

Editorial

Caring for health care workers in times of COVID-19

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The world changed more than a year ago when COVID-19 came untimely into our lives, especially when it came to the lives of health care workers who have been on the front line from the first word of a highly contagious respiratory disease in the city of Wuhan in China. According to official reports from the World Health Organization (WHO) (1), this virus has claimed the lives of more than five million to date. Even this agency indicated in its report on May 2021 that this number may be two (2) or three (3) times higher than reported, given the disruptions to essential health services, household spending, and the estimated health care budget.

For the specific case of health care workers, the International Council of Nurses (ICN) (2) estimated by October 2020 that at least 1,500 nurses had lost the battle against the virus, and nearly 20,000 health care workers in 44 countries around the world had lost their lives. In the report 2021, it was estimated that the countries most affected were Brazil, the United States, and Mexico, accounting for 60% of the total number of nurses' deaths in the Region of the Americas.

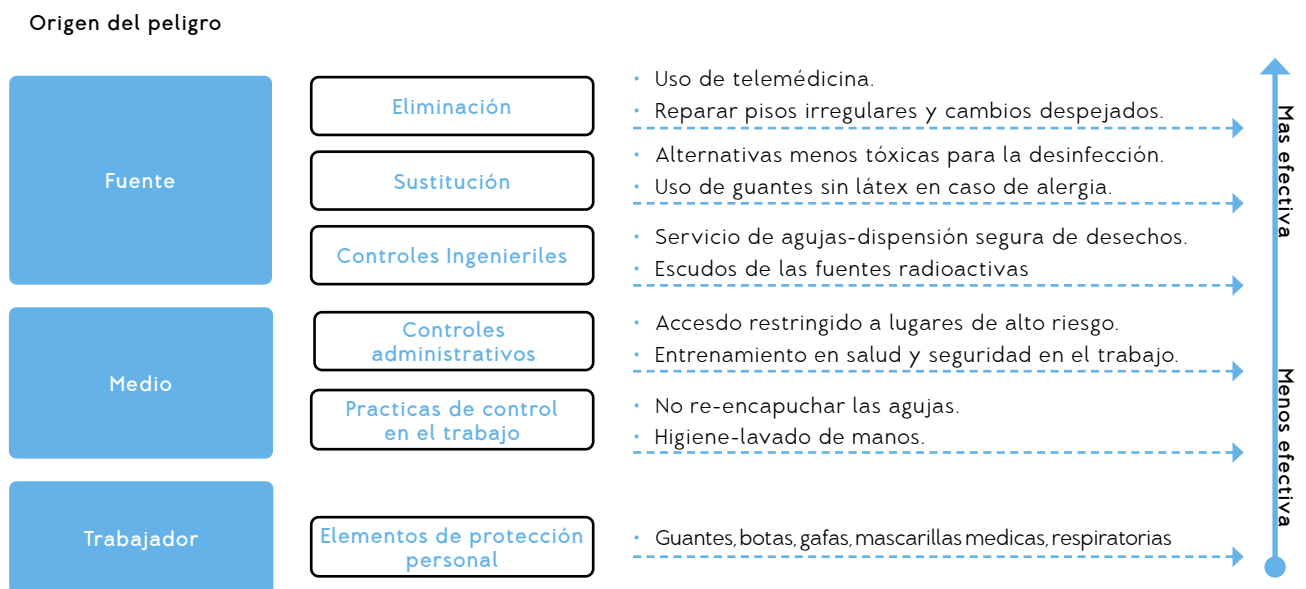
According to the latest WHO report, there are about 115,500 deaths of health care workers, a figure that could rise to 180,000. This situation continues to highlight the imbalance caused by physical and mental illnesses that predict that 10% of nursing staff will quit their jobs in a short time. To this scenario is added the well-known shortage of about 6 million nurses to achieve the nurse-to-patient ratio per region estimated by the OECD (3).

Using the words of Quintero (4), caring for people is a commitment made, whether to a sick or healthy population, and it is perceived in terms of assistance, technology management, ability to prevent complications, and supportive behaviors and attitudes aimed at dignifying the human condition of others and providing for their comprehensive growth.

During COVID-19, health care is more demanding because people are exposed to a virus that rapidly changes its spreading speed and lethality due to its mutations. To address this situation, the focus has been again on occupational safety and health management systems but oriented this time towards caring for those who provide care. They are the first group of actors whose working conditions must be guaranteed to be able to perform their work in scenarios with safety, dignity, and decency. This concept should be understood as indicated by the International Labor Organization (ILO) (5): a good job or decent employment that every human being should have in a globalized world, recognizing that it is not a commodity and workers' social protection should be guaranteed.

One of the widely known strategies is the hierarchy of controls in which the source of the hazard is identified, and the strategies are ranked from least to most effective based on the source identified, as shown in Figure I below.

Figure I. Hierarchy of controls



Source: Author's elaboration based on PAHO - Occupational Safety and Health 2020.

While the need to address biosafety guidelines has been evident during the pandemic, these cannot be limited to ensuring the best quality, sufficient, and appropriate personal protective equipment. It is necessary to address the source and the means as origin points where there is greater effectiveness because elimination and/or substitution of causal agents are sought. It is also necessary to review the administrative controls and good control work practices to minimize the exposure of workers who care for the population.

It is inexcusable to fail to have safe and healthy workplaces where workers can provide services and care decently. To address this situation, it is necessary to dignify the work performed and recognize that, as Dejours (6) says, "work is never neutral regarding health; it is either pathogenic or a privileged promoter of health."

As a privileged promoter of health, work should be guaranteed in a safe, dignified, and healthy environment where workers' integrity is respected, and preventive and corrective measures are implemented to promote health and prevent adverse events associated with the work performed.

In this scenario, nursing has a great opportunity within the framework of occupational health and safety, providing healthy and sick populations with knowledge on care. The first documented contributions in this field were from women such as the pioneer of industrial nursing in the United Kingdom in 1878, Philippa Flowerday, and in the United States in 1888, Betty Moulder and Ada Mayo Stewart (7). These women contributed to strengthening the social capital of their nations and understanding the relationship between health and work and the working conditions that favor the development of health events.

Today, nursing in the workplace settings continues to offer occupational health and safety interventions in the framework of anti-COVID-19 activities, seeking to be at the forefront of patient care in hospitals and actively participating in assessment and follow-up of communities as Fawaz, Anshasi, and Samaha referred (8).

However, in order to guarantee the care of those who care for us in health promotion and disease prevention, it is necessary to offer them the best working conditions. Not only should we take into account the physical work environment, in terms of noise, lighting, vibration, and biological and chemical contaminants typical of health care services, but also we should take into account workload and organizational factors, without neglecting the extra-occupational and individual situations to which workers could be exposed.

It is worth mentioning that the majority of caregiving professionals are women who have been exposed to wage inequality and job insecurity because of their gender, as well as to the effects of the double or triple workday that have historically been associated with the fact of being women. Although people have been working on this issue for several decades, it continues to be challenging to our society.

Among the main challenges to advance in a solution to this problem are the following:

- Encourage undergraduate education in the territories, recognizing the differences and cultural richness of our diverse population and the cultural heritage that has been forged there, even when Western medicine has been deficient.
- Involve health personnel in the definition of strategies through active participation not only in occupational safety and health management systems, but also in executive bodies in order to achieve assertive and timely decision making.
- Change harmful types of contracts that do not guarantee job stability and put health workers at a disadvantage when their economic and social rights are infringed.
- Adhere to conventions like the ILO's C149 (1977), which dignifies nursing personnel's work and considers regulations on shift work, paid annual holidays, educational leaves, and other factors that balance the conditions with those of countries where a greater migration of trained, skilled, and often experienced human resource occurs.
- Create employee retention plans mediated by a career perspective and fair remuneration that motivate personnel to create a sense of belonging to the organization, facilitating the processes of adherence and attracting new personnel interested in having a career within the organization.
- Government's political commitment to eliminate forms of precarious work and reduce the gaps between regions within the national territory
- More interaction between academia and the country's borders to bring out class cohort groups that respond to the population's need for health education, bringing us closer to a nurse-patient ratio capable of guaranteeing dignified care.

It should be noted that although the WHO, the ICN, and other international and national organizations had already sought to address the working conditions and inequitable distribution of health workers before, the pandemic has exacerbated the problem. There is an urgent need for alternatives that seek to address the current demand for trained and qualified health personnel worldwide, interested in providing care but under dignified conditions that allow the health system to function and the population's care to be provided in the best conditions. In this way, quality and service delivery can be both ensured.

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