



**Category: Applied Research in Health and Medicine**

**REVIEW**

## **Pluri-employment and labor precariousness in Argentine nursing: a historical and social analysis**

### **Pluriempleo y precariedad laboral en la enfermería argentina: un análisis histórico y social**

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#### **ABSTRACT**

**Introduction:** The economic crises in underdeveloped countries have modified labor realities, highlighting the increase in moonlighting as an indicator of precariousness. In Argentina, this problem especially affects nurses, a profession historically devalued, linked to care and predominantly exercised by women. The impact of working conditions on the quality of life of professionals and their relationship with low pay and low social recognition was analyzed.

**Development:** The study explored the history of work in Argentina and how sociopolitical contexts have influenced the configuration of current working conditions. In particular, it highlighted the evolution of nursing since its beginnings, marked by a subordination to the hegemonic medical model and a perception as a feminine and vocational task. These characteristics have perpetuated gender inequalities and have hindered its professionalization. In addition, the implications of moonlighting on the physical, emotional and social health of workers were discussed, identifying stress, exhaustion and lack of time for personal and family activities as recurrent consequences.

**Conclusions:** The review concluded that the working conditions of nurses in Argentina reflect a structural problem that requires comprehensive solutions. The need to implement public policies that improve salaries, promote professional recognition and ensure effective union representation was highlighted. Revaluing nursing will not only benefit workers, but will also contribute to strengthening the health system and improving the quality of health care.

**Keywords:** Multiemployment; Nursing; Job insecurity; Gender; Health.

**RESUMEN**

**Introducción:** Las crisis económicas en los países subdesarrollados han modificado las realidades laborales, destacando el aumento del pluriempleo como un indicador de precariedad. En Argentina, esta problemática afecta especialmente al personal de enfermería, una profesión históricamente desvalorizada, vinculada al cuidado y predominantemente ejercida por mujeres. Se analizó el impacto de las condiciones laborales en la calidad de vida de los profesionales y su relación con la baja remuneración y el escaso reconocimiento social.

**Desarrollo:** El estudio exploró la historia del trabajo en Argentina y cómo los contextos sociopolíticos han influido en la configuración de las condiciones laborales actuales. En particular, se destacó la evolución de la enfermería desde sus inicios, marcada por una subordinación al modelo médico hegemónico y una percepción como tarea femenina y vocacional. Estas características han perpetuado desigualdades de género y han dificultado su profesionalización. Además, se discutieron las implicancias del pluriempleo en la salud física, emocional y social de los trabajadores, identificando el estrés, el agotamiento y la falta de tiempo para actividades personales y familiares como consecuencias recurrentes.

**Conclusiones:** La revisión concluyó que las condiciones laborales del personal de enfermería en Argentina reflejan un problema estructural que requiere soluciones integrales. Se subrayó la necesidad de implementar políticas públicas que mejoren los salarios, promuevan el reconocimiento profesional y aseguren una representación gremial efectiva. Revalorizar la enfermería no solo beneficiará a los trabajadores, sino que también contribuirá a fortalecer el sistema sanitario y mejorar la calidad de atención en salud.

**Palabras clave:** Pluriempleo; Enfermería; Precariedad laboral; Género; Salud.

**INTRODUCTION**

Economic crises in underdeveloped countries have changed people's working realities in recent decades. In this sense, changes have been noticed, including an increase in the number of women in the labor market, families where both parents work, and the need to hold more than one job. The latter is known as "moonlighting" and refers to dependent work activity that can be carried out with more than one employer simultaneously or within the same tax period (AFIP, 2023). Particularly in Argentina, this is a situation that is growing rapidly. A UCES study (2020) indicated that between 2018 and 2019, there was an increase of 9.1%, which means almost 10% of the total number of workers. This is seen as a sign of job insecurity, as it is accompanied by an increase in the number of people working on a self-employed or non-registered basis.

This work aims to show how a profession directly linked to caring for people today finds itself in the situation of needing to have more than one job, with all the consequences that entails.

In Argentina, nursing is one of the professions that directly affects the need for several jobs since it is a care-related occupation where working conditions are very precarious, and salaries are very low. This is due to the low level of recognition of the profession by both health personnel and the population.

Historically, nursing has been a profession in which the majority of workers are women. This is because it was believed that only women could provide care simply because they were women and possessed innate qualities.

**General objective**

To analyze the working conditions of nursing staff in Argentina, with an emphasis on the phenomenon of moonlighting, its structural causes, and the consequences it entails for both professionals and the quality of care they provide, to make visible the precariousness of the profession and contribute to reflection on possible improvements in its social valuation and recognition.

## DEVELOPMENT

### History of work in Argentina

When we talk about work, we encounter endless definitions, but we can summarize by saying that it is an activity that can be both intellectual and physical. Human beings carry it out through the production of goods or services, with the aim of obtaining an economic reward that allows them to satisfy a need.

In the social production of their life, men establish certain necessary relations independent of their will, relations of production that correspond to a given stage in the development of their material productive forces. The totality of these production relations forms the economic structure of society. The mode of production at the material level of human beings is determined by social, political, and spiritual life in general and by each individual's convictions, which condition the process of life. The material productive forces of society come into contradiction with the existing relations of production; that is to say, the development of the productive forces becomes an obstacle, and it is here that an era of social revolution begins. When studying these transformations, we must distinguish between the material changes that have taken place and the ideological ways in which people become aware of this conflict and struggle to resolve it. We cannot judge an individual by what he thinks; we must bear in mind the contradictions of material life due to the conflict between the social productive forces and the relations of production. (Marx K., 2008, p.333 - 346).

Humanity only sets objectives that it can achieve because, on closer inspection, it will always be found that these objectives only arise when they are already in place or, at the very least, the material conditions for their realization are being developed. We can designate the Asian mode of production, the ancient mode of production, the feudal mode of production, and the modern bourgeois mode of production as so many epochs of progress in the economic formation of society. The productive forces that develop in bourgeois society provide the material conditions for the solution of this antagonism (Marx K., 2008, p.116 - 121).

It can be said that Marx's theory of value represents something more than a simple theory of value, as it is generally conceived; it not only has the function of explaining exchange value or prices in a quantitative sense but also of showing the historical-social basis of the labor process of a society founded on the exchange or production of commodities in which labor power itself is reduced to the role of a commodity. In this respect, reference can be made to Rousseau in the General Introduction to the Critique of Political Economy, where it is noted that he relates and connects subjects who are by nature independent through the contract, thus representing an anticipation of civil society in which in this society of free competition each individual appears as detached from natural ties, which in previous historical epochs made him an integral part of a specific and circumscribed human conglomerate. Therefore, considering the place occupied in Marx's thought by this concept of labor and the labor process as the key to interpreting the history of humanity, one can easily understand the decisive position that the labor theory of value assumes in his economic analysis system. He inherited this theory from the classical school. Still, for him, the theory above represented much more, so much so that it acquired a greater significance in his system than in previous systems. Insofar as it represents the determining element of social relations of production and as it is a category distinct from exchange value, value was defined *sui generis* and in its correct form. However, from the point of view of economic explanation, explaining exchange values, this would have remained an arbitrary definition if it were not in a position to demonstrate the existence of some quantitative relationship between the two, thus coming to be able to speak of exchange values as controlled, determined, or derived in some way from the values themselves (Marx K., 2008, p. 288-294).

When we talk about the history of human society, we refer to the class struggles of the bourgeois and proletariat; this led society to divide itself for many years into two great enemy camps and, in turn,

to adopt a social hierarchy of degrees and positions about each other. The bourgeoisie owned property and capital, and the social class owned the means of production. On the other hand, the proletariat consisted of the employees, the working class, and those who worked to satisfy needs in exchange for remuneration.

The colonization of America favored trade with the different colonies, and this was reflected in the rise of the means of exchange and merchandise, which gave trade, navigation, and industry a revolutionary boost in feudal society, but the feudal regime was not enough to satisfy the needs of the new markets. This led to the guilds being displaced by the industrial middle class and established the division of labor.

Marx referred to the fact that all factors related to production were fundamental when thinking about other factors, and this had to do with the relations of production because human beings establish relationships with each other when carrying out an economic activity. This implies that when production relations are modified, customs are also modified because human beings' economic activity is closely related to their lives.

Workers date back to the origin of humanity when they were deer or slaves. In societies such as ancient Egypt or Mesopotamia, working conditions in construction are referenced.

The Industrial Revolution led to an expansion in communication networks between companies and the emergence of new risks associated with progress. Industrial workers labored in appalling conditions. From the 19th century onwards, there was a growing awareness of public health, and measures were implemented to improve working conditions and workers' health. At the end of the 19th century, many employers implemented measures in their companies to promote the health of their employees. This gradually spread throughout humanity's history.

Workers harvested the crops, mobilized the estates, and carried out transportation and public works for export; all this was carried out for remuneration, a monetary value. However, they had no rights, proper rest or health, correct to optimal working conditions, or adequate welfare. But thanks to them, the system continued to grow without interruption until the system that sustained them was exhausted and broke down due to poor use of resources. The economic consequences that ensued forced a rethink and the creation of a new model in Argentina.

This ushered in a new era. With the arrival of Peronism in the country, the Argentine Constitution was passed, establishing workers' rights and ensuring that they enjoyed the highest possible standard of living. The struggle to achieve this would have been arduous. It had taken decades, and many had fallen into the battle, but their sacrifice would not have been in vain. The country had entered the industrial age.

#### Introduction to the history of healthcare

The first references to work-related health begin with Hippocrates, the most important doctor of antiquity and considered the father of medicine for his many skills and his creation of the Hippocratic Oath. The emergence of Hippocratic medicine began in the 4th and 5th centuries in the School of Cos in Greece, where one of its directors was Hippocrates. This was the first scientific medicine that lasted approximately three hundred years, during which diseases were treated with purgatives and dairy products. Its main feat was to replace the explanation of health and disease with magical and supernatural elements. The observation was the framework of this theory, an empirical science born out of philosophy and later separated from it. Nature possesses forces capable of restoring order and a reason (logos) accessible to human reason. Nature possesses specific forces or active elemental principles such as dry, wet, hot, and cold. Because man is a small world, his nature must have the attributes of physis, where life is a continuous change in nature, where there is a mixture of primary qualities and a connection between the different parts of the body.

As Pedro Gargantilla Madera expresses so well in his contribution to the history of modern medicine, in Hippocratic medicine, the idea of humor arises as elements contained in the body. There are four

humors, each pair with opposite qualities: blood and black bile, phlegm and yellow bile. Each aspect possesses the qualities of one of the physical elements: air, earth, water, and fire. Blood is hot and dry like air and increases in spring; black bile is warm and moist like earth and increases in autumn; phlegm is cold and wet like water and increases in winter; and yellow bile is cold and dry like fire and increases in summer. Blood originates and is renewed in the heart, black bile in the spleen, phlegm in the brain, and yellow bile in the liver. These humors are not fictitious; blood can be seen in wounds, black bile in bowel movements, phlegm in nasal catarrh, and yellow bile in vomiting. The Hippocratic doctrine was not based on anatomy but on Empedocles' theory of the four elements.

To practice medicine, it was necessary to mentally present the patient's illness throughout its temporal course, past, present, and future, called the prognosis. The past was obtained by questioning the patient, that is to say, the anamnesis. The present was obtained using diagnosis through the signs and symptoms of the disease; through hypotheses and deductions, the doctor presented the future course; it was the most complex task since this intellectual capacity of integration is the fundamental part of the medical art. The Hippocratic physician had to be able to recognize whether or not he should intervene in the development of the disease. In the case of having to act, he had to bear in mind the principle of "not harm" since it was essential to recognize the right moment to start treatment since not doing so at the right moment could be ineffective.

The basic principle of Hippocratic Therapeutics is that nature is the healer, and the doctor is a simple mediator. The treatment of diseases must be governed by three rules: favor and not harm, abstain from treating diseases produced by forced necessity (incurable), and use remedies with qualities contrary to imbalance (for example, hot and dry remedies when there was an excess of cold and damp).

Those who wanted to dedicate themselves to medicine began as apprentices to a master. In gratitude, they had to pay him fees and swear an oath to him. They had to have certain qualities: education, a favorable place for study, intuition from childhood, love of work, and time, but above all, natural ability because if nature were against it, all efforts would be in vain.

Only large communities had a permanent municipal doctor who was paid a previously fixed salary. It was usual for the doctor to move from one city to another in search of work. When he arrived in a town, he rented a house where patients would be evaluated. Only patients with high purchasing power could be treated at home. Women lived in a situation of total helplessness, as they rarely received healthcare and were also forbidden to practice medicine.

The doctor should be guided by two basic principles: love of man and love of his art. The moral idea was that the doctor should be beautiful and good, take care of his presence so that it was pleasant to the patient, enjoy good health to inspire confidence and speak with serenity and moderation.

The Hippocratic Oath speaks of the greatness of Hippocratic medicine, establishing its foundations of medical ethics and declaring an ethical-professional nature. (Gargantilla Madera P., 2009, p. 53-65).

Until the middle of the Middle Ages, care and medicine were provided in monasteries, abbeys, and churches, where the poor, the sick, and foreigners were housed. Teaching practices were the responsibility of the monks, and care practices were the responsibility of the nuns, where the latter care practices were linked to accompanying the salvation of the soul, and those who went to be treated had to say that they were Christians since the help of these people was equated with the service of Christ.

In 1215, clerics were banned from all medical activity; from that moment on, medicine was no longer taught in monasteries. The most crucial progress in medieval medicine was the construction of hospitals, the first of which was Montpellier.

#### The beginnings of nursing

The beginnings of nursing in ancient times (the first part of the Middle Ages) were linked to pagan women, who performed healing functions with herbal remedies and ancestral knowledge inherited in

their homes. They professed religions that were not Christianity, but they had a relationship with nature, valuing the female body; their body was seen as an object of desire. They were persecuted and condemned by Christianity by the Holy Inquisition, and they were known as witches because they had power over life and death. Through their therapeutic knowledge of plants, they possessed wisdom linked to the lunar cycles and the seasons.

Then, in the Middle Ages, the consecrated woman appeared, who exercised a healing function through practices linked to religious worship, offering a charitable service and accompanying the suffering body in cloisters and monasteries. Their objective was the salvation of the soul; the body was cared for because it is the support of the soul; virgins or widows were consecrated so as not to have the burden of a home and to be able to dedicate themselves to service (vows of chastity), care for the sick without physical contact, care through prayers.

At the end of the 19th century, the female doctor's assistant appeared, serving, caring for, and assisting the doctor inside hospitals, where the latter was seen as a place to die. They provided care focused on the patient, environment, and disease. Their work was seen as serving the sick, doctors, and care institutions. Being a doctor's assistant required self-denial and self-forgetfulness; training was in the hands of the doctors, and they had to follow medical orders as they were under the doctor's tutelage and did what they said. As their duty was to provide care, the value of their work was minimized; they were not only servants of their work but also became assistants to the doctor.

Nursing was established as an occupation subordinate to doctors, which prevented its development as an autonomous profession. During the 20th century, it sought to break away from this, and occupations more closely linked to domestic service and care began, giving rise to the nursing assistant.

Professionalization. The formal characteristics of a profession

After the Second World War, North American sociology became the world leader in professions, giving rise between the 60s and 70s to market professions hand in hand with professionalization and proletarianization through the theory of institutionalization of knowledge.

Liberal professions linked to medicine, law, and the priesthood emerged, giving greater prestige to those who practiced them; capitalist development favored the growth of common professions at the expense of professionals.

Market professions appeared at the end of the 19th century on the corpus of knowledge to be applied to practices and on a market of professional services, giving rise to de-professionalization, which is why they began legitimizing these monopolies.

A profession is a full-time occupation with a vocational commitment linked to society and the client. Professionals have the scientific knowledge to maintain the monopoly, share values, and goals, and have authority over subordinate occupations (as in the case of doctors and nurses), and professional autonomy is an inherent value of all professionals. There would be no professions if there were no clients. Professionals claim the right to know what suits the client, and professionals choose their clients. The client is treated as a whole, and the professional attends to one and never to groups. Professionals have university training where they have acquired vocational training and guidance, are members of professional associations, and are controlled by these associations regarding the quality of their work and compliance with the profession's code of ethics.

With de-professionalization, the professional monopoly of knowledge is eroding. As a result of the improvement in the population's educational level, consumers control professionals in terms of their use of computers, which causes a loss of autonomy and authority.

Proletarianization has produced an occupational shift from the market professional to wage-earning employment, affecting the nature of the profession. There is a technical proletarianization in which the worker loses control of the process and the product of his work. Wage earners face ideological proletarianization, which is the expropriation of values or the purpose of work.

We can make a significant differentiation between occupation and profession. Since the latter gives you the right to control your own work, you are granted autonomy, which includes the right to determine who can do the job and how it should be done, with the state granting that power.

All this led to medicine becoming a modern profession, as it pursued the exclusive right to practice in the face of many kinds of healers practicing, and this was not controlled. It was then the state that supervised this and gave medicine the exclusive right to heal and limit other professions. The progress of knowledge in medicine brought it closer to success as a consulting profession and was accepted by the profession in general. It was the clients who evaluated these professionals, not their peers. The impact of technology and globalization favored the detection of diseases and early diagnosis.

As for the emergence of the nursing profession, it was tough for it to begin to be seen as a profession in its own right and independent since its activities were closely related to the reproductive, feminine world and because of its knowledge of household chores, which were then transferred to the workplace. Nursing became invisible as a scientific practice, with the hegemonic medical model always taking precedence. Nursing, which has its theoretical framework and whose practice sustains the health system, is invisible and marginalized; it is not recognized as a professional experience; there is a subjection of care to the technological rationality of biomedicine, development of the theoretical, defining nursing by what it knows and not by what it does.

In 1885, the country's first Municipal School of Nursing was founded in Buenos Aires, with Cecilia Grierson as its director. Until then, most of the students had been male, and at that time, patients had been attended by staff of the same sex. In the case of the ladies' hospitals of the charity society, the staff had been exclusively female, following the model of Florence Nightingale. In 1912, this concept changed, and the admission of men was prohibited by decree, establishing that only women would attend to patients of both sexes, as feminine traits were associated with the profession. Women possessed a special gift for the job, including gentleness, patience, order, and thoroughness.

This leads us to think that this profession was not born feminine but was constructed as such in 1912 since it obeys certain cultural and social representations that make it feminine. This is also mainly due to the model of Florence Nightingale, who imposed the female figure.

The work of the nursing professional

Working conditions of nursing in Argentina

When we talk about working conditions in nursing, we are forced to acknowledge that it is a job linked to the social and the essential, but economically, it is not valued as such. The type of work carried out by both men and women in caring professions tends to be poorly paid, even when compared to professions that are not linked to caring.

Because it is related to innate tasks and knowledge, nurses' work is often undervalued. This is without considering that nursing is a profession in which, in order to carry out different practices or perform independent tasks, one must have prior knowledge and training.

Between 2011 and 2015, Valeria Esquivel led a project to address the working conditions of care workers. The main objective was to address different occupations linked to care (including nursing), which involve a high emotional commitment to society.

With the approach of Eliana Aspiazu, as expressed in her work "The Working Conditions of Nurses in Argentina," the work situation faced by nurses in our country is characterized by an occupation that is not valued, especially compared to other professions. When we talk about this, we refer to low salaries, long working hours, and work that, on more than one occasion, becomes unhealthy, leading in many cases to the decision or choice of having multiple jobs or working overtime. This brings with it physical and emotional exhaustion, and the situation is made worse by the fragmentation of the health sector, a product of the deregulation of the industry in recent decades.

Those who carry out this profession have a particularity associated with skills and abilities that are purely female, which tends to be related to the vocational, and therefore, the most urgent problems in

this profession are made invisible. As we are talking about a profession where the female sex predominates, many of them are mothers and breadwinners, with their salary being the only income in the household. The poor working conditions nurses face are reflected in the devaluation of their professional health teams, making it difficult to express their grievances within the trade organizations that represent them.

Nursing professionals choose to work multiple jobs.

Nursing care is key in health teams and interdisciplinary treatment, as it is present in people's lives in primary health care, immunization, health promotion, disease prevention, education, treatment, rehabilitation, and palliative care. Still, since it is a profession closely linked to the humanities, the financial rewards are not commensurate, which is why people work long hours and overtime, and many have more than one job.

We often find that most professionals are women and, more than once, the household's breadwinner and sole income earner. This situation arises because nursing is closely linked to the feminine, where women are essential in caring for people's health. Still, the precariousness of wages means that they have to work exhausting hours to meet their basic needs and those of their group and family environment.

We are talking about a profession that is not often chosen by the general public to practice, which is why human resources in Argentina are very scarce. For this reason, it should be valued and socially recognized, but this is not the case. It is linked to being a subordinate profession by doctors, where recognition and merit never end up specific to nursing. Therefore, knowledge is not innate to the profession; consequently, economic retribution is not achieved through the work.

Consequences of moonlighting

The choice or need to have more than one job can lead to problems that can cause different pathologies or symptoms, one of which, and the best known, is work-related stress. Occupational risks and illnesses are one of the determinants of the health of the population, which is why it is interesting to take stock of the renewed problems that arise from productive restructuring. There are particular situations related to issues linked to the psychosocial level that have an impact on the work environment and that manifest themselves in the workers, damaging their health and causing them suffering and discomfort of various kinds. There are different ways of problematizing how the organization of work processes can affect workers' psychosocial (and not only physical) health. In the health sector's activities, emotional labor is a fundamental component because these services involve the performance of care tasks. In other words, the work has an affective and practical dimension linked to the care, assistance, and conservation of different people. The care and responsibility toward patients mobilize psychological and emotional labor, referring to people in a situation of vulnerability, ailments, and a flow of emotions that the workers must neutralize. This means that caring for and providing care to these people increases the level of stress because we are talking about people who already come with a condition and an ailment from their pathology, and dealing with these situations every day generates even more stress and not only seeing the patient unwell but also the patient's environment and the containment towards them is added to this.

This leads us to think nurses' great vulnerability implies more significant risks and consequences than other health occupations since emotional overload is more critical when accompanying patients for long periods daily.

We can also refer to the term "burnout," which was first used in 1974 by Herbert Freudenberger, who says that, in general, the disorder is a consequence of chronic work-related stress and is characterized by a state of emotional exhaustion, a cynical or distant attitude towards work (depersonalization), and a feeling of inefficiency and of not doing one's job properly.



Another problem caused by moonlighting is that it hinders family relationships, generates feelings of guilt about childcare, and prevents people from enjoying leisure time with friends due to the tiredness that this entails.

Because many institutions seek to achieve quality patient care and safety standards, staff must be trained and qualified. Still, working extended hours can cause chronic fatigue, which prevents professional growth and development and generates frustration.

## CONCLUSIONS

The working conditions of nursing staff in Argentina are deeply marked by precariousness, a structural problem that has persisted throughout history. Despite being an essential profession for healthcare, its development has been conditioned by sociocultural factors that have perpetuated its devaluation and link to gender roles, making it difficult for it to be recognized as an autonomous and professional practice. This historical and social context has contributed to the profession being seen as subordinate to the hegemonic medical model, perpetuating inequalities and limiting progress.

The phenomenon of moonlighting, identified as a strategy to compensate for low and inadequate salaries, reflects the lack of economic and social appreciation of nursing. This situation negatively impacts the quality of life of professionals, who face long working hours and physical and emotional exhaustion, and the quality of the care they provide. The consequences of moonlighting, such as chronic work stress, emotional exhaustion, and the fragmentation of family relationships, underline the urgency of addressing these issues from a comprehensive perspective.

Likewise, historical analysis shows how nursing has been linked to a sociocultural construct that identifies it as a job inherent to women, perpetuating gender stereotypes that hinder progress toward its professionalization and autonomy. This reinforces the invisibility of the sector's problems, such as the lack of effective union representation and the fragmentation of the country's health system.

In conclusion, the need to revalue the nursing profession through public policies that guarantee better working conditions, adequate salaries, and social recognition is emphasized. It is essential to make the crucial contributions of nursing staff visible to promote their professional development and strengthen their role within the health system. Addressing these issues will improve professionals' quality of life, optimize health care, and guarantee a more equitable and sustainable health system in Argentina.

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#### **FINANCING**

None.

#### **CONFLICT OF INTEREST**

None.