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Nurses in the Crises of Corona, Care and Capitalism. **- The implications of a hero-framing in the context of COVID-19**

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Introduction

On December 31st, 2019, the news about a previously unknown virus, COVID-19, reached the World Health Organization (WHO) office. Originated in the Chinese city of Wuhan, it quickly spread around the world, soon turning into a pandemic¹. As a result of both the virus itself but also political initiatives such as lock-downs and quarantines, care work has been highly visibilized. While some could be sent home from work, without it having a crucial effect for the Spanish and Danish societies in which our cases are situated, others, such as healthcare workers, cleaning assistants and supermarket cashiers had to stay working and were suddenly recognized as completely essential. These professions can all be denoted as belonging to the category of social reproduction, which, according to professor of history and director of global studies at Purdue University, Tithi Bhattacharya, is “the activities and institutions that are required for making life, maintaining life, and generationally replacing life” (Jaffe 2020). The jobs belonging to this sphere can also be designated as care work, which we understand as encapsulating both paid and unpaid, affective and material kinds of social reproductive work. Typical examples involve activities of taking care of children, elders and sick people - all being professions, relatively low paid. Nurses, therefore, function as an illustrative example of social reproductive labor, in the way that they take part in the maintenance of life, and also earn relatively little for this labor and their role in the socioeconomic system. Looking at the reactions to COVID-19 in Spain and Denmark, nurses are also the group of care workers that have gotten the biggest attention, not at least through a discourse, framing them as heroes. Artists are making tribute songs to them, politicians are thanking them repeatedly and publicly, ordinary citizens are praising them on social media and sending them gifts, restaurants are giving away free food to people working in the healthcare sector and, to take an international example, the British street-artist Banksy has made a wall paint showing how a young boy discarded his original superhero figure and replaced it with a nurse.

¹ According to the WHO, the classic definition of a pandemic is “an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people” (Kelly, 2011). Even though the definition can be tricky since it is difficult to establish exactly what is considered “a large amount of people”, the general consensus by the media, the governments around the world and the general public, is that we are facing an unprecedented crisis.

With a starting point of being interested in the low valorization of social reproductive activities in general, also outside of the pandemic - and with a motivation to examine whether these jobs, which are typically ascribed as “feminine”, through visibilization can be re-valorized, we are curious if the hero-framing, as it is exemplified above, may have the potential of improving the situations for nurses. Built on this curiosity, our research question is:

What role does care work play in neoliberal capitalism and taking that into consideration, what are the implications of framing nurses as heroes in Spain and Denmark in the context of the COVID-19 crisis?

In order to answer our question, we will draw heavily on social reproduction theory – more specifically as it is developed and presented by Tithi Bhattacharya and Nancy Fraser. First, we will explain our main theories and concepts, and secondly, we will describe the health system and general context of the situation of nurses in both Spain and Denmark. In the analysis, we will present our understanding of what a hero is, in order to analyze properly the implications of a hero framing, both positive and negative. Since we find that the hero framing has insufficiencies in terms of valorizing² nurses, we dig into the potentialities of setting the nurses in a workers frame instead. Building on this analysis, we finally discuss the prospects of an economical improvement for nurses and care workers in general, as well as a proposal to put care in the center of the economy as opposed to the neoliberal individualistic logic.

Methodology

In the following section, we will describe the research methodology that we use to collect our data and analyse it. The chapter consists of a description of the methods that we use for data collection and our research design, a presentation of the chosen empirical cases we use to illustrate our arguments and reflections and limitations of our scope of research.

² By valorization, we mean “a process which aims to enhance societal impacts” (Van Droog & de Jong 2016)

Building on anthropologist' Max Gluckman's "situational analysis", we will frame the COVID-19 pandemic as what he defines as an "event", referring to "moments of social life in the very process of formation" (Kapferer 2005: 92), "a singularity in which critical dimensions can be conceived as opening to new potentialities in the formation of social realities" (Kapferer 2010: 2). By doing so, we will be able to establish the COVID-19 crisis as the starting point for us to develop our analysis. Further building on the definition of "event" and as Gluckman explains, a "crisis context" can be defined as "contradictory and conflictive processes offering multiple possibilities for the generation of something new" (Kapferer 2005 cited in Visacovsky 2017, p. 8). Furthermore, these crisis contexts are considered the optimal locus of research, specifically because they reveal underlying or latent social forces and principles (idem). Thus, by studying the implications of a hero framing of nurses in both Denmark and Spain in the context of coronavirus, we will be able to account for their visibilization and the possibilities of a re-valorization of their work.

Additionally, this paper will be formulated using a "frame analysis". According to sociologist Ervin Goffman, a frame groups the culturally determined definitions of reality that allow people to make sense of objects and events (Shaw 2019); thus, by framing the nurses as heroes, it makes sense of the behavior and reactions that both society, nurses and government have had depending on their respective point of view on nurses and their work. To further sustain the previous point, the frame analysis also emphasizes the idea that the way a situation or a problem is framed deeply influences decision making (Tversky & Kahneman 1981); in the media, for example, the use of frames might guide the audience to preferred conclusions by simultaneously highlighting or hiding particular aspects of reality (Shaw 2019). We assume that framings are discourses, which are always produced within a context in which language plays an important role as it is not fixed but always tied by a whole range of situational factors (Adolphus 2009). At the same time that language is the product of a context and multiple factors, it is also a way of socially constructing our reality (Graces 1987: 3). As Grace affirms, "not only is language the means by which this kind of reality construction is accomplished, it is also the means by which the realities, once constructed, are preserved and transmitted" (idem.). Based on this we will

research how the linguistic framing of nurses as heroes can re-valorize (or not) their individual work of care and the care activities in themselves, that is, how it may construct (or not) a new reality for both of them.

Our theoretical framework is social reproduction theory. Taking into account that the COVID-19 crisis has rendered visible the struggles that the care-work sector has faced, specially during recent years, the social reproduction framework takes relevance as it seeks to make visible labor and work that are analytically hidden by classical economists and politically denied by policy makers (Bhattacharya 2017: 3) By applying the concept of social reproduction in our analysis, we put care work into an analytical framework, that highlights the connections between social reproduction work and economy. By seeing care work through a SRT-approach we can therefore get a better understanding of what role care work and nursing plays in the current form of capitalism (which is the first part of our research question).

The nature of the data used for this project is both qualitative and quantitative. On the qualitative side, we will rely mostly on literature focused on capitalism, social reproduction, precarity and the connection between crisis and change, and drawn mostly from the work of authors like Nancy Fraser, Tithi Bhattacharya and Isabell Lorey. We are aware that most of our data follows a similar line of thought, so we might face a bias in our information. Along with this literature, and since our topic is recent and in constant development, we will also look into news articles both to establish the context of our study and gather the empirical data that we will evaluate. Finally, we will look into interview excerpts made to different nurses, reader's letters and contributions to debates made by both nurses and specialists on the care work area. This specialized literature will be used to analyze an array of empirical examples set in both Denmark and Spain that are analyzed in relation to two framings that we have classified as: "nurses as heroes" and "nurses as workers"; we will explain this further in the following sections. These two country cases were chosen since the framing of nurses as heroes has been used strongly, especially in the media, with different implications for nurses. Also, both countries share some characteristics regarding their healthcare systems but they differ much in aspects such as gender

equality, salary scheme and management of the crisis: in Denmark, one of the characteristics that we find interesting, is that even though it has a high level of gender equality, the feminized care work is systemically low valorized. In Spain, one of the countries that was hit the hardest by the crisis, nurses gained a lot of predominance and became one the central actors in tackling the pandemic.

One of the cases that we will analyze is Denmark. With a strong welfare state and a big public spending (Nokkentved *et al* 2020), Denmark is considered to have the second most gender equal society in Europe as of 2019 (European Institute for Gender Equality 2019) as well as a strong universal access health system aimed at offering a high quality equal service for all of its citizens (Vrangbaek 2016). Nonetheless, and as we will show later in our analysis, demands to improve relatively low³ salaries in the nursing sector and easing pressuring work conditions have intensified during the covid-19 pandemic (Bergqvist 2020), as it might be a result of the visibilization that health workers have had overall in this context. Like Denmark, Spain also enjoys a universal health care system that has been ranked the 7th best healthcare system in the world as of 2009 (TransferWise 2017). Additionally, it has a fair performance regarding gender equality (9th place in Europe) (European Institute for Gender Equality 2019b). However, and as we will explain further in the paper, the hero status that has arisen in the coronavirus context has been used by different political parties in Spain to push their own interests. Furthermore, the privatization of hospitals has led to the loss of thousands of jobs and to an overall increase of precarious conditions for nurses. Both countries, nonetheless, are challenged to a respective degree by a neoliberal logic that produces precarity and which is evidenced in areas such as the health sector. Taking into account Bridget Andersson's (2010) definition, we will understand precarity as it "captures both atypical and insecure employment and has implications beyond employment pointing to an associated weakening of social relations" (Andersson 2010: 303). Even though the mentioned definition corresponds to qualities that a precariat subject faces, we will investigate the condition of precarity not only from an individual perspective but structural

³ We mean low in comparison with other sectors of the economy, as care work is normally underpaid

one. That is, rather than only just asking what the conditions of the nurses in Spain and Denmark are, we will also touch upon how they are precaritazed by certain neoliberal logics.

Moreover, their different responses to the COVID-19 virus provoked two diverging realities. In Spain the spread of the virus was earlier and faster due to the high quantity of tourism and the proximity to its neighbor country Italy. For instance, the first case of COVID-19 was registered on the 31st of January. The 14 of March the Government proclaimed the State of alarm in the whole country (Arroyo 2020) and since the 15th of March, the quarantine was obligated for the whole population, due to the radical increase in the number of continual cases and deaths per day, as well as the insufficient sanitary means to cover the situation -lack of material of space on the hospital as well as insufficient health workers (Fuentecilla 2020). These circumstances provoked that in certain provinces, like in Madrid, the private health care system was used for public interests, and thereby everyone (Güel 2020). The case of Denmark highly contrasts with this one. Denmark was the second European country in announcing a lock-down, which they did, on the 11th of March (Baker 2020). The lockdown in Denmark did not implicate forced self-quaranteen to the whole population but rather just to those who presented symptoms. Additionally, on the 16th of March the implementation of new restrictive measures was announced. The quick response, taking into account that the first death because of coronavirus was on the 11 of March. This led the government to take more preventive measures rather than correctives one, as it was the case of Spain. Despite these differences, in both countries, nurses have been broadly framed as heroes, making them relevant cases for our study.

On the quantitative side, we will use statistics to further understand the nursing sector situation in each studied country. We will examine and compare data such as the scale of salaries in the sector in contrast with other jobs, as well as statistics regarding the gender differences between the care sector and others. Overall, all the data collected in this research paper is secondary, since we do not collect or produce new data but rely on existing information to answer our research question.

Theory and concepts

How we understand gender and value

In order to ensure a common understanding of key terms that can be subjected to multiple interpretations, this section will define gender and value, which are two of the concepts constituting social reproduction theory. With the attempt to briefly introduce two of the fundamental pillars of the theoretical framework, we would draw on Judith Butler's performative understanding of gender and the marxist comprehension of value.

Gender

An essential aspect of care work is that it is very gendered. Even though men have always taken part in some of the social reproductive work, most of it has been attributed to women (Fraser 2017: 21). Based on the early 1990's works of Judith Butler, we will attempt to dissolve the hierarchical power opposition where woman/femininity is seen as inferior to man/masculinity (Spanger 2011: 40). Thus, this project will analyze how care work, with a focus on nurses, is not only women predominant but feminized and because of this, less politicized and economically valorized. In doing so, there is a high risk to reproduce what Butler named "the naturalized heterosexual matrix"; that is, the hierarchical opposite constitution of both beforehand mentioned sexes/genders (masculinity/man and femininity/woman) through the heterosexualization of desire (idem). To explain this relationship, Butler differences between sex and gender. Sex is "the corporeal ground (the body) upon which gender operates as an act of cultural inscription" (Butler 1990: 186). In that sense, gender is binarily constructed by narratives, gestures, appearances, or practices on a body already binary sexually identified. At the same time, certain gestures or practices become binary labelled, as belonging to what is understood as a proper woman or man. In that sense, there is a feminization of some practices and spheres, while in hierarchical opposition is the masculinization of the rest (Spanger 2011: 40).

Even though the analysis of this project, rather than being on an identitarian level is in a structural one, it reproduces the binary understanding of gender by the data that has been

selected. However, the comprehension of gender as performative allows us to reverse the formula and think about how certain performances related to care are gendered, that is: feminized. These practices will not be investigated from an individual or identitarian level, but structurally so it sheds light on the imbalanced relationship between their essential role in society and their political and economical valorization in the current capitalist system.

Value

Our understanding of the concept value will be economical, more concretely within the Marxist tradition of labor theory of value. For that reason, we understand value as use-value and exchange-value (Wolff 2017). While use-value is based on the useful qualities of the commodity (a tradable object), the exchange value is the social use value, that is the product's use value for *others* (Felluga 2015). With the advance of capitalism and the appearance of money, a new actor enters in the game of exchanging commodities: the possibility of profit. In other words, "by the purchase of commodities and their transformation into other commodities which can command a higher price, and thus yield a profit." (Wolff 2017). In order to explain the profiting of the capitalist system, Marx examines where this one is generated; which is the exploitation of the workers. The cost of the worker's labor power, and thereby its salary, it is "the value of the commodities necessary to keep the worker alive for a day" (Idem.). This is what is known as necessary labor, the rest of the time expended is the surplus from which is derived the profits.

Even though the category of surplus has permitted the investigation of a human history of exploitation and capital accumulation and profit, our interest is based on the necessary labor. This last value is measured by the answer to the question: What is the price of that life (of its survival)?. Within the attempt to explore this question, we adopt an intersectional gaze and we re-formulate the question from a gender perspective and set our own questions: 1°What is the role and value of care practices in the current capitalism system? What is the value of the lives who carry out such activities?. 2°How the heroization of nurses can subvert or reaffirm the logics not only of their current labor's value but also the positionality of care in the current capitalist system?

Social Reproduction Theory

As written in our introduction, our interest in nurses during the pandemic takes its departure in a more general interest in economical conditions for care workers and the role of care in capitalist systems. While the pandemic is contributing to a visibilization of the essentiality of their work, nurses were also essential before. In order to understand the reasons for their relatively low valorization and thereby contextualize our object of study, we build on social reproduction theory (SRT).

Our understanding of SRT as an academic field is related to and inspired by Tithi Bhattacharya, who is an Associate Professor of History and the Director of Global Studies at Purdue University (Purdue University 2020). In the book *“Social Reproduction Theory - Remapping Class, Recentering Oppression”*, of which she is the editor, Bhattacharya presents some key contributions and insights of SRT (Bhattacharya 2017: 4). Among these insights is that social reproductive activities - including care work such as nursing - throughout the history of capitalism, has been subjugated to activities of economical production and that this is one of the reasons for their lower valorization (Fraser 2017: 23-24). A goal of SRT is to visibilize that even though social reproduction generally is placed in a sphere perceived as not contributing to the economy, it is actually - as Nancy Fraser states: “an indispensable background condition for the possibility of economic production in capitalist societies” (Fraser 2017: 23). Fraser is with her essay *“Crisis of care? On the Social-Reproductive Contradictions of Contemporary Capitalism”* one of the contributors to the book of Bhattacharya, and her text makes up one of the sources for our understanding of neoliberal capitalism and especially what role care work plays in it. But before digging deeper into her analyses, we will elaborate on what constitutes the SRT-framework that we are using in our project.

According to Bhattacharya, social reproduction theory develops upon the traditional understandings of both Marxism and capitalism (Bhattacharya 2017: 2). The aforementioned book seeks to highlight the critical contributions that SRT has made to the “understanding of capitalist social relations” and it lies theoretically close to an older collection (2006), edited by

Kate Bezanson and Megan Luxton, who restored social reproduction to “a “thick” description of “economy”, as well as “political process” (Bhattacharya 2017: 4, 5). In our assignment we draw on these insights of “capitalist social relations” while also seeking to add on to them in terms of examining how the heroization of certain care workers might affect such relations and hierarchies.

The literature of SRT asks questions related to social reproduction and the structures it is entangled with, for instance, the production of labor, the creation and maintenance of life (in which nurses are crucial actors) and the role of such social reproductive activities in the economy. In order to investigate such questions, it builds on Marxist theory for instance by using Marx’s concept of labor and his analysis of its role and valorization in the capitalist economy. According to Bhattacharya, there are implications of Marx’s insights that are underdeveloped though and she states that the theorists of SRT “begin with these silences in Marxism” (Bhattacharya 2017:3). A part of doing this is by putting into light how production and maintenance of life is integrated in the same process as the production of goods (Bhattacharya 2017:3). Some of this can also be illustrated by the question Bhattacharya “asks of Marxism” in the first part of her introduction: “If workers’ labor produces all the wealth in society, who then produces the worker?” (Bhattacharya 2017:1). We are in our project building on an assumption that nurses are part of this “who” that produces the worker, since they are part of saving and maintaining people’s lives- not only during the COVID-19 pandemic but in general. These activities of maintaining life are, as written in the introduction, classic examples of social reproductive labor. But besides (re)producing workers, nurses are also workers themselves, taking part in the labor market. In the second half of our analyses, we will zoom in on exactly this circumstance and examine what the worker-category (in contrast to the hero-category) can have of potentialities for their conditions.

The SRT we use sees itself as theory but also as “a methodology that privileges process” (Bhattacharya 2017: 5). In being so, contributors to SRT have for instance analyzed the history of care, and while we ourselves are not making any historical analyses as such, we draw on previous works of SRT in order to understand for example how neoliberal capitalism through the

last decades has challenged the conditions for care and how social reproductive work historically is feminized and ascribed to a non-economic sphere. In that way, even though the data we analyze in our project is very recent and from an event taking place simultaneously with our research, we agree with the assumptions that history has constituted the current capitalist and social relations - and this includes also the relation between nurses and the economy and between nurses and social society. For instance our understanding of the low valorization of nursing and other types of care work builds partly on Fraser's statement that capitalist societies since "at least the industrial era [...] have separated the work of social reproduction from that of economic production" and associating the first kind with women, and the second with men, remunerating the first with "the coin of love and virtue" and the second with money (Fraser 2017: 23).

Before examining further the relation between care work and capitalistic economy, it is necessary to outline what we mean by the term capitalism, not at least the current, neoliberal version of it.

Neoliberal capitalism

Capitalism, as a term, refers to an economic system, as well as a theoretical concept, developed and applied differently, by a variety of thinkers, including classic economic theorists such as Adam Smith and Karl Marx. Where Smith, who is sometimes referred to as the father of capitalism, focused on the creation of wealth in a market where individuals are free to produce what they have incentives to, and how such a market is in the general interest of society, Marx turned his attention towards some of the negative consequences of capitalism, especially in relation to labor, exploitation and commodity fetishism (Marx 1867: 47). As already described, it is in analyses developed by Marx, that the theoretical framework of our project, takes its point of departure (Bhattacharya 2017: 2).

Marx and Smith, representing opposing strands of economic theory, are just two examples of how theories of capitalism differ as a result of *who* analyzes the economy; what background, assumptions and aims they have, and what kind of context they are writing in. But it is not only the theoretical concept of capitalism that sometimes fluctuates; also the object as such - the

economic system - can vary a great deal. First of all because it has changed throughout history, and therefore varied in a time-perspective, but also because it can express itself very differently from one place to another (Kosolapova 2019: 102).

Despite tremendous variations in form and lived experiences, we find it meaningful to talk about a capitalist economy in a global perspective. Most countries - including Spain and Denmark - have some structural mechanisms and principles in common, when it comes to economy, that make them fit (although in different ways) the overall label of capitalism. Examples of such principles could be the right of private ownership, the pursuit of continuous accumulation, the division of who owns the means of production, and other mechanisms related to market economy (Marx 1867: 507). Furthermore, countries with open economies interact with each other, not at least through trade, letting the aforementioned principles and mechanisms, pervasively work across borders as well (Brien 2019). Within the last decades, these transnational, economic activities have intensified, which is why we are denoting current capitalism as globalizing (Cole 2019). In the next paragraph, we will describe some of the other features, characterizing the present form(s) of capitalism.

Aligned with Nancy Fraser, we see the current era as the most recent of at least three regimes of capitalist society, whereas the two former were the nineteenth-century regime of liberal competitive capitalism and the State-managed capitalism of the twentieth century (Fraser 2017: 25). The present regime, which can be characterized as globalizing, financialized and neoliberal, emerged in the 1980s and has been dominating political economy since then (Fraser 2017: 32, Chang 2017: xix). This form of capitalism has also been called “free-market capitalism”, for instance by economist Ha-Joon Chang, who emphasizes that even though a completely free market has never really existed, a free-market-*ideology* has been ruling for decades (Chang 2017: xix, xvii, 1). This free-market ideology is part of what we in our assignment refer to as neoliberalism.

The free-market economists - or the neoliberal economists as Chang also calls them (most influential probably being Milton Friedman (1912-2006)) - advocate that the best way of running the economy is by having a market as free and unregulated as possible, since this will create the

best conditions for competition (Klein 2007: 8, Chang 2017: xvii, xix, Peck & Tickell 2002: 394). It is not that the ideas of a free market did not exist before this era. As mentioned, Adam Smith also wrote about the advantages of free market trade and he did so already in 1776 (Nolan 2003: 113). But what Chang, among others, argues is, that the degree to which deregulation and competition are now prioritized and favorized, has reached new heights, reconfiguring the State-managed capitalism of the previous era. In that sense, the valorization of free competition that neoliberal proponents push forward, is in some ways closer to the liberal competitive capitalism of the nineteenth-century and the economic theories of Smith, but strengthened and widened by new ideas, opportunities and technologies - A legacy illustrated quite fine by the morphology of their ideology: the prefix “neo” added to the root “liberalism”.

That neoliberal ideas are influential in current capitalist societies, also in the political economy of Spain and Denmark, can be seen for instance when States enforce privatization and increased deregulation - not at least of the public health care systems that constitute the empirical setting of our analysis. The principles and values of free competition are by neoliberals also thought to apply in relation to the management of health care services, since free competition and deregulation will lead to efficiency and better services at a better price (Cole 2019). While neoliberalism and capitalism are two separate phenomena, we therefore find it relevant to include them both in our assignment, since they have come to interact to such a degree, that the neoliberal set of ideas are a characteristic feature of current capitalism.

A last but very defining feature of the specific form that capitalism broadly takes today, is the financial sector. Since the 1970s this sector has played a crucial role in the global economy in terms of money-trade, stock markets and credit (Guttman 2017: 860). An example of this is the fact that by 2007, some leading⁴ world banks controlled more than US\$16 trillion in assets across every region of the globe (Dos Santos 2009: 2) The banks are some of the essential financial actors, and they have played (and still play) a big role in this financialized capitalism, not at least by lending out money, and thereby creating credit, which becomes debt for the people and companies borrowing them (idem: 3), which at the same time favors accumulation and extracts

⁴ Citigroup, HSBC, Bank of America, RBS, Barclays, Santander, BNP Paribas, Dresdner Bank, and Sumitomo Mitsui Financial Group

value from communities, nature and households (Fraser 2017: 32). Following accumulation, wealth is generally unequally distributed due to factors like debt (97% of money has been created through lending) (Frisby 2018), poor taxation policies and a non aleatory prioritization of the sectors of the economy. This last point refers to the criterion of capitalism for considering products and services as valuable not in terms of how much they are needed but in terms of how much money they produce (Praetorius 2015: 51), making it possible and even normalized to have higher profit when investing in the stock market than working as a nurse.

So what role does care work play in this whole system of neoliberal capitalism? To answer that question, we will in the next section look into some of Nancy Fraser's insights of social reproductive contradictions of capitalist economy.

The social-reproductive contradiction of capitalism

As addressed, we understand capitalism as a system that has gone through different phases and in all of them, there has been a hierarchical relation between capitalist societies and care work (Fraser 2017: 22). Common for those "relationships" is that social reproduction is necessary in terms of maintaining a capitalist production, but also that this necessity, in all of the phases, is related to "a deep-seated *social-reproductive* "crisis tendency" or "contradiction." (Fraser 2017: 22). The core of this contradiction is according to Fraser that social reproduction on the one hand "is a condition of possibility for sustained capital accumulation", while on the other "capitalism's orientation to unlimited accumulation tends to destabilize the very processes of social reproduction on which it relies." (Fraser 2017: 22) Fraser describes how this "social-reproductive contradiction of capitalism" assumes "a distinctive guise in every historically specific form of capitalist society" (Fraser 2017: 22). We will, in what follows, look into how the contradiction or "crisis-tendency" expresses itself in the neoliberal capitalist phase, since this is the form of regime making the situational context for our cases. While Fraser points out a handful of factors relating to social reproduction of the current era, we will only account for the ones we find most relevant for our research.

First of all, the neoliberal regime of capitalism is “promoting state and corporate disinvestment from social welfare” (Fraser 2017: 32). In that way it differs from the former regime of state-managed capitalism, where the tendency of States in the capitalistic core rather was to take on “some public responsibility for “social welfare”, in order to milden the “corrosive effects on social reproduction not only of exploitation nut also of mass unemployment.” (Fraser 2017: 29). -In the state-managed phase, the welfare services thereby grew, not least the health care systems of Spain and Denmark (Pierson 2001:88). The outcomes of the disinvestments that neoliberal capitalism promotes are particularly evident in Spain, which we will get back to in the next chapter, but also in Denmark, where there have been signs of decreasing investment-rates and efforts to effectivize economically the social welfare (Larsen & Andersen 2009: 1). An example of an outcome that might have to do with such tendencies, is the fact that Denmark in 2018, according to the International Labor Organization (ILO), had the lowest number of public sector workers per citizens since the 1980s (AE Rådet 2018). We assume that the tendency of disinvesting in social welfare also has an impact on hospitals and the conditions for nurses - if not in relation to the pay per hour, then in terms of for instance time per patient. Following the disinvestment in social welfare, Fraser points out how care work is externalized “onto families and communities” instead (Fraser 2017: 32), but at the same time - also because of the recruitment of women into paid workforce - their capacity to actually perform social reproductive activities is diminished (idem). That the capacity to perform care is under pressure, is not only in the private sphere, but as our empirical data tells, also for nurses when they are on their job - for instance, as indicated in the last paragraph, when they have more patients per person or more schemes to fill out than actual face-to-face contact (Torpe 2012).

This whole contradiction between social reproduction and production is crucial as a context for our research - not only because it explains why social reproduction is perceived as less valuable in an economic sense, but also because it emphasizes that what is undermined in neoliberal capitalist societies, is actually essential - not only for the economy but also for our lives - as Fraser concludes: “Capitalist economic production is not self-sustaining, but relies on social reproduction [...] However its drive to unlimited accumulation threatens to destabilize the very reproductive processes and capacities that capital – and the rest of us - needs” (Fraser 2017: 24).

That we need these social reproductive processes and capacities is what we assume that the pandemic helps to show.

Whereas we have now described the context of our cases and analysis theoretically, with a focus on the structures of neoliberal capitalism and social reproduction's role in it, we will now take a closer look on our cases in a more empirical way.

The health care systems and wage conditions for nurses in Spain and Denmark

Before analyzing the implications of how nurses are framed as some of the main heroes of the pandemic, we will first examine what was the situation of the health care sector and the conditions for nurses in the past few years. In Spain, even though the public health care sector is regulated by the State, every autonomy can take independent decisions in regard to the management of material, hospitals etc⁵ (European Commission 2019). For that reason, although some data about Spain will be at the national level, most of it would be in regard to Madrid, which has been one of the main focus of infection in Europe (Hernández 2020) In Denmark, like Spain, the State holds the overall regulatory and supervisory functions in health and care, but each of the five regions of the country (and its municipalities) is responsible for hospital care, emergency care and other related services (The Ministry of Health 2017: 4). We will focus our data on a general national level.

As it would be exposed, the economical situation of the Spanish health care sector is slightly worse than the average of the countries of the European Union (EU) (European Commission 2020). In the last ten years (2009-2020), the government has developed and implemented a more neoliberal governmentality that has affected the healthcare field, which has not remained immune to such measures, but rather facing more precarious conditions as a consequence of its privatization and lower inversion (Valdés 2020). Directly related with the latter, lower inversion can lead to the hiring of a smaller number of nurses, and as a result, the remaining nurses that are

⁵ “The 17 regional departments of health have primary jurisdiction over strategic and operational planning at the regional level, resource allocation, purchasing and provision, often with support from specialised agencies such as the Network of Agencies for the Evaluation of Health Technologies and Benefits” (idem.)

part of the workforce might get overloaded. For example, in average, there are 12,3 patients per nurse in Spain while the EU recommends a maximum of 8 patients per nurse (Ospina 2017). Another example of this neoliberal logic in which investment in the public sector can be diminished, is that in 2017, Spain budgeted 8,9% of its Gross Domestic Product (GDP) for public health spending, contrasting the European average which is 9,8% (European Commission 2019). This is in part because the private health spending grew by an average of 2,8% annually and that the public spending fell to a rate of an annual -0,8% (Pérez 2020) Following the report 'State of Health in the UE. Spain National Health Profile 2019', the European Commission (EC) highlights that "a significant part" of health professionals have "temporary contracts", which "increases the rate of staff turnover" (European Commission 2019: 10). For example, 30% of all employees were on temporary contracts in 2017, and the rise of such temporary contracts has fomented the precarious situation of the workers (Domínguez 2020), leading to the loss of 20.000 job positions in the nursing field in Spain during recent years (Ospina 2017). This is the case of for example Alba (32), a nurse who has had 400 contracts in 9 years (Recio 2019). The contracts can be for a few weeks, days or even just one day. As a consequence, she not only faces constant uncertainty but also the denial of labor rights such as "free days, vacations or maternity or sick leave" (Recio 2019). In that sense, her monthly economy depends on the scattered opportunities that the labor market can offer her, which means that her salary depends on the sporadic and uncertain demands of the everyday market. Such insecure conditions do not allow her to plan ahead her private time. Two final consequences of the privatization of the public healthcare system is that the number of hospital beds has declined since 2000 and was well below the EU average in 2017 (European Commission 2020) and, the increasing privatization of the management of five public hospitals, existing already fifty private hospitals in Madrid while only thirty three public ones (Domínguez 2020)

In Denmark, structural reforms to reorganize the delivery of care have taken place since 2007, resulting in the creation of fewer but larger and more specialized hospitals (European Observatory on Health System and Policies 2019: 9) that lead to the promotion of a health system where services are offered at the lowest efficient cost with more nurses on hospitals and

in patients' home (Margo 2019). Denmark's spending on health is 10,1% of their GDP, placing itself above the EU average that was mentioned earlier (idem). The Danish labor market is built on a division between the State and social partners⁶, the latter having a large degree of influence on employment policy, wage and working conditions, being this a unique feature in the Danish model (Workplace Denmark 2010). The model rests on three elements; the first one is collective agreements, which works on the assumption that employers and workers are organized in strong associations and unions that represent the broad interests of members such as pay and working hours (idem). The second one, is the tripartite collaboration between the state, employers' organizations and trade unions - as in the case of nurses, "The Danish Council of Nurses"- and it applies to all areas regulated by legislation such as the working environment and unemployment insurance. The final one, is a high degree of organization and a general agreement between The Confederation of Danish Employers (DA) and The Danish Confederation of Trade Unions (LO), to regulate the role of trade union representatives, employers rights, among others (idem).

Even though this complex and articulated system makes it harder for Denmark to have the same precarious working conditions like the ones that exist in Spain, in the healthcare sector a different type of inequality prevails and it is reflected in the wages in the nursing sector⁷. According to Eurostat, as of 2018 in Denmark, there is a 14.5% difference in the salaries between men and women across the country (Eurostat 2018), a slightly lower number when compared to the EU's average which sits in 14.8% (idem). In the nursing sector, specifically, women earn 18.50 danish kroner (kr) less per hour than their male colleagues; accounting for a difference of 7.14% (Bengsten 2017) which according to Rita Søndergaard, is explained by historical differences among men and women and the fact that work with people⁸ (as nurses and most women do) is less valorized (Søndergaard 2010).

⁶ These are employers and employees organized in different types of association (Workplace Denmark, 2020)

⁷ It is presented in other sectors of healthcare, but we will only focus on nursing as is the main area of our paper

⁸ We mean by this, the work directly with people, as opposed to work made through a machine

In 2008, a strike by the nurse's collective took place, with the group demanding a minimum 15% raise in their wages and equal pay in relation to employees in the private sector with a similar level of education (Dansk Sygeplejeråd 2018b). As a result from this demonstration, a Wage Commission was created in 2010 by the government. This committee determined that educators and nurses -largely female-dominated sectors- were low paid in comparison with others (Dansk Sygeplejeråd 2018c). According to Statistics Denmark, a nurse in Denmark earns, on average, 260kr per hour; a low wage compared to salaries in other educations that also last 3.5 years and productive works such as nutritionists (269kr), journalists (360kr) and graphic designers (293kr) (Statistics Denmark 2018), further explaining why nurse wages is a topic often on the political agenda and up for debate on the media (Dagens, 2018). In Spain, by contrast, a nurse can earn between an average of 177.744kr⁹ and 251.544kr per year, which would equal to an average of 104,4kr per hour; however, and according to a report made by the Instituto Nacional de Estadística (INE), by 2017, male nurses received on average, up to 74.564 extra kr than female nurses, which constitute 77% of all of the nurses in Spain (Güell 2020), and being this wage difference the third most pronounced gender gap in all of the working sectors in Spain (Nova 2019). Likewise, and compared to other sectors of the job market that follow the same criteria as Denmark, nurses are paid low when looking into journalism (119kr¹⁰), architect (130kr) (Fernández 2019b) and software developer (129kr) (Varela 2019).

Based on the theoretical account for the structural role of social reproductive work in neoliberal capitalism, and the empirical descriptions of our cases, we can conclude that care work is structurally low valorized and that this includes a relatively low valorization of nurses. Whether the hero-frame can play a role in changing the conditions, at least for nurses, is what we will now analyze.

⁹ At an exchange rate of 7,46 kroner per euro, 177.744 and 201.797 danish kroner would equal 23.839 and 33.735 euros, respectively; 104,4 danish kroner would equal 14 euros, 74,564 danish kroner would equal 10.000 euros

¹⁰ At an exchange rate of 7,46 kroner per euro, 119 danish kroner would equal 16 euros, 130 danish kroner would equal 17,5 euros, 129 danish kroner would equal 17,3 euros

Analysis

As presented in our introduction, the framing of nurses as heroes has become widely used with the rise of COVID-19, creating more awareness towards nurses. Before analysing the implication of this, we will explain our understanding of this image, through introducing some of the traditional definitions.

Definition(s) of heroes and heroization

In order to investigate one of the most conventional meanings of heroism, we need to go back to Greek mythology, which refers to it as men or women in power of special strength, courage or ability who are often of godlike ancestry and being renowned for superhuman courageous acts (Buxton 1994:5). According to sociologist Kristian Frisk, heroic acts are perceived as altruism, involving greater risk to the hero than conventional altruism - These features are not unique to larger-than-life figures, rather they are the reality of ordinary people (Frisk 2019:93). Again, in another definition provided by Oxford dictionary, hero can be defined as “a man (or occasionally a woman) distinguished by the performance of courageous or noble actions, especially in battle; brave or illustrious warrior, soldier, etc” (Becker and Eagly 2004: Lorber 2002). This definition also shows that women unusually match those characteristics of heroes but often presented with reference to traditionally female virtues such as giving care or concern for others (Becker and Eagly 2004: Lorber 2002). Additionally, in Reichholf’s denotation, “heroes are intricately linked with communities that benefit from their heroic actions and that recognize and admire them as heroes” (Reichholf 2009:835). Another definition that we found relevant in this topic is the one of superheroes. According to Cambridge dictionary, “a superhero is a character in stories who has special strength and uses it to do good things and help other people. A superhero is also a person whose actions or achievements are far greater than what people expect (Cambridge Dictionary 2020).

What we have understood of the picture of nurses as heroes presented by the media is that it is more connected with the image of superheroes of Hollywood rather than Greek gods. In the

sense, that they are represented as those who save us when the public institutions are not capable. Characteristics of these superheroes is that for instance that Batman, Superman or Spiderman are their sacrifice and brave, altruistic behaviour which leads us back to the current pandemic and the work of nurses, who need to act as superheroes, handling all kinds of circumstances, using their superpowers in order to save lives.

How the nurses perceived as heroes in the society

As the following empirical cases will show, nurses are in both our cases understood as people who are saving lives, caring about others physically as well as mentally prioritizing others' needs and for that, they are framed as heroes (Engell & Greisen 2020). Some of the local restaurants in Denmark, for instance, started to deliver free food and coffee for nurses and medical professionals, in order to contribute to their everyday battle: "If you are one of those who are going to save lives in the coming weeks and months, then you are a hero-and therefore you deserve free food" (Kiil 2020).

Another Danish restaurant in Roskilde, called Amor expressed similar views on the issue: "The efforts we make are peanuts in relation to the work they do. They have to save human lives, and if we can support them in any way, we really want to. It's clear that we are in a small crisis but finances and money are not everything" (Kiil 2020).

The acts in regard to the tribute of nurses that have started in the society can show how that particular society of our chosen countries understands the hero framing of nurses. This is mediated mostly through media platforms, such as the initiatives of artists who have also wanted to cheer the efforts of nurses. The idea behind the song "Together separately" for instance, was the creation of the 24-year old songwriter, Karl Kristian, who released his new music on Facebook, where the video has been viewed more than 600,000 times (Berum 2020). As time passes, more artists are joining this initiative in order to dedicate their work for all Danes who are making extraordinary work during the pandemic.

Based on the given definitions and empirical examples, we can conclude that considering nurses as heroes in today's pandemic gets a massive attention in the public discourse since the outbreak

of COVID-19. Taking into account how nurses are framed as heroes in society, in the following section we will unfold both the positive and negative outcomes of this idea.

Positive aspects of nurses framed as heroes

In this section, a description of the positive impact of the hero frame will be analyzed based on the cases occurring in both countries; Denmark and Spain. Through the crisis posed by the current pandemic, one of the most visible changes that we have seen so far can be related to the case of nurses, as their work is increasingly seen as an important issue in society. Looking at the current constitution of the social-political sphere, visibilization and recognition are among the important outcomes of hero framing as a positive matter. When more attention is flowing from the media¹¹ and healthcare workers are in the spotlight of the news on a daily basis, they have the chance to let their voices be heard, sharing their side of the story that was not presented before.

One of the positive changes within the hero frame can be connected more with the relation of nurses as heroes and the community they live in. According to Alexandra Kojève, being approved by others is a gain of equal power (dignity) and more power (honor) which in our case, can also be a drive of motivation, satisfaction, productivity and improvement for nurses (Brighenti 2010). This strategic visibility gives the chance for nurses to obtain real social effects by speaking up for their rights and communicating their struggles in order to acquire change. Moreover, if nurses are empowered on a symbolic level through recognition as heroes it helps them to navigate social attention to the right direction, underscoring problems of the healthcare system which they have to work in.

Through visibility, weaknesses of healthcare are being articulated by actors such as institutions, politicians and civil organisations, who have the possibility to use those insights to promote improvements (Brighenti 2010). A left-wing party in Denmark, Enhedslisten, has for instance suggested that when agreements in the public sector have to be renegotiated in 2021, they will allocate a low-wage pool of five billion kr. m aiming to increase the wages in the public care

¹¹ The referred website shows how many times the word nurse has been searched worldwide from June 2019 until present days. It shows, since the outbreak of COVID-19 there has been an increasing interest in searching for “nurse”. <https://trends.google.com/trends/explore?q=nurses>

sectors (Ritzau 2020b). In relation to this proposal, Pernille Skipper, political leader of the Enhedslisten says:

“The Corona crisis has shown very clearly that some of those with the most socially critical jobs are getting too low salaries. During the corona crisis, there have been lots of deserved thanks, applause, and recognition to our healthcare professionals, nurses, teachers but thanks just can’t really do it. They must also have more colleagues and a decent salary¹²” (Ritzau 2020b).

The same party was in the elections of 2018 doing a campaign with the headline “The heroes of welfare”, where they advocated more colleagues and fair salaries for welfare heroes such as kindergarten teachers and nurses, who were also portrayed on the campaign-posters (Sygeplejerske 2018). This data tells us two important things for our research: firstly, that the framing of nurses as heroes is not a new invention created in the current event and secondly, that it also before COVID-19 has been used as a tactic to promote better conditions for care workers. Despite the fact that the framing is not completely new, we find that it, in the current context, has been intensified and spread to such a degree, that we, in contrast to before the event, estimate it as being hegemonic. This “newness” of the hero-frame, in terms of being more broadly used and experienced, can also be interpreted by this statement from a Danish nurse, Lasse Madsen: “It has been really overwhelming to see, that all of a sudden, when a pandemic comes, we are being praised as these heroes¹³” (Bergqvist 2020) - with his use of the word “sudden”, which he repeats again later, he indicates that at least from his point, the strong hero-framing is a new tendency.

Visibilities are constituted from within events such as the current pandemic, that enables us to introduce a threshold of relevance and selective attention by focusing on one particular issue while others stay invisible and experience a lack of recognition (Brighenti 2010). Care work for

¹² Translated from Danish: “Under coronakrisen vist meget tydeligt, at nogle af dem, der har de mest samfundskritiske job, samtidig får en alt for lav løn. Det vil Enhedslisten ”ændre på.”

¹³ Translated from Danish: “Det har været virkelig overvældende at se, at lige pludselig når der kommer en pandemi, så bliver vi hyldet som de her helte” (Bergqvist 2020).

instance remained invisible in the last decades, however, with the rise of this pandemic there is a visibilization. Nevertheless, in order to visibilize any struggle, recognition is needed.

According to the German sociologist Axel Honneth, recognition is crucial for human beings to feel important. Honneth describes different spheres of recognition, where one of them is the sphere of solidarity (Honneth 2016). By the solidarity sphere he refers to the workplace, the education system or social contexts. This is where one can be recognized for his achievements and qualities as a human being that contributes positively to the community (Honneth 2016). This, for instance, is happening during the current event through hero nominations where people are emphasizing personal stories of nurses and their connection with them. Social valorization also helps to develop the individual's self-esteem and it is the sphere of solidarity in which the qualities and capabilities of a person in a given community are recognized (Honneth 2016). From the material we have analyzed, several nurses are also putting words to this positive feeling of being seen, that people recognize how crucial and complex their work is, for instance the aforementioned nurse, who says, after summing up some of the tributes being made: "It has been enormously appreciative. It is super nice that we are actually getting recognized for the huge flexibility and the working capacity that we are¹⁴" (Bergqvist 2020).

Moreover, the recognition can help maintain tolerance and empathy towards nurses, understanding the hardships of their work which can create a more sensitive relation between nurses and the system. In a Spanish newspaper, El Desmarque, for instance, all the people, who keep working in these harsh circumstances are praised while also emphasizing their social role besides being a professional.

"At El Desmarque we want to pay a small tribute to all those who are your heroes and heroines. Policemen, doctors, nurses and pharmacists ... Because, whatever their professions, we are all proud of that father, that mother, that brother, that couple, that relative or that friend who is helping in the fight against coronavirus (Montiel 2020)."

¹⁴ Translated from Danish: "Det har været enormt anerkendende. Og det er super rart, at vi rent faktisk bliver anerkendt for den kæmpe fleksibilitet og den arbejdskraft vi er." (Bergqvist 2020)

In Denmark a similar initiative has started, as people can nominate their own hero by sending a picture and their personal stories which again highlights the various roles that they have to fulfill as parents, partners, friends and professionals. The examples are also showing the serious mental work that they have to go through:

“Thanks to “Hillerod Hospital’s corona section” who were not only taking care of people physically but also mentally for up to three weeks. Framed as everyday heroes, “show up everyday to show their zeal and profit to others, despite the fatigue and worries of their own families” (Engell & Greisen 2020).

Another positive outcome of the increasing attention can also be the possible increasing popularity of nursing schools as it might seem more attractive for the upcoming generation upon the acknowledgement from the society (Christensen 2009).

As we can see, symbolic valorization has become a popular form of recognition, however it is uncertain if this leads to economic recognition as well. Emphasizing the connection of struggles for recognition with struggles for redistribution can help to think beyond the symbolic valorization and move towards an economic one which we will look further into, in the next part of our analysis (Dahl *et al.* 2004).

Insufficiencies and disadvantages of the hero-framing

“These days they applaud us on the balconies and call us heroes. But we are not HEROES, but professionals of a wonderful profession that has known how to adapt to the times and that only wants to continue doing its work in an excellent way, as we like to do it.¹⁵” - Begoña, Spanish nurse (Seguí 2020)

When gathering data on the framing of nurses as heroes, and when searching for the point of view of nurses themselves, there was an interesting claim occurring several times - both in Spain

¹⁵ Translated from Spanish “En estos días nos aplauden en los balcones y nos llaman HÉROES. Pero no somos héroes, sino profesionales de una profesión maravillosa que ha sabido adaptarse a los tiempos y que solo quiere seguir haciendo su trabajo de manera excelente, como nos gusta hacerlo.” (Seguí 2020)

and Denmark. Sometimes this claim took the form of the exact same sentence: *I am not a hero, I am a nurse*, other times, there were different variations on it, like “We are not heroes, we are workers” or, as it is expressed by a Danish nurse, Camilla Haim: “I do not see us as heroes or someone who does anything extraordinary. We are just completely normal people who take care of our job and do what we are educated to”¹⁶ (Tanzer 2020). As accounted for on the previous pages, there seems to be a lot of positive implications of the hero-status, such as visibilization and recognition. So why are several nurses reacting to this framing by rejecting it? Is it humbleness? Is it to make clear that they do not have any super-powers? As the claims show, these nurses do not only deny being heroes - they also emphasize their profession as nurses or refer to the identity of being a worker more generally. We have dealt with definitions of a hero, but what does it mean to be a worker? And is it harmful for the valorization of their work to frame themselves as such, or do they actually have an interest in this? The next sections will be dealing with exactly that: the risks and insufficiencies of heroization and the potentialities lying within the “workers”-frame.

The discrepancy between symbolic and economical recognition

The first and most essential risk we will address - and which several people (especially nurses) have already pointed out in public debates - is the critique, that salutes and gratitude towards nurses are not reflected economically - and the concern that it might never be (Bergqvist 2020, Chemnitz 2020). It is not because the exaltation of nurses during the pandemic has only been expressed through words; on the contrary, as already described, nurses in Denmark and Spain have received great amounts of presents, showing that people are also acting on their gratitude outside the internet and other communications channels. But the value of all this seems to be very symbolic. As Lasse Madsen says in a video made by the Danish tv-station TV2: “to be recognized in the general public is not what I can go to the supermarket and pay my commodities with. It is not what I use to pay my rent.”¹⁷ (Bergqvist 2020).

¹⁶ Translated from Danish: "Jeg ser os ikke som helte eller nogle, der gør noget ekstraordinært. Vi er bare helt almindelige mennesker, der passer vores arbejde og gør det vi er uddannet til." (Tanzer 2020)

¹⁷ Translated from Danish; “at blive anerkendt i befolkningen er ikke det jeg kan gå ned i supermarkedet og købe mine varer for” (Bergqvist 2020)

What he can use to do that is of course his salary. As addressed in the first part of the analysis, the salary and purchasing power of nurses and health care workers in Denmark are relatively low compared to other jobs of similar education length. And as shown, it is more or less the same in Spain, but with even worse economic conditions in general. One of the persons addressing the current wage-conditions of nurses in Denmark is the nurse Simone Chemnitz. In a contribution to the debate in the newspaper Politiken, the 8th of April 2020, Chemnitz points out that: “The State is right now promising a wage compensation of up to 30.000 kr. to enterprises who need to send their employees home. My basic salary is not even 30.000, even with various salary supplements. Not even a risk-allowance can we sneak us to in this time”¹⁸ (Chemnitz 2020). Chemnitz experiences that there is an unfair discrepancy between the conditions she and her colleagues need to work under during the pandemic and the wages they get. She points out how they are risking their health, risking to infect others and are compromising on their professionalisms and specializations without getting economically honored for it. As she says after explaining some of the conditions during the pandemic, her own and her colleagues' performances in it: “that we then, at the same time, are not getting paid for rendering this contribution, is basically just unfair”¹⁹ (Chemnitz 2020).

Lasse Madsen expresses similar experiences and critiques. He mentions the flexibility of nurses, how he for instance, because of covid-19, has taken 5 extra shifts in one week, and while he appreciates people's sudden recognition of their work, his main message is that the wage- and working conditions should follow along this endorsement (Bergqvist 2020). As he states at the end of the video: “I really hope that this will translate into actual good wage conditions for us healthcare workers, and some proper working conditions. That we can see a goodwill in negotiating with us on some proper conditions. Words are not enough. Action needs to be taken

¹⁸ Translated from Danish: “Staten lover lige nu en lønkomensation på op til 30.000 kroner til virksomheder, der må sende deres medarbejdere hjem. Min grundløn er ikke engang på 30.000 kr. selv ikke med diverse tillæg. Ikke engang et risikotillæg kan vi tiltuske os i den her tid.” (Chemnitz 2020)

¹⁹ Translated from Danish: “at vi så samtidig ikke bliver honoreret for at yde den her indsats, er dybest set bare urimelig” (Chemnitz 2020)

as well.²⁰ So while he in the beginning of the video explicit that it is nice that people are really backing up nurses during the pandemic, he is also aware that homages are not improving his economical situation, nor his general working conditions (Bergqvist 2020). He thereby points to an existing gap between symbolic celebration and economical recognition.

This gap and the paradox it reflects, is crucial for both our cases. We have addressed that the current crisis visibilizes the importance of nursing and thereby gives a potentiality of re-valuing their work, but it is not given that such a valorization will express itself economically. Following the narratives of both Chemnitz and Madsen, symbolic valorization still takes up most of the space as it is right now. The two forms of recognition are in principle not really contradicting though - It should be possible to value someone's work symbolically and economically at the same time. And this seems to be part of what many nurses hope for. Whether it will happen or not is too early to tell. In the case of Denmark, the next general wage negotiations for health care workers will be in 2021 - we will get back to the prospects of these negotiations in our discussion (Sygeplejeråd 2018d).

When analyzing Chemnitz' and Madsen's messages, we find that neither of them are necessarily rejecting the hero-framing of their work directly. Rather they are trying to use their new-given attention and popularity to raise (and repeat) demands about better conditions. But while the nursing sector was not highly valorized before the pandemic, the so far *continued* experience of economical devaluation among nurses in both Spain and Denmark makes us curious, whether the framing of nurses as heroes (and the symbolic valorization attached to it) is not only *insufficient* of transforming symbolic recognition into economical recognition, but may actually be sort of an obstacle to it?

²⁰ Translated from Danish: "jeg håber virkelig dette kommer til at udmønte sig i reelle gode lønforhold for os sundhedsfarlige, og nogle ordentlige arbejdsforhold. At vi kan se en velvillighed til at forhandle med os på nogle ordentlige forhold. Ord er ikke nok. Der skal handling bag det." (Bergqvist 2020).

Heroes do not get paid for being heroes

One of the ways heroization might be such an obstacle is that when the profession of nurses is framed as a heroic activity, it is framed as something so good, brave and honorable that it can end up covering up the fact that it is actually a job requiring a proper payment. When politicians, the media and ordinary citizens are repeatedly thanking nurses for saving lives, for being heroes taking “one for the team”, it can end up - intended or not - to silence health care workers’ demands of better salaries. And what kind of hero even asks for money in return for their actions? As described in the conceptualization of the hero-figure, a hero is understood as someone who does something good, even if risky, without self-interest. Expecting money for saving lives is thereby in conflict with the hero-frame itself. In that way, this kind of visibilization of nurses and their importance can simultaneously contribute to an *invisibilization* of their status as salaried workers. This can bring a dilemma to the health workers: the current heroization of nurses is what gives them a speaking tube, but if they use it to demand economical and structural improvements for themselves, they go against the underlying ideas of the very framing and can therefore risk to lose the exact status which gave them the opportunity to be heard in the first place.

Inspired by claims from the nurse Emilie Haug Rasch, previously forewoman of The National Union of Student Nurses²¹, we find it important to note though, that this mechanism, where a specific framing of nurses results in symbolic rather than economic recognition, is not a new thing. At an event about care work and economy, held in Copenhagen in March 2020, not long before the Danish lock-down, Emilie Rasch explained how she repeatedly met the attitude that the “nursing deed” is something a nurse does because she (as it traditionally is a woman) is “called” to it. A calling can be defined as a “duty or (life)mission, often of spiritual character, that you unselfishly undertake as a result of a strong inner urge or conviction”²² (Den Danske Ordbog 2020). This way of framing the work of nurses - often connected to the story of Florence

²¹ Sygeplejestuderendes Landssammenslutning

²² Translated from Danish: “hverv eller (livs)opgave, ofte af åndelig karakter, som man uegennyttigt påtager sig som følge af en stærk indre drift eller overbevisning”

Nightingale²³ and sometimes also to the image of a saint - has some similarities with the hero-framing. Both frames are building a narrative of nurses as someone doing good without any self-interest, slightly moving them away from the “wage worker”-identity and placing them in a category of occupation where “the work bears the pay in itself”.

Even though our project is about the *consequences* of the hero-framing and not the *reasons* for it, we will briefly touch upon three aspects that can help explain why the framing of nurses as heroes instead of saints with a calling fits better with the context of neoliberal capitalism and the event of COVID-19. For one, there has been a secularization which can make the image of a saint and the sometimes religious undertones of a calling harder to relate to now than when those framings arose. Secondly, the figure of a hero resembles very well with the more general discourse of COVID as a battlefield, where nurses, rather than being seen as “kind, good hearted saints” who hold the patient's’ hand, are perceived as someone risking their own health in “the frontline”. The third aspect making the hero-term suitable, relates to some more general cultural tendencies of the “ideal” women in current years. Despite the structural condition of women still being connected to the sphere of care (as we concluded in our theory section), it is not sufficient for them to be sweet, caring etc. When looking at the ideals as they are for instance presented in popular culture, women are increasingly portrayed as strong, active and independent individuals, fitting well with the image advocated by liberal (pro-capitalist) feminists. This woman is who in neoliberal capitalism is portrayed as a “superwoman” (Pérez Orozco 2014: 83). She not only fulfills her obligations in her domestic sphere but also at the workplace, she is the one who can do everything. Moreover, she does all this apparently without demanding anything in exchange, just because of love and altruism. If there is enough time and strength, then there is a small space for her own self, but just once the other’s necessities are covered (idem). The framing of nurses as heroes thereby resembles a general tendency in neoliberal capitalist societies, in which we see a continuously higher focus on the active qualities of “the modern woman”, and of strong individuals in general.

²³ Florence Nightingale was a British nurse who was the founder of the idea of modern nursing. She was in charge of taking care about British and foreign soldiers during the Crimean War (Selanders 2020). In her time and place, nursing was seen as a christian calling (Christensen 2020)

Besides the above mentioned aspects, a crucial factor in the historical development of the perception of nurses is probably the direct effort nurses have been making in order to get rid of the frame of the calling. At least in Denmark, the narrative told by nurses themselves has changed through history towards an increasing focus on their professionalism (Francis 2013). As Grete Christensen, chairperson of Danish Nurses' Organization, states in a debate input on the 11th of May 2020:

“The nurses are enthusiastic about their work, they are dedicated and are not hesitating walking an extra mile. But nursing anno 2020 is a profession with high technical standards - and not a calling. They are happy for the thanking and tribute from the Danes, but the best recognition is afterall fair conditions and payment for that flexibility which makes nurses do something out of the ordinary.²⁴” (Christensen 2020).

This brings us to the framing of nurses as someone working professionally rather than heroically and the potentialities of such a frame.

Potentialities of the workers-frame

First of all, wage workers by definition get paid for what they do (Collins 2020a). A hero generally does not. Because of such connotations, it might be an advantage when many nurses, such as Haugh Rasch, Madsen, Haim and Begoña Seguí are making explicit that they do not see themselves as heroes. By emphasizing instead their actual occupation: being nurses and having a salaried job, they keep connected to the system of wages, including the possibility of wage improvements. But the potentialities of the worker-category are broader than the question of salaries - and so are the demands of the nurses. All of them (at least in the data we have found), articulate a wish for better working conditions more generally. They request more time to do

²⁴ Sygeplejerskerne brænder for deres arbejde, de er dedikerede og tøver ikke med at gå en ekstra mil. Men sygepleje anno 2020 er en profession med høje faglige standarder – ikke et kald. Og sygeplejersker ønsker at blive anerkendt for deres professionalisme De er glade for danskernes tak og hyldest, men den bedste anerkendelse er nu rimelige arbejdsvilkår og betaling for den fleksibilitet, der gør sygeplejersker til noget ud over det sædvanlige

their job, more colleagues, and in relation to the pandemic some of them also request better protection equipment (Famme 2020). So what can a worker-frame help in relation to such requests?

The Italian-American professor of philosophy, Silvia Federici, addresses in a manifesto from 1975, some of the advantages of being recognized as a salaried worker. Even though the context of her analysis is very different from ours (her text deals with unpaid housework and thereby work that, unlike nursing, is not part of the labor market) we believe that these general benefits of being a worker with a wage still apply:

“[...] you can bargain and struggle around and against the terms and the quantity of that wage, the terms and the quantity of that work. To have a wage means to be part of a social contract, and there is no doubt concerning its meaning: you work, not because you like it, or because it comes naturally to you, but because it is the only condition under which you are allowed to live.” (Federici 1975: 2).

As the last sentence makes clear, the quote connects with a framing that is fundamentally different from that of a “calling”. And maybe it has a too narrow presentation of what reasons people may have to work. Nonetheless, it can function as an opening to understand how the wage worker-category is a category which not only represents exploitation, but also opportunities for struggles and changes. A wage worker such as a nurse can for instance go on strike, can organize, can negotiate, not at least collectively through unions (ILO 1998). By doing so, workers have historically pushed through big changes related to their working conditions. To take an example, the average work week in Denmark was 60 in 1900, whereas it is now, because of different conflicts and negotiations, reduced to an average of 37 hours instead (Ritzau, 2016).

Nurses, of course, do not need to fight to be recognized as workers in the way Federici believes that houseworkers should. Therefore they already *have* these privileges belonging to what she terms as a social contract and this is in practice the case no matter if they are framed as heroes or not. Nonetheless, we believe - as accounted for in our methodology - that framings and discourses have implications. It is in that sense that the framing of nurses as heroes can end up

being counterproductive of their struggles for better conditions, in the way that it blurs the lines between work and hobby, between professional- and personal identity²⁵.

This also becomes evident in the way that nurses during the pandemic are expected to *perform* as heroes. For instance they have to keep the same level of compromise when performing their jobs even if they do not have the necessary equipment to do so. In an interview made by “El País” newspaper, Mamen Martín, a 51-year old nurse from Spain, describes how while taking CO-VID19 infected patients during 50 days and going through maratonc working days of even 17 hours, she was offered to isolate at a basement in a hotel, without intimacy and making her feel “like shit, as if I am not worth anything²⁶” (Viejo, 2020), despite her request for better conditions to which a representant from the State answered “this is what we have” (idem).

Even though the lack of equipment during this pandemic has been much less severe in Denmark, also Danish nurses have experienced to work with COVID-19 patients without the proper protective gear (Gammelgaard 2020, Chemnitz 2020). And even with the right tools and masks there is a risk and precariousness in that kind of work; As Emilie Rash Raugs says: “I go to work everyday and in this job I risk infection for myself and my fellow human beings around me” (Oxfam 2020). Another nurse pointing out this condition, is Josefine Kastrup Mikkelsen, who herself talks in to the hero/battle-framing:

“I am a nurse, Which means that while big parts of Denmark goes into a state of exception, people like me are left without a choice. We have to, despite an expanded risk of infection, get to work and walk directly into the red zone. We are not sent back from work in 14 days. We do not get protected from the virus that is in everybody's lips. We

²⁵ It can be argued that the most famous superheroes have the privilege of dividing these spheres more - both because it is often a secret who is behind the hero-identity, but also because they (in contrast to the nurses) generally financialize their lives by other sources than their heroic activities; a notorious example being Batman, who in his “everyday life” lives a life as a multi-billionaire.

²⁶ Translated from Spanish: “Me siento como una mierda, como si no valiese nada” (Viejo, 2020)

have to stand ready for combat, dressed for battle in the middle of the warzone.²⁷” (Mikkelsen 2020).

Whereas a person doing waged work has the opportunity, as Fedeirici stated, to influence “the terms and the quantity of that work”, the hero-framing might enforce (and stem from) other expectations of how much a nurse should work in a crisis like the current. In that way, the increased pressure that nurses are working under because of the pandemic itself, especially in Spain, might get intensified even more by the expectations that the hero-framing is bringing forward: A hero does not go on strike, a hero cannot just go home and rest (and might not even need it, since it is a superhuman), a hero cannot say no to a task of saving lifes, without being blamed, a hero does not give up etc. Like Emilie Rash Haug (who does not see herself as a hero) says in the interview: “This hero-status is something that we get tacked upon us, and then we moreover just have to feel guilty if we do not remember to come forward/show willingly everytime someone needs us.²⁸” (Oxfam 2020).

While the hero-framing can put a moral kind of pressure on nurses - for instance by contributing to a justifying of risky jobs, because doing something risky is inherent in the idea of a hero - then it does not imply that the worker-category can remove all pressures on nurses. Despite the opportunities of demanding rights and saying no as a waged worker, there are still the material conditions that can push a person to keep a job or apply for one, even though it is unjustly paid or has poor conditions. A big amount of nurses in Spain have for instance been put in an awkward position in which, out of necessity, they have signed temporary contracts to work extra during the pandemic; facing low payments, inadequate, scarce or re-used equipment, psychological and physical exhaustion and a big risk of getting infected themselves (Recio, 2020). These temporary contracts are “open”, meaning that they can get fired without previous

²⁷ Translated from Danish: “Jeg er sygeplejerske. Hvilket betyder, at imens store dele af Danmark går i undtagelsestilstand, står folk som mig tilbage uden et valg. Vi skal på trods af øget smitterisiko trække i arbejdstøjet og gå direkte ind i den røde zone. Vi bliver ikke sendt hjem fra arbejde i 14 dage. Vi bliver ikke beskyttet mod den virus, som er på hele verdens læber. Vi skal stå kampklædte og kampklare midt i krigszonen.” (Mikkelsen 2020)

²⁸ Translated from Danish: “den her helte-status, det er noget vi bliver, altså vi får den klistret på os og så skal vi i øvrigt bare ha dårligt smavittighed hvis vi ikke husker at stille op hver gang at der er nogen der har brug for os.” (Oxfam 2020).

notice immediately when their work is not needed anymore. Regardless of the way they feel, the received praise and the surplus or scarce equipment to face the pandemic, they, out of the need to feed themselves or a family and pay for rent, need to keep working even if they are exhausted, isolated from their families and receiving considerably low salaries.

Whereas the worker category in itself therefore does not entail the whole solution in itself, insisting on the status of being a professional, can still have importance in the way that it relates nurses to other workers and to the struggle of workers-rights. Such struggles can be said to be part of a “workers tradition”, wherefore a framing that relates nurses’ profession to the history of workers might contain a certain strength, since the worker-category, in contrast to at least the common narrative of the hero-figure, is often perceived as an identity directly connected with other workers, with whom they can organize because of a collective interest. As pointed to earlier, the hero-figure fits well with the neoliberal value of individual freedom, competition and responsibility, while the worker-label in a historical context has other collective connotations, including, in the framework of Marx, revolutionary potential.

Hero frame used for political interests

Another negative aspect of framing nurses as heroes is the politicization of such figures. In Spain, especially, the label of heroes has been framed within a war narrative. As it has been mentioned before by the Oxford Dictionary definition of heroes, it is a person “distinguished by the performance of courageous or noble actions, especially in battle; brave or illustrious warrior, soldier, etc” (Becker and Eagly 2004: Lorber 2002). Thereby, the framing of nurses as heroes might be based on a pre-understanding of them as similar to soldiers, who, although they did not have the necessary arms to battle at the beginning (and some still do not have enough of them), continued fighting the situation. In short, their heroization is mainly based on their noble action of continuing the fight even though they did not have means. In the case of Spain, the hero-frame has, rather than shedding light on the precarious condition of the health care worker and the need for a common political reformation, been used as a political weapon in order to discredit the insufficient response of the current government (PSOE and Podemos).

For instance, Pablo Casado, president of the principal opposition party (Partido Popular), on the 26th of March in the Congress of Deputies made the following statements: "Our health professionals are fighting without a mask, without protective equipment and without respirators to save lives." "No government sends its soldiers to the front without a helmet, without a vest and without ammunition". Nonetheless, his party, which has been in the government for the last ten years, were the ones who promoted the already mentioned privatization reforms, undermining the public healthcare system. Casado blames the government for leaving the "soldiers" to their own fate in the battle and concludes the speech with the requirement that: «do not disappoint the Spanish once again» because "they don't deserve it" (Macías: 2020). . . Moreover, the communities governed by the conservatives, especially in Madrid, and the PP's general secretary (Teodoro García Egea) have denounced in recent days that the Government was blocking the arrival of protection means for hospital workers (González: 2020) -which some newspapers, like La Vanguardia (López, 2020), have confirmed is a false claim. One more example is the veto to a statement in the Congress in support of the healthcare workers by Vox (a radical right-wing party). The declaration is a review of the titanic task that the health workers are facing, where it was asked for the political recognition and accompanying their work and also it was underlined the need to continue investing in public health so it continues to be a source of pride (Gómez: 2020). However, Vox claims that they have not signed that statement because firstly, they have not been previously consulted and secondly, according to them, the text was anonymous with the excuse to be a "laudatory eulogy of the government" that is, for being an apology that supports the current government (Gómez, 2020).

What started as a new possible paradigm of political cooperation between parties for a stronger public healthcare system, has been transformed in a scenery of blames, fake news and demagogy. This has not only produced the political fragmentation of the crisis' management but also the social one. Since the 14th of March (the day that was declared the state of alarm) every day at 8 pm the population met at their windows to clap as a sign of recognition and valorization of the heroic work that health workers were doing. Progressively, more people started to do "cacerolada" (making noise with a saucepan and spoon as a sign of protest) at 9 pm, to protest

against the government management. With the passage of time, the distance between the political parties was greater, as well as that of the population. Each time the applause at 8pm was diminished in intensity, and the “caceroladas” at 9pm increased. Finally, on the 17th of May the applause for the healthcare workers was over, while those who supported the “caceroladas” took to the streets. From that date everyday, neighbours from one the richest neighbourhoods of Spain (barrio Salamanca) took over the streets, claiming for “freedom” and the “end of the communist dictatorship that the government is establishing” (Cederia, 2020). What started mainly as a defense of the public health system and the recognition of their heroic work during the pandemic has ended up being, one more time, a mere means for some parties’s own political interests.

As a response to these events, nurses and doctors have denounced, through social media, the danger of such protests. For example, Angela Fernández, a nurse of the Infanta Leonor Hospital (Madrid) has denounced in a Facebook video that “it does not matter who has called the demonstration but rather that it feels we have forgotten that we are in a state of alarm and how much pain this pandemic has provoked and that thousand of peoples had died²⁹.” (Fernández, 2020) “If we, the health care workers, have not protested for everything that we lack, for everything that we have lacked, it has been taken from us and it has not been given to us (...) I believe you do not have the right to do so (...) rights are about respecting others because of your lack of good sense and solidarity, we would have a regrowth of cases³⁰” (Idem.). In conclusion, there have been hundreds of nurses and doctors denouncing in social media the irresponsibility to do a protest right now, and at the same time trying to depoliticize the crisis and claiming solidarity. Moreover, some civilians have contested the “caceroladas” with a (contra)protest just by clapping to commemorate the still going on labor of the health care workers and in doing so to silence their political noise. Thereby, what started being a heroization of the role of health care workers and a scenario for a possible re-evaluation of their labor, has been transformed in a

²⁹ Translated from Spanish “ No importa quien haya convocado la protesta, lo que importa es que parece que se nos ha olvidado que estamos en estado de alarma, todo el dolor que esta pandemia ha causado y que miles de personas han muerto” (idem)

³⁰ Translated from Spanish “Si nosotros los sanitarios no hemos protestado por todo lo que nos falta, por todo lo que nos ha faltado y por todo lo que se nos ha quitado y no se nos ha dado... Creo que vosotros tampoco tenéis derecho a hacerlo....Los derechos se basan en respetar a los otros, por vuestra falta de sentido común y solidaridad habrá un repunte de los casos” (idem)

battle camp of political interests, where the partial politicization of their herotization has moved from mainly the recognition of their labor and the need of monetary inversion in the sector (including their wages) to being used as political weapons in a Spain every time more divided. The political use of their role has not left them indiferent. From the 26th of May hundreds of health workers have been meeting daily outside the hospitals to protest for more public inversion and to emphasize their essential value, with the goal to shut down their use for certain parties' interests. As Laura, an intensive care nurse, denounces to *El Diario* “we do not belong to left or right parties, we are just workers who are sick of (these conditions)”³¹ (Remirez-Blanco 2020). This heroization of nurses within a war narrative illustrates how easy it is to shift the focus on who is the enemy and thereby those who deserve to be commemorated due to their noble defence. Primarily, it was understood as the virus in the need of fighting by a front line of heroic nurses. Lately, it was displaced to the discrediting of the management of the crisis by the current government. Finally, the enemy was no longer the virus but a concrete ideology; and the front line was not covered by nurses but by political speeches. The ideologization of the healthcare sector was translated into its invisibilization. However, health care workers' reaffirmation as workers allows them to become visible political subjects and thereby, self-organize for their labor rights and better material conditions.

The risk that the strong perception of nurses as heroes will disappear again

As we have found in our analysis so far, the framing of nurses as heroes is in itself insufficient in terms of valorizing their work properly, since it does not automatically entail the economical recognition that they are lacking - As we have addressed, it can even risk replacing it with a pure symbolic one. Nevertheless, as we described in the first part of our analysis, a symbolic recognition can still have a value in itself; even though all the nurses in our dataset connect their appreciation for the tributes they receive with a wish for better wages and/or working conditions, it does not necessarily remove the positive experience of being recognized as important. Furthermore, there is a big number of nurses *not* taking part in the public debate, who might care

³¹ Translated from Spanish “Nosotros no somos ni de derechas ni de izquierdas, simplemente somos trabajadores que estamos hartos” (idem).

more about the increase of symbolic- rather than economic recognition (we just do not have any data to support that).

Assuming that symbolic valorization is better than no recognition at all, there is still one more risk to take into account though: the possibility that the recognition which has reached high levels during the pandemic will slowly (or fastly) fade away afterwards - either by direct counter-frames (such as the people saying that nurses are called heroes, but actually they are not that busy (Winther 2020)), or probably more likely, by the slowly forgetting, when the event ends and the Danish and Spanish societies go back to some kind of “normal”. For instance - in relation to the war narrative described in the previous chapter - what happens when the virus and thereby the “enemy” disappears? Without this “battle” to fight, will they still be perceived as heroes?

Despite this risk of decreasing recognition after the pandemic, there is also a chance that the hero-framing has been so strong and insisting that it has changed people’s perception of nurses more fundamentally and if this is the case, it might stay like that throughout the pandemic and after as well, and if so, there is still the possibility that it at some point will translate into more material forms of valorization. At least this is the hope for many nurses. As Emilie Rasch Haug answers in an interview, when she is asked about her hopes for our learnings from this situation: “Then I hope we take with us that out of a time of crisis, we should of course also recognize care work - also economically.³²” (Oxfam 2020).

This brings us to our discussion. Because how will the heroization express itself - if at all- after the pandemic? Can nurses look forward to improvements of their working conditions and a higher valorization economically? Although the answers to these questions are to be found in the future, we will in the following sections present a few arguments concerning the possibility for structural changes - both in relation to the specific prospects for nurses, but also in relation to the economical valorization of care and care work, more generally.

³² Translated from Danish: “Så jeg håber vi tager med os at uden for krisetid skal vi selvfølgelig også anerkende omsorgsarbejde – også økonomisk” (Oxfam 2020).

Discussion

We will start this discussion with the prospects of concrete economical improvements for nurses in a near future. We will center these arguments around the Danish case, since in 2021, as already mentioned (and as planned before the pandemic) there will be collective bargaining negotiations of public wages (Bøgelund 2019). Building on the results of our analysis, we expect that nurses in Denmark will have an extra level of support when going into those negotiations - the hero-frame has been a way of expressing the acknowledgement that their role in society is important, and assumably the framing itself has strengthened this perception even more. As we have found, what many nurses ask for is that the support people are showing through the current situation, will also be there when their conditions are negotiated. As a previously mentioned, nurse Josefine Kastrup Mikkelsen, states in a readers letter, after describing how members of Conservative Youth called her a spoiled baby when she in 2018 raised a demand of better salaries and conditions for nurses: “when collective agreements at some point will be negotiated, I do not want to be called a spoiled baby. I need your support. Your backing. Because that, I need as much when that time comes, as you need mine now.”³³ (Mikkelsen 2020).

In a webinar called “Gender and Corona - Recession or progress for equality?”³⁴, Astrid Elkær Sørensen, who holds a PhD in history with expertise in care work and equal pay in the Danish labor market, talks about some probable scenarios of the public agreements in 2020. She concludes about the effort and role of care workers in the current situation, and the homage there has been, that “it creates an expectation in these professions, who have been dissatisfied with their level of wage for decades - suddenly all and sundry are praising them, and this, many of course expect will have some kind of economic mintage” (Kvinfo 2020). But she also points out that there probably will be “a contradiction between those expectations that have arisen among the care workers - that they should have a higher salary - and the money there will be at the

³³ Translated from Danish: “når der på et tidspunkt igen skal forhandles overenskomst, vil jeg ikke kaldes en forkælet baby. Jeg skal have din støtte. Din opbakning. For den har jeg ligeså meget brug for på det tidspunkt, som du har brug for min nu.” (Mikkelsen 2020).

³⁴ Translated from Danish: “Køn og Corona: Tilbageslag eller fremskridt for ligestilling?”

table” (Kvinfo 2020). A reason for such discrepancy is according to Sørensen, that there is a high possibility that the money will be scarce when the time of the negotiations comes, partly explained by the probability of “a so called hump in the healthcare system, since it is the case that we right now, during corona, are postponing a lot of so-called not life necessary operations” (ibid.).

In that sense, deficits in the public budget can impede an otherwise popularized economic re-valorization. In order to meet the main demands of the nurses, there needs to be added extra money in the pool, from where they get their wages. As written, one party has suggested such an increased pool of money of 5 billion kr. which, if agreed on, can contribute to valorizing nurses higher. When it comes to fundamentally better conditions though, and if a competition among different essential care workers (who depend on the same pool of money) should be avoided, then there needs to be a more profound change of how State money is spent and how care workers such as nurses are prioritized. We will now look into the possibilities of such structural changes.

Crises as possibility for radical change

The spread of COVID-19 has had such a big influence on State politics and people's perception of what is happening, that we find it reasonable to conclude that the event is broadly understood as a crisis (which it is also denoted as, on a daily basis). Building on the described theory of Fraser, we furthermore find it meaningful to see it as a crisis within an even bigger one: a crisis in neoliberal capitalist economy, not at least in terms of its contradictory relation to social reproduction. While a crisis indicates something negative, it also holds a potential. This is the message of a video made by the Canadian journalist and activist Naomi Klein in March 2020. In a short text following the video, she writes:

“I’ve spent two decades studying the transformations that take place under the cover of disaster. I’ve learned that one thing we can count on is this: during moments of cataclysmic change, the previously unthinkable suddenly becomes reality. In recent

decades, that change has mainly been for the worst — but this has not always been the case. And it need not continue to be in the future.” (idem)

Also the Indian novelist and activist, Arundhati Roy, points to the opportunities of the current crisis: “Historically, pandemics have forced humans to break with the past and imagine their world anew. This one is no different. It is a portal, a gateway between one world and the next.” (Roy 2020). Inspired by the idea that big crises can lead to radical changes, we will move to the following consideration: even though we find the hero-framing insufficient and in some ways a disadvantage in terms of properly valorizing care work, can the current crisis of corona still increase the potential for structural changes concerning the valorization of care work(ers)? And if so, what insights of the current event could beneficiously be taken into consideration?

We have seen how in the understanding of heroes is implicit the idea of exceptionality: someone that with *exceptional qualities* attends an *exceptional event*. However, neither nurses have developed special super powers for the pandemic nor the pandemic has destroyed our order of reality, but rather made even more visible all the already unequal conditions. Thereby, the first issue we encounter in such framing is related to the idea of “exceptional qualities”. Against the general understanding (and how we already have presented), the nurses’ challenge was not to face an unprecedented virus, but doing it without the necessary materialistic conditions. Consequently, the hero framing delegates to the individual level the whole responsibility of “fixing it” - justifying it as they are to those who have the superpower to do so (which is in this case the knowledge) - while implicit invisibilized the socio-economic conditions to which nurses in particular and care in general are subjugated to. In doing so, the invisibilization of the structural constraints of nurses’ in Spain and Denmark is covered by a discourse of exceptionalism and gratitude in the neoliberal capitalist status quo.

We conceive the COVID-19 pandemic as an event whose impact has not destroyed the world as we knew it, but rather unveiled the essentiality of those who maintain our society. Suddenly, for one day to another, the neoliberal myth of an abstract subject without history either socio-economic context, which is able to be self-sufficient through the free market and able to

self-care through self-discipline (self-governed) was questioned (Lorey 2016: 101). Even though during the pandemic some strategies of self-care have been promoted such as washing hands or keeping social distance, these measures have also challenged the logics of self-care. In the neoliberal rationality we see a privatized management of risks through self-discipline in order to protect one self (idem), but in the pandemic this logic is reversed. In this case, by taking care of the others, by taking distance from them, by washing our hands in order to not spread the virus, we also take care of ourselves, as the philosopher Alba Rico has mentioned in the newspaper *Público* (Torrus 2020). This challenges the neoliberal ontology by first, showing the vulnerability of our existence and second, by pointing out our mutual interdependence.

The abstract neoliberal subject has found out that it has a body, a body which needs to be taken care of, a body which needs to be feed, which needs to be maintained, definitely a body whose survival depends “on social networks, on the sociability and the work of others” (Lorey 2016: 33). The problem is that in the patriarchal³⁵ neoliberal capitalism, those who work for sustaining life (which have been mainly feminized), have been: or not considered as part of the labour power or, in marxist terms, considered as an unproductive work and thereby systematically marginalized. This is mainly for two reasons: firstly, the framing of vulnerability in a discourse of security, understands the condition of being vulnerable as something to be feared of due to the possible harm that others may cause, and consequently, might lead those others to be rejected for the sake of protection. In this rationality, the risk of the other is privatized in the individual realm as a matter of self-protection as well as self-sufficiency, which is only possible through the individual exercise of the market (idem). Against this logic of individualism and security, we will propose a logic of care.

Secondly, under capitalist conditions, the feminized economic spheres of sustaining life is not truly acknowledged as a collective responsibility, subordinating and undervaluing it to the masculinization logic of accumulation (Pérez 2014: 185). Their economical subjugation is

³⁵ Patriarchy is a system in which men have all or most of the power and importance in a society or group (Collins, 2020b). According to Harvey (1990), “The capitalist patriarchy view argues that women are exploited as labourers in class terms but are also oppressed by patriarchy.” (idem)

justified by what is considered as unproductive work (Lorey 2016: 88), and likewise, by their symbolical condition for being feminized (Pérez 2014: 217). Care activities are those that under Marxist comprehension, are unproductive because they are “this product (of the activity) is not separable from the act of producing it [...] it is an activity without a piece of work” (Lorey 2016: 88). It is, in other words, a performative activity, something whose value (both of exchange and utility) is only possible by doing it. Thereby, it is an activity that once its performance is done, it is not possible to extract, exchange or even financialize and generate accumulation of capital through the piece of work. The impossibility to generate capital accumulation under this capitalist logic through care activities is sustained by the gender identitarian formulation of those kinds of activities. By feminizing care work, there is an identitarian construction that is willing to sacrifice itself for the rest, as we have illustrated with the current portrayal of a super woman or the nurses as heroes defined by their unconditional prioritization of the others without expecting anything in return.

Based on the aforementioned potential of a crisis, we suggest to frame the vulnerability of our precariousness; not from a framing of securitization, but instead to break with this logic of protection that opens up for a future collectivism of care (ibid.: 102). To do so, we will need to break down the hierarchical relations of private/feminized/altruism vs public/masculinized/accumulation through the location of care in the center of the economy instead of the free market. This would implicate the recognition of care work as economically important, because it is by caring about others (and not protecting from others) that the social system and economy is sustained. Without care and social reproductive work we would not be able to have an economy, not even life itself. The collectivization of the responsibility of care would substitute a community of protection and self-profiting for a community of cares (ibid.: 100). We consider that “the reevaluation of these activities of care enables alternative policy responses to current problems that endless reformulations of threat and security logic are unable to provide” (idem).

When Fraser in 2017 wrote the essay *Crisis of care? On the Social-Reproductive Contradictions of Contemporary Capitalism*, she stated that “capitalist society has reinvented itself several times in the course of its history. Especially in moments of general crisis” and asked the following: “Are the present contradictions of financialized capitalism severe enough to qualify as a general crisis, and should we anticipate another mutation of capitalist society? Will the current crisis galvanize struggles of sufficient breadth and vision to transform the present regime?” (Fraser 2017: 35, 36). Our answer to those questions is rather pessimistic in the sense that we doubt that the crisis of care and the inequality of neoliberal capitalism that Fraser refers to in that quote, is sufficient to transform the current regime. But what if some of the main aspects, having hindered such a transformation is, that the value of care work has been invisibilized? That people had not acknowledged the importance of social reproductive labor? Or their own vulnerability? Then the event of COVID-19 - both because it takes form of a general crisis and thereby enables radical change, and because it has visibilized the essentiality of care and social reproduction - might have the potential of working as a (f)actor, pushing forward the structural changes and re-valorization of care that social reproduction theorists have been pointing to for years.

Conclusion

Widespread in both Denmark and Spain, there is a strong framing of nurses as heroes during the COVID-19 pandemic. As shown in the analysis, recognition of nurses as heroes can have a positive impact in the enhancement of their motivation, productivity and overall feeling of importance, as well as offering a platform for the group to have their voices heard when making demands. This symbolic recognition, however, does not necessarily translate to an economic recognition. In both countries, we find a discrepancy between how the nurses are framed as fundamentally important and the wages and poor conditions in which they often are working. The demands of material improvements that the nurses in our data raise can be hampered by the heroization of nurses, since by framing the profession as something so good and braveful, it can undermine the expectation of extra money for saving lives, since this is something a “hero” does without self-interest. To counteract this idea, a workers-frame is privileged, since the category of

being a waged worker implies the opportunity for class struggles and demands of change in exchange of labor. When expected to perform as heroes, pressure is put on nurses on how far their compromise should go, since heroes do not go on strikes, rest and are expected to be available all the time. A workers frame in itself, however, does not remove the pressure on nurses, since material conditions such as the need to pay the rent might push nurses to keep working even if they face poor working conditions; however, it can offer a collective identity and the possibility of organizing today as a guild. Specifically in Spain, political interests have tainted the heroization of nurses, as instead of promoting political cooperation in tackling the precarious conditions that some nurses experience, the situation has been used as a political weapon to discredit the insufficient response of the current government to the crisis. This led as well, to a social fragmentation in which protesters took the streets while risking a new upturn in the number of cases which would ultimately put even more pressure on nurses.

In our discussion, we address prospects for economical improvements for nurses in the future. In the case of Denmark, wage negotiations (including the nursing sector) are contemplated to be held by 2021, with high expectations of strong support from the society towards nurses after them being framed as heroes, but also that economical improvements require funding, which will not necessarily be there. As shown in the assignment, the current pandemic is not only a health crisis but a visibilization of a deeper crisis in the neoliberal capitalist economy. The logic of care challenges the neoliberal logic, since instead of delegating care to an individual, feminized and private level, it proposes a responsibility of care that is public and collective (and not only feminized). As a result, we propose putting care in the center of the economy, and thereby prioritizing social reproductive activities above profit-oriented accumulation. This approach drives us to some of the following questions: What are the empirical implications of locating care in the center of the socioeconomic system? How may this change affect not only the reproductive activities of the public space but also those of the private? Because, what about all the invisibilized work not even economically categorized as labor?

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