 cities of the state of Minas Gerais. Also, the reflection of the authors should be considered, since the fact they are nurses helped increase the reliability of the findings.

Finally, this investigation has implications towards improving knowledge, raising the awareness of administrative and governmental instances, of society at large, and of class councils, regarding the appreciation of the category and the potential

consequences of frustration and professional demotivation in these workers. New research should be carried out about the perception of nursing regarding their (under)appreciation in the several contexts where the workers of this category operate, especially after the mpandemic, in order to contribute with interventions in the scope of work and employment.

Conclusion

The dimensions of the (under)appreciation of nursing are associated to several factors that affect the perception of their value, the respect devoted to nursing workers in ICUs for covid-19, as well as the work carried out by these professionals.

This underappreciation was associated to the lack of economic and social recognition, inequality when compared to other professional classes, poor working conditions, and the need for multiple jobs. Although these professionals became momentarily more visible during the pandemic, they reported that this appreciation was short lived. The implementation of wage floors and the reduction of the workload have been mentioned as measures required to increase the appreciation of the category.

The discrediting and social invisibility impact not only the emotional aspects of these workers; they also affect the quality of the assistance they provide. Therefore, it is essential to provide these workers with better work conditions, emotional support, fair pay, and working hours, recognizing their efforts as deserved, as well as their scientific-technical and humanistic knowledge, which is paramount in health care, in any level of complexity.

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