RESEARCH

EFFECTS OF HEROISM DISCOURSE ON THE PROFESSIONAL INVOLVEMENT OF NURSES IN THE COVID-19 PANDEMIC

EFEITOS DO DISCURSO DE HEROÍSMO NA IMPLICAÇÃO PROFISSIONAL DE ENFERMEIROS NA PANDEMIA DE COVID-19 EFFECTS

EFECTOS DEL DISCURSO DEL HEROÍSMO EN LA IMPLICACIÓN PROFESIONAL DE LOS ENFERMEROS EN LA PANDEMIA COVID-19

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ABSTRACT

Objective: to analyze the effects of heroism discourse on the professional involvement of nurses in the COVID-19 pandemic. **Methods**: this is a qualitative study, carried out from April to June 2020, using the snowball method, with 598 nurses in Brazil, using Google Forms®. It was conducted based on the theoretical framework of Institutional Analysis, which seeks to understand and transform social reality in terms of ideological dimensions (way of thinking and representing the profession), libidinal (productions and rearrangements carried out with the profession through desire), and organizational (the material basis for the exercise of the profession). **Results**: in the ideological dimension, the discourse of heroism about nurses involves the social non-recognition of the profession and the figure of the hero, who do not see as such, as they work in poor working conditions and are at constant risk of death. In the libidinal, ambiguously, nurses identify with the heroism discourse when there is admiration from the population, social recognition, and satisfaction with work, even amidst feelings of distress, impotence, sadness, and fear. Finally, in the organizational dimension, the discourse is involved with better working conditions, wages, and reduced workload, necessary for providing care with quality and safety. **Conclusion**: the effects of the heroism discourse are implied in the three dimensions and refer to the socio-historical process of the constitution of the profession, associating nurses with the hero figure. Nurses vehemently question this position because the precarious working conditions they are exposed to are very real.

Keywords: Pandemia; COVID-19; Professional Practice; Nurses, Male; Nursing; Qualitative Research.

RESUMO

Objetivo: analisar os efeitos do discurso de heroísmo na implicação profissional de enfermeiros na pandemia de COVID-19. *Métodos*: estudo qualitativo, realizado de abril a junho de 2020, pelo método bola de neve, com 598 enfermeiros do Brasil, por meio do Google Forms®. Foi conduzido à luz do referencial teórico da Análise Institucional, que busca compreender e transformar a realidade social quanto às dimensões ideológicas (maneira de pensar e representar a profissão), libidinal (produções e rearranjos realizados com a profissão por meio do desejo) e organizacional (base material para o exercício da profissão). *Resultados*: na dimensão ideológica, o discurso de heroísmo sobre os enfermeiros envolve o não reconhecimento social da profissão e a figura do herói, que não se veem assim, pois atuam em más condições de trabalho e estão em constante risco de morte. Na libidinal, de forma ambígua, os enfermeiros se identificam com o discurso de heroísmo quando há admiração da população, reconhecimento social e satisfação com o trabalho, mesmo em meio a sentimentos de aflição, impotência, tristeza e medo. Por fim, na dimensão organizacional, o discurso se implica com melhores condições de trabalho, salários e carga horária reduzida, necessários à prestação de cuidados com qualidade e segurança. *Conclusão*: os efeitos do discurso de heroísmo estão implicados nas três dimensões e remetem ao processo sócio-histórico de constituição da profissão, associando os enfermeiros à figura de herói. Os enfermeiros questionam veementemente essa posição, uma vez que as condições precárias de trabalhos às quais estão expostos são bem reais.

Palavras-chave: Pandemia; COVID-19; Prática Profissional; Enfermeiros; Enfermagem; Pesquisa Qualitativa.

RESUMEN

Objetivo: analizar los efectos del discurso del heroísmo en la implicación profesional de los enfermeros en la pandemia de COVID-19. *Métodos:* estudio cualitativo, realizado de abril a junio de 2020, utilizando el método de bola de nieve, con 598 enfermeros de Brasil, a través de Google Forms®. Realizado a la luz del Marco Teórico del Análisis Institucional, que busca comprender y

*transformar la realidad social, en lo que respecta a las dimensiones ideológica (forma de pensar y representar la profesión), libidinal (producciones y reordenamientos realizados con la profesión a través del deseo) y organizacional (base material para el ejercicio de la profesión). **Resultados:** en la dimensión ideológica, el discurso del heroísmo sobre los enfermeros implica la falta de reconocimiento social de la profesión y la figura del héroe, que no se ven a sí mismas como tales, ya que trabajan en malas condiciones laborales y están en constante riesgo de muerte. En lo organizativo, el discurso implica mejores condiciones de trabajo, salarios y reducción de la carga de trabajo, necesarios para la prestación de cuidados con calidad y seguridad. En lo libidinal, de forma ambigua, los enfermeros se implican con el discurso del heroísmo cuando la admiración de la población, el reconocimiento social y traer satisfacción con su trabajo, incluso en medio de sentimientos de angustia, impotencia, tristeza y miedo. **Conclusión:** los efectos del discurso del heroísmo están implicados en las tres dimensiones, remiten al proceso social e histórico de constitución de la profesión y asocian a los enfermeros con la figura del héroe. Los enfermeros cuestionan enérgicamente esta postura, ya que las precarias condiciones laborales a las que están expuestas son muy reales.*

Palabras clave: *Pandemia;* COVID-19; *Práctica Profesional; Enfermeros; Enfermería; Investigación Cualitativa.*

INTRODUCTION

A Nursing is the profession present in all organizational structures of the health system, assisting people and their families at all stages of human life.[1] Despite working under a high risk of contamination and stressful conditions, nursing professionals were subjectively mobilized, through suffering and pleasure, when aiding in the context of the COVID-19 pandemic.[2]

In Brazil, nurses represent 50% of the health workforce, made up of professionals between 31 and 36 years old,[3] different from the European and North American profiles,[4]. In addition, they acted on the front line of care for people affected by COVID-19, being more susceptible to contagion and illness. Updated data from the Nursing Observatory show that 64,616 Nursing professionals were affected by the disease and 872 died with a fatality rate of 2.3% [5].

The precarious working conditions imposed on Nursing professionals became more evident during the fight against COVID-19, especially in the professional deficit, the overload of activities, the low remuneration, the shortage, or the inefficiency of personal protective equipment (PPE).[3] These factors influence the mental health of workers,[6] triggering psychopathological symptoms.[7]

Even in the face of such conditions, national and international media have characterized nurses as heroes. Studies problematize this view, paying attention to the effects and repercussions on the professional, social and political identities of the profession.[8,9] However, this topic still lacks more understanding about its effects and the relationship with professional implications.

Institutional Analysis, the theoretical reference of this study, seeks to understand social reality from concepts and instruments that enable analysis and intervention in institutions.[10-12] The implication consists of the relationship that individuals establish with institutions, that is, with socially instituted norms and rules.[11] It can occur at an ideological level (way of thinking and representing the profession), libidinal (productions and rearrangements carried out with the profession through desire), and organizational (the material base that the professional uses to become related to the profession) [10-12]. Considering professions as institutions, it is a professional implication analysis process.[12]

In this sense, the implication is not related to motivation or involvement but to looking at the institutions that cross us. Through implication analysis, it is possible to access the institutions present in us. Given this, the following question arises: what are the effects of society's discourse of heroism on the professional involvement of nurses?

We believe that considering such effects of this discourse on the professional involvement of nurses enables us to understand the place that Nursing occupies in the lives of its workers, perspectives, and desires. The objective is to analyze the effects of the heroism discourse on the professional involvement of nurses in the COVID-19 pandemic.

METHOD

This is exploratory, descriptive research with a qualitative approach. For the design and development of the study, we adopted the Consolidated Criteria for Reporting Qualitative Research (COREQ) criteria.

Theoretical Reference

The study was based on the theoretical reference of Institutional Analysis, which is part of the institutionalist movement, originated in France in 1960 and was introduced in Brazil in 1970.[10] This theory proposes to understand a certain social and organizational reality by focusing on basic concepts based on the theoretical contributions of the dialectics of Hegel and Castoriadis, in the critique of Freudian psychoanalysis [10-12] and other theoretical constructs, characterizing as an interdisciplinary theoretical reference.

Institutional Analysis seeks, based on the subjects' practices and discourses, to understand and transform social reality. To this end, the concept of institution comprises instituted processes (rules, norms) and instituting movements, which are configured as a force for change that confronts what is set as the norm.

Study design

To access the participants, we assumed that the experience of Nursing professionals in the country, working or not on the front line of care for people with COVID-19, also affected those who worked in other scenarios. This could produce feelings of compassion for empathy towards fellow victims of the health crisis, a phenomenon known as "secondary trauma".[13]

Data collection was carried out using the Google Forms® platform between April and June 2020. The capture of participants and data collection were conducted virtually, using the "snowball" method. To access the initial participants, the researchers sent the form through a link invitation to five seeds (key informants) via contacts of research groups from the five regions of the country, with the request to participate in the research and disseminate it among their peers and services.[14]

Inclusion criteria were professionals acting as a nurse; any nationality; acting in different health care scenarios (direct and/or administrative/managerial assistance), which can be teaching and research; or without a professional activity (unemployed/retired and/or on leave). The exclusion criteria were professionals out of the country during the data collection period.

The Google Forms® form had multiple-choice questions about the sociodemographic and employment data of the participants. Considering the discourse of nursing heroism widely spread in the country, the following question was asked: report your experiences and thoughts regarding your profession during the COVID-19 pandemic.

Once the data were obtained from digital tools, the security procedures for data protection were rigorously followed, with the use of passwords, codes, and zipping of folders. We obtained 598 nurses from the five regions of Brazil who answered the form.

For the ethical recommendations in the development of research in virtual environments, four researchers jointly extracted and organized the spreadsheet with the answers. The following criterion was applied for the selection of testimonies: speeches that brought up the way nurses were experiencing and interpreting professional practice, how they were adapting, and the relationships they had with patients/families in health services in the context of COVID-19.

Reliability in data collection was conducted by eliminating 10 unfinished or half-filled forms, keeping only the last one sent by the participant. To interrupt data collection, the theoretical saturation criteria were adopted[15,16] from the conscious judgment of the researchers, who performed daily readings of the new insertions of reports on the platform, seeking to capture new sets of information that brought differences, similarities, and contrasts that met the research objectives.

The criteria adopted to ensure data security were that the questionnaires would be used only for the purposes explained and authorized via the Informed Consent Form (ICF); application of the Google Forms® form; pilot test before release. To certify the correct operation, only the research coordinator had access to the names and email addresses of the participants, which were deleted from the spreadsheet before being processed for analysis.

The apprehended material was prepared and processed in the IRaMuTeQ® Software and sent to Thematic Analysis[16] following the three steps: 1) organization of the textual corpus based on explicit responses to the open question on the form; 2) exhaustive reading of the textual corpus, seeking confluences and divergences with the theoretical reference adopted; and 3) reconstitution, which consisted of the narrative argued around the main categories of analysis that corresponded to the dimensions of professional implication (ideological, libidinal and organizational.[17]

Subsequently, the textual corpus underwent a rereading process for possible corrections and removal of fragments in which it was possible to identify the participants, in addition to providing greater familiarity with the responses. Finally, the reconstitution was carried out, which sought to analyze the transcribed and transposed material in confrontation with the dimensions of the theoretical framework.[10-12] The speeches were identified by Nurses and followed by the sequential number of the text fragment.

The research was approved by the National Research Ethics Committee (Opinion 3,954,557 and CAAE 30359220.4.0000.0008 of 2020), in compliance with Resolution 466/2012 of the National Health Council. All participants selected the "accepted" option in the ICF inserted in the Google Forms® form.

RESULTS

As for the characterization of the 598 participating nurses, most were female (87%); with a mean age of 37.7 years; married (41%); white (50.7%); from the Southeast (31.4%), Northeast (27.4%), North (16.9%), Midwest (14.7%) and South (9.5%) regions of Brazil; active in direct assistance to patients (62.9%); receiving less than 1 minimum wage (3.4%), from 1 to 3 minimum wages

(34%), from 4 to 6 minimum wages (34%), from 7 to 9 (19%) or more than 10 minimum wages (9.4%). The study findings will be presented according to the categories.ou mais de 10 salários mínimos (9,4%). Os achados do estudo serão apresentados conforme as categorias.

The ideological dimension of professional involvement

In this dimension, nurses think, believe, and represent the profession identified by human beings endowed with feelings and life beyond Nursing. Their statements reflected this dimension.

> *Nursing has an important role in the current situation. We are human beings, and we have feelings, we are not heroes or machines, and we also cry and feel powerless. We need valuation and stimulus strategies to exercise our beautiful profession with more enthusiasm and not for survival* (Nurse 50).

> *I hope that after this pandemic we will have professional recognition as human beings* (Nurse 656).

Nurses do not recognize the nurse's association with the hero figure and consider that it does not represent the profession due to the fragility that exists in life, the poor conditions for developing work, and the constant risk of death. These factors can trigger direct harm to professionals, outcomes that would not happen if they were heroes:

> *NI didn't like being called a hero, because people are dying* (Nurse 263).

> *Today people call us superheroes, but nobody shouts for our appreciation, decent wages, and appropriate resting places – we sleep in chairs* (Nurse 171).

> *We are called heroes, but we are human* (Nur448).

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> *We are called heroes, but we are human* (Nur448).

> *I am proud of the profession I chose, and I expect more union and support than those who died received, recognition as heroes* (Nurse 46).

> *We are heroes, yes, because we face it, we work with the minimum and we face this pandemic even knowing that tomorrow I could be the next victim* (Nurse 527).

The ideological dimension also permeated the identification of the profession as one that faces the adversities inherent in daily work but that does not receive social recognition and visibility that meet professional expectations.

> *We face every context with our chests open and our heads held high, reaping conquests, victories, and many defeats and losses* (Nurse 596).

> *I feel that Nursing has only been seen for two weeks by society. It gives a false impression that her performance is unique and exclusive to this pandemic. However, it has always been the front line for all pandemics* (Nurse 201).

> *I am happy to see that Nursing is gaining visibility and people are seeing how essential we are, but I hope that this recognition goes beyond this pandemic context* (Nurse 341).

> *We get sick and we don't take care of ourselves, our category should be better paid and decent workload* (Nurse 550).

Libidinal dimension of professional involvement

From this dimension, the relationships that nurses establish with institutions occur based on productions, disruptions, and rearrangements weaved daily through desire. It is quite articulated with the ideological dimension and appeared more strongly about satisfaction with the work performed and associated, mainly, with the admiration of the population for the contribution of Nursing in facing the COVID-19 pandemic.

> *Estou apreensiva, mas orgulhosa de mim mesma por estar prestando o meu melhor à população que está pedindo socorro* (Enf182).

Of course, in all my professional career of 36 years, I have never seen the population praise these professionals so much. I feel proud of that (Nurse 252).

At these times I feel very proud of the profession I chose (Nurse 46).

Although there is some social recognition for the profession, there is still a feeling of distress, impotence, sadness, and fear in this dimension. This is because it is the category of the health team that has died the most and suffered from precarious working conditions.

My current experience in the context of COVID-19, about Nursing, is frightening. We are experiencing moments of great distress, fear, and impotence at times (Nurse 703).

I feel sad that the nursing profession is suffering so much and is the first to suffer from the pandemic. It is sad to lose my friends and professional colleagues due to the lack of personal protective equipment (Nurse 692).

Organizational dimension of professional involvement

The previous reflections are permeated by factors that are also linked to the organizational dimension of professional involvement, which concerns the material basis that nurses need to establish a relationship with their profession. The framework that supports the rearguard for professional practice with quality was pointed out, which implies the necessary attention to working conditions, better wages, and reduced workload.

We should be more valued, have a workload of 30 hours, and fairer wages (Nurse 263).

We deserve dignified wages and shorter working hours. We get sick because we must spend most of our time with strangers instead of being at home with our family members (Nurse 550).

We live in moments of terror. We found ourselves isolated and with such responsibility for the lives of those people (Nurse 171).

We live surrounded by disrespect, unhealthy sectors, and professional devaluation (Enf703).

In this dimension, the lack of PPE and hand hygiene products necessary for the provision of quality and safe care, both for the professional and for the patient, was also explained and criticized.

A great feeling of powerlessness due to the lack of PPE. This is a disregard for human beings (Nurse 558).

Things could be different for us; we don't even have support from superiors (Nurse 180).

We are contaminating due to a lack of PPE and gel alcohol. This should be the basics (Nurse 104).

DISCUSSION

Findings related to the ideological dimension of professional involvement reveal the lack of social recognition of the profession, the historical issues that were intensified at the height of the pandemic, and the denial of the hero figure. Nurses are in the perspective of overcoming the historical character of the profession, based on charity and donation.

The romanticization of society and professionals in nursing work links professional practice to subjective attributions, such as instinctive courage, power to save, and charity. This ends up compromising the identification of Nursing as a profession built through technical, scientific, and relational means.[18] We believe that this mistaken perception, in addition to keeping the profession in a supporting role within health practices, can reinforce the involvement of nurses as to how to exercise the profession only benevolently.

The symbolic association with the figures of heroes can further consolidate the ideological implication of Nursing as a professional practice carried out with vocation and benevolence, so present in the social imaginary. However, it does not correspond to the reality experienced in the pandemic context since professionals in this category were the ones who died most in the face of COVID-19.[5]

Considering the image of superheroes in drawings and comics, it is assumed that the archetypal Nursing as a heroine requires thinking about positive attributes and extreme abilities of a human being. However, a hero is one who splendidly overcomes adverse and challenging situations of enormous proportions. Therefore, it is a social illusion since people need to be their "heroes" to feel safe and secure. This association with heroism

compromises the professionalization of Nursing, leading to its non-recognition and non-appreciation as a science. Proof of this is that, during the height of the pandemic, the risk of death for professionals in the category was normalized, which represents 60% of the health workforce in the world[19] and corresponds to one-third of deaths from COVID-19 registered in Brazil.[5]

There is an ambiguity in the double perception (being a hero or being mortal) pointed out by the nurses based on the effect of socially imputed heroism. By being identified as a hero, the professionals may submit to precariousness and unhealthy conditions at work and will not have spaces to recognize their vulnerabilities in a work process that can lead them to physical and psychological illness and death.

Therefore, the question is: what could be behind the figure of the hero? On the one hand, the libidinal implication that attributed a certain social prestige to nurses was little recognized before the COVID-19 pandemic,[20] allowing their work to leave the logic of the common and ordinary to be seen as a job of high impact, visibility, and admiration. On the other hand, there is a compassionate and vocational character that affects the weakening of the class struggle for better working conditions and mischaracterizes Nursing as a profession based on practices based on scientific evidence, skills, communication, and empathy.[8,9]

The hero symbology reveals what was hidden or not very evident[10] and exposes the vulnerabilities of the professionalization of Nursing. This may imply the silencing of the labor struggles that the profession leads, such as the fight for the minimum wage and the reduction of the working day to 30 hours, in addition to creating an erroneous perception that its capabilities and skills — demonstrated in the pandemic context — are an attribute superhuman.[9] Therefore, the hero's speech can only be favorable for Nursing if it allows the problematization of working conditions.

By understanding Nursing as an institution in a continuous process of institutionalization, under the action of instituting (which moves and transforms) and instituted (which sediments and stabilizes) forces,[10] it is made clear that the ideological, libidinal, and organizational dimensions of professional implications presented in this research act as instituting forces in the historical-social construction of the profession.

These dimensions make up the instituting forces generated by the category's class struggles (wage floor and workload). However, little reverberation of these forces is perceived to the detriment of those who insist on placing Nursing in the place of a sub-profession, supporting or developed through instinctive feelings of love and compassion — that is, in the instituted logic. A paradigm shift in the established conception of the Nursing profession becomes relevant, which demands commitment from its members to demystify this logic since they are the main interest.

Although the categories of dimensions differ in professional implication, the lack of PPE, salary improvement, and fear appear in all three, since they are articulated magnitudes. Separating them aims, solely and exclusively, to explain with greater clarity each of these dimensions present in the relationship that nurses establish with their profession. Therefore, it is inevitable that the categories present some approximations.

Recognizing that the insertion of the Nursing profession in the country is processed with ways of coping that consider regional, state, and municipal differences, the responses presented here expand the debate on everyday challenges. They contribute to support their struggles and strengthen their arguments to face the forces that try to keep the profession subservient, demobilized, and depoliticized; however, in recent times, the profession has been strengthening with the support of class entities and union movements.

The limitations of the study lie in the exclusively virtual collection, due to social isolation. Even so, the return of reports was expressive, since people needed to express their thoughts and feelings in the context of the pandemic. The researchers even proposed a second stage of the study, which would be conducted through an in-depth interview, based on an invitation via email address. As it does not have an ethical authorization, this step cannot be followed.

CONCLUSION

From the analysis of the implication of the effects of the heroism discourse on the professional implication of nurses in the COVID-19 pandemic, we verified that society associates these professionals with the figure of the hero (omnipotent, omnipresent, who performs his functions even under conditions inhospitable). However, nurses vehemently questioned this position because the precarious working conditions they are exposed to are very real.

The effects of the heroism discourse are implied in the three dimensions (ideological, libidinal, and organizational) and refer to the socio-historical process of the constitution of the profession. They also reflect the

association of professional practice with subjective and instinctive issues, such as love, penance, and compassion, which creates the imagery that nurses have the power to face inhospitable situations, even facing risks to life daily.

The process of institutionalization of the Nursing profession needs more robust instituting forces, which break with the reproduction of the discourse and the forces that insist on keeping it in a subordinate position and devoid of technical-scientific knowledge. The path requires that nurses, in partnership with representative entities, reframe and build a class consciousness of the profession.

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