

## Carrying life and death: the daily routine of hospital stretcher bearers in the context of COVID-19

Luísa Maiola de Araujo (<https://orcid.org/0000-0003-1573-3402>)<sup>1</sup>

Adriana Kelly Santos (<https://orcid.org/0000-0001-6606-0020>)<sup>2</sup>

**Abstract** *This article aims to analyze the daily work of stretcher bearers in a Federal Teaching and Research Hospital in the context of COVID-19, exploring the subjective aspects related to working in constant contact with death and the invisibility to which these workers are subjected. The proposed discussion stems from a more comprehensive qualitative investigation. The main methodological resource of the empirical research was the direct observation in the daily work that allowed one to capture nuances of the work in a dialectical analysis with the workers. The data obtained were analyzed from the perspective of Social Psychology of Work. Transience and invisibility were identified as important categories of analysis of this daily work, where the process of becoming a stretcher-bearer was marked by aspects of precariousness of work and vulnerability of the worker. Working in contact with death was also understood as a factor of invisibility, where the creation of bonds and humor appeared as a collective strategy to face the harshness of work. This article concluded by examining the importance of looking at the subjective aspects of the work carried out by stretcher bearers, as well as the expansion of research on the subject.*

**Key words** *Occupational Health, Social Psychology, Health Personnel, COVID-19*

<sup>1</sup> Escola Nacional de Saúde Pública Sergio Arouca (ENSP), Fundação Oswaldo Cruz (Fiocruz). R. Leopoldo Bulhões 1480, Manguinhos. 21041-210 Rio de Janeiro RJ Brasil.  
luisamaiola@gmail.com

<sup>2</sup> Laboratório de Educação, Ambiente e Saúde, Instituto Oswaldo Cruz (IOC), Fiocruz. Rio de Janeiro RJ Brasil.

## Introduction

This article reflects on the relationships between health, work, and subjectivity in the daily work of stretcher bearers at a Federal Teaching and Research Hospital (HFEP, in Portuguese) in the context of the COVID-19 pandemic. The under-funding of the Unified Health System (SUS), when added to the freezing of expenditures and deterioration of services, constitutes a permanent crisis in the sector and aggravates the precariousness of the healthcare workforce<sup>1</sup>.

Within the context of COVID-19, the years 2020 and 2021 were marked by constant changes in the organization of work, including a sharp rise in the demand and intensification of work<sup>2</sup>, added to the constant exposure of workers to the SARS-CoV-2 virus, engendering fear in workers who, in addition to living with the risk of becoming contaminated and developing the disease, were liable to transmit it to the people around them<sup>1</sup>.

Minayo and Freire<sup>3</sup> pointed out that to understand how healthcare workers were affected by the coronavirus, one needs to consider the breadth of this workforce, paying attention to the specificities of this contingent without homogenizing it. Teixeira *et al.*<sup>1</sup> reinforced the notable lack of research, in the context of the pandemic, on the health of workers who did not have professional training, as is the case of hospital stretcher bearers<sup>1</sup>. In addition to the pandemic aspect, no studies were found that analyzed the subjective issues of the daily work performed by hospital stretcher bearers. Only investigations analyzing the ergonomic and musculoskeletal aspects related to their work<sup>4-6</sup> or that aimed to reduce intercurrents in the transportation of intra-hospital patients were checked<sup>7</sup>.

Likewise, there were few documents/regulations that regulated the tasks to be executed by hospital stretcher bearers. An examination of the Brazilian Classification of Occupations (CBO, in Portuguese) shows that stretcher bearers belong to the category of workers in Health Promotion and Support Services, described by code 5155, with the title of Nursing Attendant<sup>8,9</sup>. COFEN Resolution No. 376/2011<sup>10</sup>, available on the Federal Nursing Council (Cofen) website, stresses that it is not for the nursing professional to push a gurney or wheelchair carrying a patient, and this activity must be performed by the “support staff (stretcher bearer)”, which makes a distinction be-

tween the work of a nurse and that of a stretcher bearer. Technical Council Opinion No. 05/2019/CTLN/CPOFEN<sup>11</sup> reiterates this distinction and describes some characteristics of the work to be performed by stretcher bearers:

*The stretcher bearer, in turn, in addition to transporting patients appropriately, respecting each case, must follow the principles of humanization, be ethical, act in healthcare services within the norms of occupational hygiene and biosafety, relate respectfully with patients and their families, and act coherently within the hierarchy of the organizational structure of the healthcare system*<sup>11</sup>.

Recognizing the paucity of research and guidelines on the health, work, and subjectivities of stretcher bearers, the present study is based on the assumption that their work is made invisible in the hospital context. The lack of understanding about the subjective dimensions related to the meanings about the profession (becoming a stretcher bearer) and working in constant contact with death are elements that corroborate the invisibility of these workers as compared to other professional fields. This assumption is explored in the light of the Social Psychology of the Worker (SPW) framework, which seeks to acknowledge the disputes and contradictions in daily work and the elements that give rise to pleasure/fulfillment or suffering/illness, based on a dialectical analysis of the work process with workers.

Interventions in the SPW field intend to reflect on the values, rules, and prejudices that are implicit in the organization of work, making them explicit, for the purpose of collectively building knowledge about the activity and improving organizational processes<sup>12</sup>. Daily practices and the processes by which meaning and identities are defined are fertile tools for understanding the ways in which subjects produce and establish themselves in the work environment<sup>13</sup>. This is how the subjective dimension is articulated with the objective, material, and structural issues of the work, given that the macro and micro social spheres are relational and not dichotomous<sup>14</sup>. Following these principles, this article sides with the worker's point of view and discusses the daily work of hospital stretcher bearers in the context of the pandemic, as well as reflects on the processes of meanings and identities related to working in constant contact with death and the invisibility to which these workers were subjected when confronting COVID-19.

## Method

Based on intervention research, with a qualitative approach, this study investigated the relationships between the health, work, and subjectivity of stretcher bearers at a Federal Teaching and Research Hospital (HFEP). Intervention research investigates collectivities in their qualitative diversity while proposing a micropolitical intervention in the social experience<sup>15</sup>. The theoretical-methodological contributions of SPW are aligned with intervention research as it states that all research is, in some field, interventional and there is no intervention that does not demand research<sup>16</sup>. With this procedure, one can obtain information about workers and their interactive processes, and describe and analyze the components of this complex system of meanings<sup>17,18</sup>.

The HFEP was chosen as a reference in that it provided care to patients with COVID-19. The decision to conduct research with stretcher bearers was due to the hypothesis of invisibility regarding the service they perform and the need to understand how work in contact with death affected their health. The seventeen stretcher bearers who worked at the hospital between December 2021 and February 2022, when the study was carried out, were invited to participate. Only one stretcher bearer routinely worked from Monday to Friday from 8 AM to 5 PM, while the other sixteen worked equally divided into four teams, with a 12-hour shift followed by 36 hours of rest (12x36). Two teams took turns during the day (7 AM-7 PM) and two teams took turns during the night (7 PM-7 AM). All stretcher bearers signed the TCLE, according to Resolution No. 466/2012/CNS (CAAE 51932221.4.3001.5262).

The intervention research consisted of the direct observation of the stretcher bearers' daily work and conversations with them. Direct observation took place between December 2021 and February 2022. A script was prepared with questions covering such topics as bonding, hierarchies, and the effects of work on health and subjectivity. Approximately 60 hours were spent immersed in the hospital environment during the first month, observing and listening to the various stories and experiences. The authors of this study followed the stretcher bearers wherever they went, accompanying all of the teams on different shifts, times, and days of the week, including weekends. The authors accompanied all shift changes, attended team meetings, and had lunch, dinner, breakfast, and afternoon coffee breaks with the stretcher bearers, allowing for a

wide range of real-time situations and phenomena to be captured that would have been difficult to obtain had they been removed from their work environment and/or had the authors not inserted themselves into the hospital environment<sup>19</sup>.

Later, in February 2022, conversation circles were organized as part of the intervention, scheduled once a week during working hours and lasting for about one hour. A story was presented in this conversational setting, consisting of fragments of comments and situations collected during the observation stage. The topics that were addressed included flows in constant movement and in contact with death, the complex reality of work, bond formation, invisibility, and work intensification. It was later proposed that they photograph their daily work so that this record could bring elements and questions that, until then, had been implicit in the organization of work. From this point of view, it was possible to collectively deepen the discussion on the relationship between health, work, and subjectivity and build new knowledge<sup>16</sup>.

Data from observations and conversation circles were written down in the field notebook, recorded, and transcribed. Using the cross-sectional reading of the material collected during these stages, the topics were then classified according to recurrence and the empirical categories that offered information on the required work versus real work and the subjective aspects at work were ordered. Next, the cores of meanings that express the analysis of the day-to-day work of the stretcher bearers – work as a social marker and producer of identities, work on demand, imprecise requirements, and working within the transience of life – were listed. Finally, the statements described in the results were identified with fictitious names.

## Results and discussion

### Becoming a stretcher bearer

During the survey, the authors listened to the stories and trajectories of each worker, aligning the points that led them to become hospital stretcher bearers in the midst of the COVID-19 pandemic. The seventeen stretcher bearers who participated in the survey were identified as male, between the ages of 19 and 46 years. The stories that led them to work as stretcher bearers were diverse yet still similarities. The ways in which the pandemic intersected with the con-

crete, monetary difficulties arising from this historical context, where many jobs were suspended due to health containment measures (physical isolation) and the economic crisis resulting from the management of the pandemic, appeared in the stretcher bearers' stories:

*I had a store, but the owner wanted to raise the rent a lot, so I gave it back. [...] that's when I saw the hospital had a position [...] [I asked] do you have [to have] experience? [She replied] No. Now I'm waiting for an opportunity to open up in radiology (Kauã).*

*I was a truck driver. [...] During the pandemic, this kind of work dropped off, and I needed something more stable [...]. Here is more or less a logistics service. You take them here, you take them there (Camilo).*

*I've worked on construction sites, on the beach selling water, even cotton candy. So when this opportunity came along, I grabbed it with both hands and jumped in (Vitor).*

Only four stretcher bearers had already worked in this role before the pandemic, while thirteen were working as stretcher bearers for the first time. Recognition of the dignity of performing this kind of work during the pandemic was verbalized in line with the perception of work as something transitory:

*We carry on, you know, the work with the dream [...] [Here] it's a dignified job like any other, but you can't stop, immobilized [...] We're here and we're looking for stability. It's about not falling into the comfort zone, little by little getting what you want (Pedro).*

*I'm just passing through, I'm going to pass a test (Guilherme).*

*The stories described a stretcher bearer's work as an immediate, concrete condition of survival, as a category belonging to the "class-that-lives-from-work"<sup>20</sup> and carries the ideal of the "profession" to be won, for which it is necessary to follow a path that demands a certain amount of waiting time. In this "transit", work operates as a potent element in the construction of identities because, from working as a stretcher bearer, one transits through history itself, becoming another, different from what one was before this experience.*

*It is in this flow of becoming a stretcher bearer where new knowledge and new professional and interpersonal skills are acquired, that the function of work in the "constitution of the social being" is revealed<sup>20</sup>. The effects of "becoming a stretcher bearer" on the social and subjective constitution appear in André's story, who was about to graduate in civil engineering and, based on his experience at*

*the hospital, decided to specialize in biochemical engineering as a way to continue working in hospitals. Similarly, Mateus and Luan, young men in their early twenties, reported their desire to study nursing in the future. Vitor, having begun working as a stretcher bearer in 2020, started a nursing course the following year.*

*By listening to these stories, one can better understand how work trajectories build the process of becoming a stretcher bearer and, based on this conversation, the authors were able to approach the stretcher bearers' subjectivity(s), understanding how identities are "forged from the concrete experiences" of work<sup>21</sup>.*

### **A daily routine in a job marked by invisibility: "Calling all stretcher bearers, over?"**

The direct observation of daily work allowed access to the different ways of working and the different meanings constructed in such routine work, where the distance between required work and real work was clearly evident, as were the psychosocial dimensions of work-related phenomena<sup>21,22</sup>. Required work refers to a task the worker must do, is expected to do as part of the job description, while real work is the activity that is, in fact, done by the worker based on adjustments and regulations he or she needs to make to execute the task<sup>23</sup>.

In this sense, the hospital is understood as a living field where processes and flows were in constant motion. The dynamism of the field was reflected in the way work processes were modified according to the demands of the current pandemic context. This situation is easily perceived in the stretcher bearers' reports, who often compared their current experiences with those experienced at the beginning of the pandemic in 2020:

*Last year [2020], we didn't have time to stop, sit, and talk as we're doing now, we didn't. Psychologically speaking, we get less tired, [...] we already knew beforehand that we were going to be wiped out. [...] we were on the go so much in here that we got tired [...] direct transfer, on the go all the time, it was death [...] it's very different for people at the work level, we know there isn't all that chaos (Francisco).*

*Today it's a cakewalk. The guys who work here now don't do a third of what we did (Kauã).*

The stretcher bearers who had been hired since the beginning of the pandemic told stories about their first months of work, how they helped

build the hospital's physical structure, helping put together beds and cabinets: "We helped raise this place!". The tasks they performed at that time were also different. They told us that at the beginning they had to execute several functions, such as checking the oxygen cylinders and calling the fire department on the radio:

*[Over time] they discovered that the contract had a gas operator, the firefighters got their own extension on the radio, they realized some functions weren't ours. [...] It was really separating, because up till then, the television isn't turning on, call the stretcher bearer, you have to take I don't know who to I don't know where, call the stretcher bearer. [...] It was one request after another all the time. They called us to call the cleaning staff. [...] It got to a point where it was very tiring, it wears you out a lot. Now that everything is a little more defined, we work better (Francisco).*

They remembered these excessive demands as a time when the "stretcher bearer was a jack of all trades", the "all-purpose handyman". Pina and Stotz<sup>24</sup> argued that the intensification arising from the plethora of functions demanded a tremendous expenditure of energy and affected the worker, which did not necessarily express itself in a particular pathology but reverberated in a loss of physical and psychological capacity.

In addition to exhaustion, the escalation in workload was also marked by the hospital's power relationships, where the stretcher bearers were classified as workers who carried out orders from different categories because their workflows were not institutionally defined. The stretcher bearers' workflows were constructed gradually and occurred with their full participation. In general, when someone in management asked them about their workflows, they reported what was and what was not working:

*We saw the holes that popped up in the flows and informed [the leadership]. If I saw that it didn't work [the new flow], I'd do it again (Francisco).*

*We learned the hard way, here there was no flow, here there was no work plan [...] when we see that it won't work, we fight back [...] we're here every day, so [we know that] it works that way and it'll be better than the way you're talking (Kauã).*

The stretcher bearers' knowledge about work flows/tasks and their participation in defining them reinforced the idea of Oddone *et al.*<sup>25</sup> on the importance of worker participation in decision-making, based on their own intimate knowledge about the job they perform.

Even with the stretcher bearers' knowledge and intervention defining the flows, there was

still no written requirement or Standard Operating Protocols. When it came to carrying out their tasks (e.g., transporting patients and materials), the stretcher bearers were summoned via radio with the emblematic phrase: "Calling all stretcher bearers, over?". The request was made by other hospital workers, which, according to the manager, characterized an "on demand" job. In this relationship, some stretcher bearers said they felt invisible for not being called by their name and working "only" taking "things from one side of the hospital to the other". The lack of documents that would guide the stretcher bearers' tasks, together with the feeling of being devalued at work, showed evidence of the invisibility of this category in the hospital.

Moreover, the absence of specific training had repercussions on the workers' feelings of insecurity and vulnerability, in addition to causing overwork. Due to the lack of training, the stretcher bearers reported that they used previous knowledge or learned it "on the job":

*Actually, every stretcher bearer who starts working at the hospital generally knows nothing [...] the stretcher bearers themselves do the teaching [...] the oldest teaches the youngest, it's always like that. In [my] other [job as a stretcher bearer], when I got started, there was an older guy there who taught me and now I'm teaching the ones who are getting started now and so it continues [...] the hospital doesn't teach, the stretcher bearers themselves teach (André).*

It is known that the lack of systematized requirements and the lack of training demand a psychic exercise from the worker to prepare the tasks, causing tension and psychic exhaustion. This scenario also reflects the invisibility these workers are subjected to and implicitly conveys the message that this is a job without the need for specialized skills, a job anyone can do, all one needs is physical strength.

The lack of training also reflects the false idea that this work does not involve occupational risks. However, the Regulatory Standard No. 17, which establishes guidelines for adapting working conditions to the workers' psychophysiological characteristics, states the need to train workers who regularly transport loads, aimed at protecting their health and preventing accidents at work<sup>26</sup>. Despite this regulation, the stretcher bearers claim not to have received any training, which reveals a context of vulnerability to possible accidents and occupational diseases.

The lack of a specific labor union and professional board for this category also appeared as a

marker of invisibility and vulnerability. On this subject, André, a stretcher bearer at another hospital, reported that he had talked with stretcher bearers from different institutions and observed the different forms of registration (nursing attendant, stretcher bearers, technical support), occupancy in different sectors (hotel and nursing), and the non-standardization of additional unhealthy working conditions. According to him, the lack of a cohesive labor union that represents the category directly interferes with these issues, hindering the possibilities of claiming wage increases and extra pay for unhealthy work.

Although some stretcher bearers seemed to have no knowledge on the subject or regarded it with indifference, others said they felt “a bit abandoned” and that if they had a representative body, they would not “be at their mercy”, “with no one to speak up on our behalf”. Having the stretcher bearers belong to the hotel labor union, as is the case of the researched hospital, appears in the comments of one of the workers as an absence of protection, given that this union is weak and “almost doesn’t exist”.

**Stretcher bearer(s) subjectivity(ies):  
working in the transience of life and the  
formation of bonds as a “home” of support**

In this daily transit, characterized by transitory flows and work processes, the patient-body is taken from here to there, just as materials are wheeled from one side to the other. Transience as a central element in the stretcher bearers’ day-to-day work is expressed by bodies in constant movement within the hospital, by the bonds that are formed, and by the camaraderie that crosses them in this line of work.

According to Freud<sup>27</sup>, transience is understood as the destiny of all things, considering the finiteness of human existence. Despite the certainty of transience, it is not uncommon to sometimes rebel against the end. For Maranhão<sup>28</sup> and Rodrigues<sup>29</sup>, society relates to death considering it as an interdiction, something unnameable, a taboo. There is an attempt to place death as something distant from oneself, which reflects in the difficulties in talking about the subject, as well as in problematizing its repercussions on one’s subjectivity.

The stretcher bearers’ work was followed as they wheeled bodies to the morgue, accompanying the family members as they identified the bodies up to the removal of the bodies by the funeral service. The authors heard the comments

and the silences about death and working in direct contact with it. For the stretcher bearers, entering the morgue was seen as a “quick” job, something “quiet” and “normal”. These words provided clues to the defense mechanisms stretcher bearers used to cope with death; they are seen as bridges that formed a link between what is possible to symbolize and represent this encounter with reality – finitude:

*It’s fine here for me. The dead body arrives and it’s already wrapped up, we put it on the stretcher, then put it in the fridge, it’s all good (Márcio).*

This euphemistic mood appears again when listening to another stretcher bearer. This time, despite verbalizing sensitive issues in relation to the work he performs, such as the fear he felt when starting his activities in the morgue, the worker also concludes that dealing with death is something “normal”:

*It’s something I really had to learn to deal with it, but it wasn’t easy [...] suddenly you start working with that, you don’t have a choice, you have to do it. So that’s how it is, today for me it’s normal. [...] One thing I don’t like to see, I was afraid of seeing the dead person. [...] Now it’s very normal for me. [...] It didn’t take long [to consider it normal] because it was a lot of things piled on top of the other (Vitor).*

According to Vitor’s statement, dealing with death was made easier over time and with the experience of performing his duties. When addressing this issue, Kovács *et al.*<sup>30</sup> stated that the amount of time spent in service helps develop ways of coping with these experiences, but it does not protect them from all situations, hence the importance of having opportunities in which one can talk about the effects of dealing with the reality of death<sup>30</sup>. Working in contact with the transience of life does not occur in a linear way. It is not something that one learns to do and from that point on remains “disaffected”. There are inconsistencies in life that must be examined carefully:

*After I lost a relative around the end of December, I started to feel it again and it hurt a lot. I haven’t lost someone in a long time, but in December I lost someone and it was a horrible feeling, and now every time I’m moving a body, I return to the memory of what happened in December (Iago).*

Contact with death can also awaken the fear of being the next to be hit by it, since the death of the other will always evoke the possibility of one’s own death, forcing people to reflect on their own limits<sup>29</sup>. Francisco, who has worked at the hospital since the beginning of the pandemic, reported

that he often thought about leaving work when he thought it was not worth having a job where he could lose his life:

*Will I be here on duty next time? [I kept] thinking that life is really a breath, what I saw here was people talking, talking to me in the morning, and then I wheeled their body down to the morgue at the end of my shift [...]. I kept thinking, when will it be my turn? (Francisco).*

There is an element of suffering and conflict in Francisco's statement between the need to work and the fear of dying from COVID-19. Such reflections reinforce the need for time and opportunity when one can talk about the fear of death and the subjective effects that facing it on a daily basis reveals about the health of these workers.

In addition to talking about death in a euphemistic way, stretcher bearers developed bonds and used humor as defensive strategies to transform and minimize the perception of the reality of doing work that causes them to suffer. It is worth mentioning that this transformation occurs at the psychic level, since the worker is not always able to modify the concrete reality experienced at work<sup>31</sup>.

Still acknowledging the defensive strategies created by the stretcher bearers, Batista and Codo<sup>32</sup>, in a paper on the work of morticians, stated that in jobs involving such stigmas as death, group cohesion develops as a way of dealing with the harshness of the work. According to them, humor is used as a way to deal with the downside of their job<sup>32</sup>.

Once they were allowed to speak up, it was possible to observe that other feelings modulated this "silent" way of working when confronting the transience of life. In the stories they told, their collaboration structured the relationships in their daily work from the time they arrived at the hospital. Some of the stretcher bearers referred to the morgue as "the house" and said that, at the beginning of the pandemic, in 2020, the stretcher bearers themselves put together parts of the morgue. In addition, due to the high number of deaths, they felt as though they inhabited it:

*The morgue is practically ours. We run the place. That's our house we talk about. People lived there. (...) released a death, another funeral home arrived (Kauã).*

The camaraderie was once again portrayed in some of the stretcher bearers' comments, demonstrating the importance these bonds play in their daily work. There were those who considered the feeling of fellowship as the most pleasurable part of their work. Others, agreeing with this, said that

there was a negative side to the hospital's current state of tranquility in the loss of connection and exchange between the workers.

The authors of this study were invited to enter this "house", a place full of stories and meanings. They were introduced and made to feel welcome. An example of this was when the first author accompanied Lucas and Guilherme as they were transporting a body to the morgue. While the stretcher bearers carried the body, they also played a joke on her. As they placed the body inside the air chamber, Lucas asked her if she heard a noise, calling her closer. Lucas, realizing her apprehension, started to laugh and explained that the noise was from the air chamber.

A few days later, when she found them moving a body to the morgue, she accompanied them there where Guilherme pulled out the bottom drawer and Lucas slowly lifted the front of the gurney so that the body slid into the open drawer. Guilherme, standing at the side, helped the body slide and carefully adjusted the head inside the drawer. Later, when they filled in the notebook and checked the drawers. Lucas remembered the scare and laughed: "So you were scared, right, the worst thing was that it really sounded like someone was breathing". Already familiar with the context and feeling at "home", she replied that at the time, she thought she was "calm", but the next morning, when she left the hospital, she dreamed about what had happened. Then, she said she was not so "OK" with it and the two started to laugh.

As they left the morgue, Guilherme said that the last time he had dreamed of a corpse was when he was a teenager and had a friend killed by the militia. He explained that, at the time, the militia occupied his neighborhood and the place looked like a "war zone", any discussion was a cause for death. He said that he saw many friends die, while others joined the militia. This story revealed the violent situations to which workers who live on the outskirts of Rio de Janeiro are subjected on a daily basis, as well as pointing to the need to investigate the symbolic effects of this work in contact with death.

The experience in contexts marked by violence is further explained in the response of another stretcher bearer, just over twenty years old. When asked what it's like to work in such close contact with death, he replied that it does not affect him much, as he had already witnessed other "dead bodies on the ground of the favela" located near the hospital. Another example that raised questions about violence experienced in the territory and its relationship with the meaning of

death was a story told by Márcio about working at the hospital during the beginning of the COVID-19 pandemic. When asked about having been afraid at that time, he replied:

*I wasn't scared, I've been through worse [...] seeing people dying like that all the time, that was normal for me, I was just afraid to take it home [...]. This is Rio de Janeiro, your father, dudes die on the corner, dudes die getting stabbed, dudes die getting shot, it's fuckin' crazy [laughs] (Márcio).*

The comical way in which Márcio reported an extremely harsh, violent daily reality, along with Lucas's joke in the morgue, may be related to what Fazzioni<sup>33</sup> explains about immersion in violent environments being able to “stimulate laughter but also arouse fear”. Fazzioni<sup>33</sup> explains that by making jokes about everyday hardships, one does not express the naturalization of this reality, but rather shows an opportunity to express and release the tension<sup>33</sup>.

Furthermore, when taking a closer look at this daily work, the apparently “naturalized” way of dealing with death, which is recurrent in the stretcher bearers' statements, signals aspects related to the need to continue performing their daily activities, as Rodolfo observed: “If a relative cries, will you cry with him? If the *guy* passes out, gets emotional, feels sick, who's going to hold onto *him*?”

After accompanying the stretcher bearers in this procession, the authors noticed that the words, gestures, and narratives they expressed typify the constancy with which they are confronted with the transience of life, whether at

work or in their day-to-day life outside of it. The camaraderie and bonding solidify the daily “action”, encouraging “confrontations” and the creation of “new norms” in their daily work.

### Final remarks

Despite the complexity of the work stretcher bearers performed during the pandemic and its importance in keeping the hospital in good working order, these workers were exposed to institutional and social vulnerability and invisibility, such as the lack of precise requirements, relevant training, standardized work records, and specific representative instances, in addition to working in constant contact with death.

The invisibilization of the subjective effects related to working with death indicates the need to establish opportunities for stretcher-bearers to talk openly about their feelings in dealing with death on a daily basis as a strategy for promoting health on the job. In this coming and going, carrying life and death, the forging of bonds in daily work appeared as an important element in facing the hardships of work as a stretcher bearer.

The authors of this study did not conduct an intersectional analysis (class, race, and gender) to reflect on the work performed by stretcher bearers, which is one of its limits. It would be useful in future research to understand how gender, the expression of masculinity, and institutional racism are articulated with subjective processes and health in the stretcher bearers' work.



## Collaborations

LM Araujo fully participated in the field activities, data analysis, and writing the manuscript. AK Santos guided the first author in the preparing the study, and participated in the data analysis and the write-up of the manuscript.

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