

ORIGINAL ARTICLE

# Working conditions of nursing professionals in the context of COVID-19

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## Abstract

**Introduction:** the COVID-19 pandemic has increased the number of hospitalizations and is responsible for increasing the workload of nursing professionals with a deficiency in human resources and personal protective equipment.

**Objective:** to analyze aspects related to the working conditions of Nursing professionals in the context of COVID-19.

**Methods:** documentary research recorded under narratives in the databases of the Federal Nursing Council, the Regional Nursing Councils of Espírito Santo and Pernambuco, the Federal Public University and Social Media.

**Results:** are presented and analyzed according to the categories: a) nursing work conditions, threatening the worker's health and life; b) the autonomy of nurses in the full exercise of their profession and the cultural aspect of the dominant ideology; c) the Federal Nursing Council and the Regional Nursing Councils of Espírito Santo and Pernambuco as disciplining, normalizing, managing and controlling bodies for the professional practice of nursing.

**Conclusion:** the narratives found in this study demonstrate the precarious working conditions, exacerbated by the pandemic, and the role of nursing in coping with COVID-19.

**Keywords:** nursing, worker's health, coronavirus, narration.

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## Authors summary

### Why was this study done?

This study was carried out to demonstrate nursing working conditions during the COVID-19 pandemic, considering that the nursing team was at the forefront of caring for these patients during the pandemic and it was the health professionals who were most exposed to risk, contamination and death. Thus, there was a need to investigate the narratives about the availability and use of personal protective equipment (PPE), working hours, the psychological conditions of these professionals, considering the overcrowding of hospitals, the high rate of contamination and deaths and the exhaustive work load.

### What did the researchers do and find?

As a result of the study, the researchers found a nursing team leading the care of COVID-19 victims, but exhausted, worn out and undervalued, in all aspects, including losing their own lives to save those infected. The pandemic revealed work safety issues in nursing, the precarious conditions with regard to PPE, the lack of human resources, the exhausting 24- to 36-hour workday, without a break for rest, the low wages, which force professionals to maintain more than one employment relationship. Thus, in view of the scenario of fear, sadness and mourning, physical and emotional morbid processes were triggered in health professionals, especially in nursing, such as anxiety and depression, among other alterations.

### What do these findings mean?

They demonstrate how fundamental the performance of the nursing team was during the period of the pandemic caused by COVID-19 and when it is necessary to value them, professionally and financially. It is necessary to build public actions aimed at nursing that, with the support and political will, can promote improvements in the working conditions and quality of life of these professionals. The precarious working conditions caused an increase in the rate of illness and death of these professionals, requiring a cry of revolt to demonstrate to the world the violence experienced in their daily work.

## INTRODUCTION

The pandemic caused by the new Coronavirus disease, known as COVID-19, has caused many deaths and spread fear, sadness, grief and physical and emotional morbid processes in health professionals, especially in nursing, such as anxiety and depression, among others. changes. The virus, infecting and accounting for deaths, is a daily confrontation with health professionals and, according to the International Council of Nursing, has caused more than 600 deaths of nurses on all continents. It is estimated that over 450,000 healthcare workers across all sectors have been infected and the infection rate among healthcare workers is particularly high<sup>1</sup>.

The first death that occurred in Brazil was on April 4 and on September 17, 2020, we reached 924,770 deaths of people in the world, of which 134,174 were Brazilians<sup>2</sup>. Among these deaths, there are those of health professionals, mainly nursing professionals, followed by doctors. In Brazil, until September 2020, around 200 nursing professionals died, and the most affected, in descending order, were nursing technicians, nursing assistants and nurses. More than 19 thousand were infected due to the lack of dignified working conditions, such as continuous and quality access to personal protective equipment (PPE); proper sizing of teams and protection of workers who are part of the risk group<sup>3</sup>. In addition, COVID-19 brings indirect damage to the health service, causing a deficit in serving the population. As an example, on March 8, 2020, 504 nursing professionals were removed due to suspected illness in Brazil<sup>4</sup>.

On June 17, 2020, deaths in nursing professionals due to COVID-19 already represented more than 30% of the average number of deaths in the world<sup>3</sup>. These statistics have worried everyone and, in particular, national and international nursing leaders, who recommend attention and accurate registration of deaths, aiming at a real dimension of the human cost in the pandemic<sup>1</sup>.

The COVID-19 pandemic in Brazil corroborated the picture of profound social inequality and, in the field of health, revealed the safety issues at work in nursing,

the precarious conditions regarding PPE, the lack of human resources, the workday 24- to 36-hour exhaustive work, without rest breaks, low wages, which oblige professionals to maintain more than one job, among other issues<sup>4,5</sup>. A study shows that 65.9% of nursing professionals consider the profession exhausting, with a growing increase in depression, obesity, extreme tiredness, feelings of devaluation, high rates (56.1%) of sick leave and accidents, and job insecurity<sup>6</sup>. This picture may have been exacerbated by the pandemic, influencing the high rates of infection and death of these professionals<sup>4</sup>.

It is noteworthy that Brazilian nursing is made up of a social body of approximately 2,400 professionals<sup>3</sup>, and in the Unified Health System (SUS), the largest employer of nursing in Brazil, it represents 58.9% of this total. It is present in the 5,570 municipalities of the 27 units of the Brazilian Federation<sup>7</sup>.

Given the above, this study aims to analyze aspects related to the working conditions of nursing professionals in the context of COVID-19.

## METHODS

This is a qualitative study, exploratory type whose purpose is to discuss the subject addressed through documentary research, which uses a variety of procedures and instruments for data production and analysis, leaving it to the researcher to select and analyze the documents that will serve as the basis for their studies. It aims at the careful examination of a phenomenon in order to understand it, describe it in its meaning, thus answering very particular questions. It seeks to apprehend a non-quantifiable level of reality, involving beliefs, values, perceptions and feelings, which involve deeper aspects of the phenomena or investigated subjects, which can hardly be achieved through the objective operationalization of variables<sup>8</sup>.

To start the active search for documentary sources of narrative content conveyed on social media, the guiding question was defined, using the strategy of

the PIO question (Population: nursing; Intervention: workers' health during the pandemic; Outcome: safety): Has nursing, in the context of the COVID-19 pandemic, been working safely? As a data collection method, content analysis was applied according to Minayo<sup>9</sup> using the thematic analysis technique, which involves pre-analysis, material exploration and treatment of results, floating reading; constitution of the corpus, formulation of hypotheses and objectives, cutting of the text into record units, identification of meaning nuclei, and the classification and aggregation of information<sup>9</sup>.

The initial base was raised through Google clippage, in addition to the search in the Virtual Health Library (VHL), through the descriptors "nursing"; "Worker's health"; "coronavirus" and "narration", combining strategies with the Boolean operator "AND", in an attempt to access articles or other official documents that dealt with the subject. Consultations with the sites of the Regional Nursing Councils (COREN) of Espírito Santo and Pernambuco, Public University and social media were also conducted. The search took place from May to July 2020. As inclusion criteria, texts were used with narratives from professionals who answered the investigative question in the databases of the Federal Nursing Council, the Regional Nursing Councils, the Federal Public Universities and Social media. When it came to media, in virtual narrative, the content was transcribed by the researchers, crossing with the official database. Reports published in vehicles that did not have national coverage were excluded, considering aspects such as access, circulation, views and impact.

The data were compared and discussed for the formation of final categories that corresponded to the results of the study. The definition of categories required a qualitative analysis of the content of the reports, in order to identify narrative patterns, which are also the

object of this study. The narratives were divided into three analytical categories: a) The working conditions of nursing, threatening the health and life of the worker; b) The autonomy of nurses in the full exercise of their profession and the cultural aspect of the dominant ideology; and c) Class entities, such as normalizing, disciplining, managing and controlling bodies for the professional practice of nursing.

In the treatment of the obtained results and interpretation, the records of the narratives were used and, in the process of their identification, the researched sources were attributed.

The ethical and legal principles of research involving human beings were respected, as issued by Resolutions n° 466/2012 and n° 510/2016 of the National Health Council (CNS). Thus, ethical aspects were observed and complied with in carrying out the research, which is based on openly published reports already published by communication vehicles and therefore does not involve any additional risk to the authors of the reports, interviewees and vehicles.

## RESULTS

Eight documents were found, where three dealt with the "management of nursing work", three works addressed "the working conditions of nursing in the COVID-19 pandemic" and two, the "complaints about the deaths of professionals due to the lack of conditions of work". Of these, 36 texts were extracted, distributed in: category A) Social Media (seven); Regional Nursing Council (one) and Federal Nursing Council (one); category B) Social Media (one); Regional Council of Nursing (seven) and Federal Public University (three); category C) Social Media (two); Regional Council of Nursing (six); Federal Council of Nursing (seven) and Federal Public University (one). The results are shown in table 1.

**Table 1:** Narratives about nursing working conditions during the COVID-19 pandemic. victory, 2020

Category	Source	narratives
A) The working conditions of nursing, threatening the health and life of the worker, mentions of denouncement, permeating a great emotional content and request for measures from public authorities and society	Social Media <sup>10-12</sup>	<ul style="list-style-type: none"> <li>- <i>The disregard for the health and life of the worker. We are working without protective equipment.</i></li> <li>- <i>We ask for the attention of the rulers, justice and society... We ask for the attention of justice! We work without conditions!</i></li> <li>- <i>How many do we have to die, for us to be heard; we leave our homes to come to work, to take care of each other's lives. It's our duty! What revolts is working without safety equipment.</i></li> <li>- <i>We lost the right to return to our home, to our family. We are seeing people die, patients, colleagues... colleagues get infected... I am very afraid..., the public hospital gives us a surgical mask to spend 12 hours with.</i></li> <li>- <i>We are dying for lack of working conditions... lack of rest and we have to accept these working conditions.</i></li> <li>- <i>This 'photo' reveals the death of nursing in the pandemic: Beautiful..., and very sad! We needed to die to be recognized.</i></li> <li>- <i>We were heroes... But they forgot us! We need to die to be visible!</i></li> </ul>

**Continuation- Table 1:** Narratives about nursing working conditions during the COVID-19 pandemic. victory, 2020

Category	Source	narratives
B) The autonomy of nurses in the full exercise of their profession and the cultural aspect of the dominant ideology	Regional Nursing Council <sup>13</sup>	-The lack of quality PPE and its use. -Inappropriate! They are contaminating health professionals!
	Federal Council of Nursing <sup>3</sup>	- Nursing is required to use plastic cover as protective equipment.
	Social media <sup>10-12</sup>	- The worker returning from treatment leave being fired... or having to pay the additional scale of when he was on leave.
C) Class entities, the Regional Nursing Council and the Federal Nursing Council, as normalizing, disciplining, managing and controlling bodies for the professional practice of nursing	Regional Nursing Council <sup>13</sup>	-Lack of knowledge about labor rights, such as working hours, breaks, rest and working conditions, among other issues. -The extreme dedication to the Brazilian population, facing exhausting workdays, without protocols and without protective equipment, taking care of the other... nursing is dying. -It is observed that the nurse in the face of the pandemic is unaware of the elements of nursing management... he is functioning as a mere assistant. -At this moment, in view of the work and records of deaths in nursing, I see the social importance of our profession highlighted. -Observed in Brazil inattention and negligence with the nursing team, in the imposition of reuse of PPE and improvisations-. -Professionals from risk groups or sick people prevented from leaving and inhuman scales... - The rules here are like this... Here... I'm in charge . If you are not satisfied, ask for your accounts.
	Federal Public University <sup>14</sup>	-The number of contaminated professionals grows exponentially, progressively, every day. -Death and infections constitute a very serious fact, because who will take care of these professionals? What guarantee will they have for their future? Who will replace this workforce? -What are the factors in the work processes that have been increasing the spread of contamination in these professionals?
	Social Media <sup>10-12</sup>	- Nursing is being forced to replace duty when returning from treatment leave when infected with COVID-19. -Are they being ashamed of being sick or are being dismissed from the service.

**Continuation- Table 1:** Narratives about nursing working conditions during the COVID-19 pandemic. victory, 2020

Category	Source	narratives
	Regional Nursing Council <sup>13</sup>	<p>--We observed the fragility of knowledge related to the role of nurses in the face of the epidemic... The lack of clarity of the real role in decision-making, leading them to act as a mere assistant.</p> <p>-The lack of knowledge on the part of nurses in relation to the basic instruments of leadership and tools for managing care and services as a decision-making element is worrying.</p> <p>-We continue with the problems of sizing human resources for safe nursing care... and compromising the worker's health.</p> <p>- Right now we are soldiers without the necessary armor and weapons... Nursing is the health of Brazil.</p> <p>- The Council goes public to express its deep regret for the loss of the nurse... having dedicated her life to others".</p> <p>-The Council goes public to mourn the death of the nursing technician... who leaves a legacy of dedication and love for others wherever he went.</p>
	Federal Council of Nursing <sup>3</sup>	<p>- The Federal Nursing Council, in a single day, received 1,271 reports of lack of protective equipment; In the period from 3/16 to 5/8/2020, there were 44,242 reports of lack of PPE.</p> <p>-We verified the lack of quality of the equipment, the inappropriate use, its reuse, even the use of the raincoat as an apron for health professionals, putting the health and integrity of these workers at risk.</p> <p>- Nursing was attacked when, in front of the Palácio da Alvorada, they peacefully demonstrated the deaths caused by the pandemic due to lack of working conditions.</p> <p>- Professionals decide to live in hospitals, to protect their family... from not contaminating them with the Coronavirus... I have n't seen my mother for a month.</p> <p>-Nursing technician sleeps on a terrace so as not to contaminate the mother; says he earns 80 reais for 12 hours on duty.</p> <p>-Launch of the campaign: "Protecting nursing is protecting the health of Brazil".</p> <p>-We take care of others, but who takes care of us, the nurses exposed to the Coronavirus due to lack of PPE.</p>
	Federal Public University <sup>14</sup>	<p>-Never heard so much about PPE and health professionals and how necessary and essential they are right now.</p>

Abbreviation: PPE - personal protective equipment.

## DISCUSSION

This study highlighted the precarious working conditions of nursing professionals during the fight against the pandemic caused by COVID-19. This situation caused contamination and death of these professionals who work on the front line in the fight and treatment of this disease.

Nursing is an essential profession and is considered core in the structure of health professions in Brazil and worldwide. It is these professionals who are facing the health crisis caused by the COVID-19 pandemic. They are on the front line, present in all stages of human life and in all sectors of health, from basic health care, home, outpatient or hospital, in public management (federal, municipal and state) or private, in education, research, science and technology, social control and the provision of services of high social value<sup>15</sup>.

Unfortunately, contamination with removal and death of nursing professionals is a reality in the context of COVID-19<sup>16</sup>. It is an imminent risk of collapse of the health system that goes beyond the issue of the number of hospital beds or respirators, which gained space in the media and demanded efforts from public managers to solve problems<sup>4,15</sup>. It is important to reveal this reality because they are professionals who also get sick or are sick and who take care of other people, especially those in situations of suffering and illness<sup>16,17</sup>. In this way, the government and society need to guarantee dignified, decent, safe working conditions for these professionals, with working hours and fair wages, because they are not only essential in the context of COVID-19, but in all existence in its dynamics Social. Health is considered a human right and its essentiality cannot be restricted to a moment of chaos as is being experienced in the face of this pandemic<sup>17</sup>.

The illness and deaths of professionals expose the already precarious working conditions that were exacerbated by this pandemic. Thus, the situation of the pandemic was a concern of health professionals as a whole and class entities, due to studies that already exposed a somber diagnosis<sup>7,18</sup>. The problems presented are part of an agenda of struggles of the category in the perspective of turning the reality of these professionals into what the International Labor Organization has called “decent work”, capable of guaranteeing a dignified life or work based on a human conception<sup>19,20</sup>.

During the COVID-19 pandemic, Nursing revealed to the world the invisible and silent work of a profession so essential to humanity. Thus, a whole context experienced by professionals reveals the obscure facet of mercantilist health managers and entrepreneurs, in order to obtain more profits, in the 21st century, when they impose a relationship of domination and prejudice, of coronelismo, expressed in the relationship “of the servant and the master”, a relationship between oppressor and oppressed<sup>21</sup>.

We observed that the lack of human working conditions is narrated in this study by nursing professionals in the various areas of denunciations that gained national and international media.

Complaints about the working conditions that occurred during the pandemic period, originating from

the public or private sectors, lead us to understand the logic of the world of nursing work, still based on the biomedical model, which imposes a culture based on the “symbolic power”<sup>17</sup>, which is centered on the social division of work: manual and intellectual, common in the hegemonic structures of health that still survives and attributes to “knowing how to do”, to manual work, performed by professionals as of “less value”; as if this work were devoid of the human condition of reflection-action-reflection mediation<sup>21</sup>.

The number of complaints, associated with deaths and sick leaves due to contamination by COVID-19, must mobilize everyone, due to the indignation at the trivialization of these professionals’ lives, due to the domination, oppression and violence in which they experience a world of slave labor<sup>21,22</sup>. Work is a “living act”, it is an activity that corresponds to the biological process of the body, whose spontaneous growth and decline are linked to vital needs, produced and provided by work, and the “human condition of work is life itself”<sup>20</sup>.

It is a fact that social distancing measures are non-pharmacological ways capable of reducing the total number of expected deaths related to COVID-19 in Brazil. However, this is not the reality of nursing professionals who work at the bedside in direct contact with the patient in various hospital sectors, at an accelerated pace and with an overload of work in the midst of chaos, increasing their risk of death where the priority it is the life of the other<sup>23</sup>. Reflecting on the dramatic picture of health professionals, The magazine *Lancet* described health professionals as the most valuable resource in each country and warned the need for nursing professionals to be treated as human beings, with adequate provision of PPE as the first step<sup>24</sup>. This warning revealed the economic and social value of these professionals as a national asset of the health system.

As for the weaknesses of nursing professionals in relation to their skills, there is an emergence of creation of hospital beds and in particular Intensive Care Units<sup>25</sup>; the removal of more than 500 professionals infected in a single day<sup>2</sup>; suffering from human losses, among other factors that compromise the performance and safety of patients and health professionals<sup>3</sup>.

It should be noted that, mainly patients with COVID-19 hospitalized in a highly complex unit, they need trained professionals, team training and standardization of actions to recognize, measure and minimize the risks for the occurrence of adverse events and optimize the results therapeutic effects of pandemic-specific procedures<sup>26</sup>.

These professionals live with the unknown, with the emotional overload, with the stress exacerbated by the fear of contamination, with the pain and suffering of human losses and the death of the patient, with the removal due to the infection and the death of a colleague<sup>27-29</sup>. Daily life is characterized by the fear of taking the virus home and contaminating loved ones. Finally, they mourn the fear of their own death: “tomorrow it could be me”<sup>2</sup>, which determines a picture of deprivation and suffering.

In an attempt to minimize these challenges, as soon as the COVID-19 pandemic emerged in Brazil, the Federal Council of Nursing, together with the 27 Regional Councils located in all states of the Federation, created the

Crisis Management Committee, organizing a set of actions to face the pandemic, demonstrating a commitment to nursing, quality in care and the pact with human life. From then on, he began to document information on the work carried out on a daily basis; to produce information on deliberations, such as agreements with universities to produce protocols, informative materials, courses to be taught at a distance; to provide professionals with physical and emotional security measures, including judicial measures; to accept and register denunciations of nursing work conditions and deliberate on them; to register deaths, among the many actions developed by the working group<sup>3,4,16</sup>.

We realized that, during the pandemic crisis, society needed a professional category able to carry out its competences, acting based on science and its art, dedicating itself to the health care of the population and watching over the lives of others. This commitment to life was and is being heroically developed by nursing professionals and in moments of great clarity about their social role, these workers ask: “we take care of others, but who takes care of us?”<sup>30</sup>.

The work of the Federal Nursing Council in partnerships with Public Universities, with the participation of Nursing courses and Departments, Study and Research Centers and Nuclei, integrating crisis management committees and composing commissions in the organization of actions in the quick response to the confrontation of the COVID-19 pandemic, as well as with organizations at the local, state, national and international level, reaffirms the social role of these institutions alongside the Brazilian population and the world. In addition to this role, it accompanied the death records of professionals who died from a mourning virus, in the full exercise of their duty: that of caring for others. The same is happening in the Regional Councils in all Brazilian states<sup>3</sup>.

Corroborating our findings, studies carried out with Nursing professionals in other countries, mainly in China, assessing the impact of diseases caused by viruses similar to SARS-CoV-2, show that these professionals developed diseases such as Burnout syndrome; stress triggered by pressure from organizations and society; ethical dilemmas in carrying out procedures; anxiety disorders; depressive disorders; post-traumatic stress disorder; excessive self-medication to overcome fatigue or mental illness; fear and insecurity in contaminating family members; in addition to deaths<sup>31-33</sup>.

## ■ CONCLUSION

During the COVID-19 pandemic, nursing has demonstrated its role through a lot of courage and determination in assisting contaminated patients with the aim of saving lives. However, we realize that all their sacrifice and personal abdications in favor of human life have cost them their lives.

The denouncements of premature deaths that occurred in nursing, predictable deaths that occurred due to the precarious working conditions, were externalized by means of voices that came to the public and exposed

the blunt injuries of nursing, which caught the attention of the world, despite the applause, admiration and respect from society for the essentiality of its service to human beings.

However, the pandemic provided a moment of much learning. It is necessary to build actions aimed at nursing that, with the support and political will, can promote improvements in the working conditions and quality of life of these professionals.

## Limitations

As limitations to the study, there is the restriction of data source, convenience sample, in front of a voluminous source of material available in social media, observing the criteria recommended in qualitative research.

## Contributions to the practice

And as contributions to the practice of Nursing, the complaints about the precarious working conditions, culminating in the high rate of illness and death of professionals, the cry of revolt about the violence experienced in their daily work constituted a milestone of pain and learning that will subsidize teaching and practice projects based on liberating pedagogy in the perspective of changes.

## Authors' Contribution

Maria Edla de Oliveira Bringuento - a) conception and/or design of the study; b) data collection, analysis and interpretation; c) writing and /or critical revision of the manuscript; d) approval of the final version to be published). Kelly Cristina da Costa - a) conception and/or design of the study; b) data collection, analysis and interpretation; c) writing and /or critical revision of the manuscript; d) approval of the final version to be published). Andressa de Oliveira Barcelos - a) conception and/or design of the study; c) writing and/or critical revision of the manuscript; d) approval of the final version to be published). Cândida Caniçali Primo - a) conception and/or design of the study; c) writing and/or critical revision of the manuscript; d) approval of the final version to be published). Márcia Valeria de Souza Almeida - a) conception and/or design of the study; c) writing and/or critical revision of the manuscript; d) approval of the final version to be published). Thiago Nascimento do Prado - a) conception and/or design of the study; c) writing and/or critical revision of the manuscript; d) approval of the final version to be published). Júlia Papi de Souza Diniz - a) conception and/or design of the study; b) data collection, analysis and interpretation; c) writing and /or critical revision of the manuscript; d) approval of the final version to be published). Walckiria Garcia Romero Sipolatti - a) conception and/or design of the study; b) data collection, analysis and interpretation; c) writing and /or critical revision of the manuscript; d) approval of the final version to be published).

## Conflicts of Interest

We declare that there is no conflict of interest.

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## Resumo

**Introdução:** a pandemia pela COVID-19 tem elevado o número de internações hospitalares sendo responsável pelo aumento da carga de trabalho dos profissionais de enfermagem com deficiência de recursos humanos e de equipamentos de proteção individual.

**Objetivo:** analisar aspectos relativos às condições de trabalho dos profissionais da Enfermagem no contexto da COVID-19.

**Método:** pesquisa documental registrada sob narrativas nas bases de dados do Conselho Federal de Enfermagem, dos Conselhos Regionais de Enfermagem do Espírito Santo e de Pernambuco, de Universidade Pública Federal e das Mídias Sociais.

**Resultados:** são apresentados e analisados mediante as categorias: a) as condições de trabalho da enfermagem, ameaçando a saúde e vida do trabalhador; b) a autonomia do enfermeiro/a no exercício pleno de sua profissão e aspecto cultural da ideologia dominante; c) o Conselho Federal de Enfermagem e os Conselhos Regionais de Enfermagem do Espírito Santo e de Pernambuco como órgãos disciplinadores, normalizadores, gestores e de controle do exercício profissional da enfermagem.

**Conclusão:** as narrativas encontradas nesse estudo demonstraram as precárias condições de trabalho, agudizadas pela pandemia, e o protagonismo da enfermagem no enfrentamento da COVID-19.

**Palavras-chave:** Enfermagem, saúde do trabalhador, Coronavírus; narração.

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