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Essential workers left behind: psychodynamics of work and mental health of supermarket cashiers during the COVID-19 pandemic

Trabalhadoras essenciais abandonadas: psicodinâmica do trabalho e saúde mental de caixas de supermercado durante a pandemia de covid-19

Abstract

Introduction: supermarket cashiers were considered essential and worked during the COVID-19 quarantine, but were not prioritized for the vaccine despite extreme exposure.

Objective: to investigate the subjective experiences of cashiers during the covid-19 pandemic.

Methods: descriptive, exploratory study with a qualitative approach. The subjects were cashiers of both sexes, from June to October 2021. Semi-structured interviews were conducted online to explore subjective aspects of the work. The recruitment took place in a Facebook group of the category. The comprehensive thematic analysis was based on the psychodynamics of work.

Results: supermarket cashier work is precarious. The pandemic caused fatigue, emotional exhaustion, sadness. Exposure to the public caused a perception of risk contamination, fear, intensification of preexisting tensions with customers and managers. The categorization of “essential work” associated with not prioritizing vaccination mobilized anger, feelings of injustice, devaluation and helplessness. The lack of recognition accentuates suffering, leads to subjective demobilization, undermines identity and deteriorates mental health. **Conclusions:** it is necessary to give the word, in a therapeutic context and in the collective public space, to people who work in supermarket cashier operations, enabling the politicization of the discourse.

Keywords: Psychiatry; Psychology; Mental Health; Occupational Health; Supermarket Cashier; COVID-19.

Resumo

Introdução: pessoas operadoras de caixas de supermercado foram consideradas trabalhadores essenciais durante a pandemia de covid-19, mas não foram prioritárias para a vacina, apesar da extrema exposição. **Objetivo:** investigar as vivências subjetivas das pessoas que operaram caixas e que trabalharam durante a pandemia de covid-19. **Métodos:** estudo descritivo, exploratório, de abordagem qualitativa. Entrevistas semiestruturadas foram realizadas *on-line* com operadores de caixa de ambos os sexos, de junho a outubro de 2021. O recrutamento ocorreu em um grupo do *Facebook* da categoria. A análise temática compreensiva fundamentou-se na psicodinâmica do trabalho. **Resultados:** o trabalho de operação de caixa de supermercado é precário. A pandemia provocou cansaço, exaustão emocional, tristeza. A exposição ao público causou percepção do risco de contaminação, medo, intensificação das tensões preexistentes com clientes e gestores. A categorização “trabalho essencial” associada a não priorização na vacinação mobilizou raiva, sentimento de injustiça, desvalorização e desamparo. A falta de reconhecimento acentua o sofrimento, leva à desmobilização subjetiva, abala a identidade e deteriora a saúde mental. **Conclusão:** evidenciou-se a necessidade de dar a palavra, em contexto terapêutico e no espaço público coletivo, viabilizando a politização do discurso.

Palavras-chave: Psiquiatria; Psicologia; Saúde Mental; Saúde do Trabalhador; Operação de Caixa de Supermercado; Covid-19.

Introduction

The job of cashier has been studied mainly in the field of ergonomics. The literature is scarce when it comes to the subjective point of view. Mélou¹ reviewed 31 Brazilian studies between 2007 and 2017, which she classified by subject area as follows: Administration (four), Physical Education (one), Nursing (one), Production Engineering (six), Occupational Safety Engineering (two), Ergonomics (seven), Language Studies (one), Physiotherapy (four), Geography (one), Sociology (one), Work and Gender (three).

The tasks of cashiering seem simple, but they are exhausting². The people who perform them are subjected to an intense flow of work, which demands speed and efficiency; they live under constant pressure, subjected to conflicts linked to cordial service to the public³. Authors^{1,4,5} note that most people who work as supermarket cashiers are female and problematize the consequences of the sexual division of labor. Cardoso denounces “*the inferiority, inequality, incapacity, and subalternity conferred on women*” and points to the supermarket as a “*stronghold of women’s work*”⁶ (p. 27, 31, translated by the authors).

Soares⁷ was interested in the control of the body and emotions at work, and the invisible qualifications of female service sector workers in Canada, particularly cashiers. Cruz⁴ established a portrait of Portuguese women workers in the supermarket sector, analyzing subjective precariousness. Cardoso⁶ analyzed the daily lives of female supermarket workers from the point of view of productive and reproductive activities, with the aim of understanding how capital appropriates women’s skills in order to reproduce itself. In addition to providing an efficient and quality service, they are required to display attitudes that are socially considered feminine, such as calmness, attention, and affection to circumvent and overcome situations of conflict and customer dissatisfaction. Mélou¹ brought contributions on defense mechanisms, and recognition and pleasure in the work of operators, identifying in particular: laughter, which they used to soften the account of difficulties, suffering at work, and embarrassment perpetrated by bosses and customers, and religious beliefs as a form of protection against the adversities experienced in the workplace.

The context of the COVID-19 pandemic has greatly changed the organization of the service sector, especially supermarkets. When measures to restrict activities, aimed at containing the circulation of the coronavirus, were adopted in the different Brazilian states⁸⁻¹¹ some categories of workers, considered essential, could/should work. Essential services are those that are indispensable for meeting the community’s urgent needs which, if not met, would put the population’s survival, health or safety at risk¹². Supermarket workers were part of this category. However, when the National Plan for Operationalization of the Vaccination against COVID-19 was established by the Ministry of Health¹³, people who operate supermarket checkouts were not prioritized, as were health workers, public transport workers, among others, who were exposed to the risk of contamination. Soares¹⁴ observed a 67% increase in deaths among workers in this category between January and February 2020, pre-pandemic, and March 2021, which was the second deadliest month of the pandemic in Brazil.

Considering this context, what was it like for these workers to take transportation and work in a place where they were in contact with the public, when most of the population was confined and protected at home? How did they experience the proximity to customers? How did they manage the fear of being contaminated and of contaminating their families? What situations marked them?

The aim of this study is to investigate the subjective experiences of people who have worked as supermarket cashiers during the COVID-19 pandemic.

Methods

This is a descriptive, exploratory study with a qualitative approach.

The subjects were supermarket cashiers, of both sexes, who worked during the period of restriction of public spaces due to the COVID-19 pandemic, in medium and large supermarkets, located in the states of São Paulo,

Mato Grosso, Santa Catarina, and Paraná. The inclusion criteria were having worked as a cashier in a medium to large supermarket in the first half of 2020, having at least two years' experience in the role, and being 18 years of age or older. The number of participants was not predefined; interviews ceased when sufficient information had been collected.

The invitation to take part was sent via messages on a Facebook group, where people who operate tills meet to share their experiences. The semi-structured interview followed a script drawn up by the authors, containing 22 open-ended questions that addressed health issues, changes in work organization, performance, motivation, feelings of fear, perception of the risk of contamination, and accounts of memorable scenes. The exchanges took place online, between June and October 2021, and lasted between 20 and 50 minutes on average.

The interviews were recorded and transcribed in full. For the data analysis, a comprehensive perspective was adopted¹⁵, based mainly on the concepts of the psychodynamics of work¹⁶ and the theory of care¹⁷⁻²⁰. The analytical stages were: a) primary reading of the material in order to understand and organize it; b) re-reading in order to extract significant themes for the study; c) interpretative synthesis of the empirical and analytical categories.

The research followed the recommendations of Resolution No. 466/2012 of the National Health Council²¹ and was approved by the Research Ethics Committee of the Universidade Federal of São Paulo, CAAE No. 46711321.1.0000.5505, under Opinion No. 4.737.918 of May 27, 2021. The Informed Consent Form was signed. Confidentiality and anonymity were guaranteed, as well as feedback to the participants.

Results and discussion

Characteristics of the sample studied

Table 1 summarizes the main information that characterizes the sample studied.

Table 1 General characteristics of people who worked at supermarket checkouts during the COVID-19 pandemic interviewed (n = 12)

	Sex	Age	Length of time working as a cashier (in years)	State	Diagnosis of COVID-19 at some point
1	F	39	13	SP	Yes
2	F	25	2	SP	No
3	F	48	9	SC	Yes
4	F	25	2	SP	Yes
5	F	31	2	SP	Yes
6	F	32	6	SC	Yes
7	F	21	2	MT	No
8	F	23	2	PR	No
9	M	30	8	SP	Yes
10	F	45	15	SP	Yes
11	F	35	6	PR	Yes
12	F	39	3	SP	Yes

F: female; M: male; SP: São Paulo; SC: Santa Catarina; MT: Mato Grosso; PR: Paraná

Eleven women and one man took part in the study. Despite the researchers' efforts to obtain a gender-balanced sample, the prevalence of females is consistent with the feminized profile of the profession. This prevalence confirms the sexual division of labor, which occurs both in the sphere of production and reproduction and which separates the work of men and women and hierarchizes them, valuing men's work more than women's²². Women are more affected by precariousness, unemployment and discouragement than men²³. As researchers in the field of care have shown^{17,18,20}, women are assigned to subordinate, subservient, precarious roles, which value the characteristics naturally associated with gender: patience, delicacy, openness to others.

From fear to helplessness

The words of the people interviewed confirm that work is a means of subsistence for women from less privileged backgrounds²⁴ (p. 71). The imperative need to continue working during the period of restrictions on public spaces, despite the fear, is a factor common to all the people who work in cashiering, without exception.

I do it because I need to [...]. You're afraid, but what are you going to do? Are you going to run out of money? Without an income, are you going to starve? (E4, F, 25a).

I felt afraid and angry, because I had to be there, I needed the job and I had no choice, and people didn't respect me (E12, F, 39a).

The people interviewed said that the companies provided protective equipment. They all report having worked overtime, compensated by banked hours, to make up for increased attendance and colleagues on sick leave due to COVID-19. Most report extreme tiredness, aggravated by fear.

I'm always tired at the end of the day. I arrive tired, I stay tired, I leave tired. I'm exhausted (E10, F, 45a).

I felt that I became more tired with the pandemic, because I was afraid and I also had more work to do, because the markets were full. There wasn't a minute's break, it was always a rush (E9, M, 30a).

Ten of the 12 people interviewed said they were afraid of being infected with COVID-19. The other two spoke of an "anxiety crisis" and "worrying about contaminating family members".

Oh, I was afraid. A lot. [...]. Now it's a lot of fear. With my crisis, it's a lot of fear (E3, F, 48a).

Oh, there's the fear. The fear of catching it and the worst happening... passing it on to the family... (E12, F, 39a).

Fear at work is a very common psychological danger, but it is incompatible with continuing to work, posing a risk of accidents or paralysis. If not overcome, fear can lead to collapse²⁵.

One day I had a very strong crisis, I ended up in the UPA [Emergency Care Unit], a very strong anxiety crisis. I was suffering from panic syndrome, I mean, I am (E3, F, 48a).

The fear and helplessness, which also manifested itself as despair, was accentuated by the fact that the people working in the checkout operation were on the front line for the duration of the activity restriction measures, when everyone was protected. From the point of view of psychoanalysis, "the state of helplessness is the prototype of the traumatic situation that generates anguish"²⁶ (p. 112). Deprivation of support implies a condition of abandonment, loneliness and forgetfulness²⁷. Fear did not appear in research with operators before the pandemic.

In the case of the people interviewed, fear provoked “crying”, “dread”, “dark eyes”, “tension”, and “the desire to run”, to “get out of there”, and also reinforced protective behaviors, such as washing hands, rubbing alcohol on them, and changing masks frequently.

Customer service, relationships with clients and managers, and subjective suffering at work

Authors^{1,5-7} point to the difficulties of customer service work, which cause stress and emotional strain. In the case of cashiers, interaction with customers plays a central role⁷, and they also act as an “organizational bumper”, ensuring the link between the company and customers⁷.

The interviews revealed that the greatest source of subjective suffering at work comes from interpersonal relationships, mainly with customers but also with managers, and, to a lesser extent, with colleagues. Here are some examples.

The customer is always right, you have to keep quiet, because if you answer, you're wrong. If the customer shouts, you have to see your leader apologize to the customer that it was wrong. How many times have I been mistreated and seen the boss apologize, begging the client not to stop going there. Not looking at my pain, my psychological pain, what that's causing me (E1, F, 39a).

The boss, even when we had a problem with a customer, never cared about the employee, always the customer (E7, F, 21a).

The main complaint from clients is the way they communicate, in which they identify aggression, humiliation, disregard, and a lack of empathy. The experience of humiliation and violence is expressed as a mixture of pain and anger, silenced by the fear of sanctions or even dismissal. The constant efforts to contain the pain and anger cause exhaustion²⁸ (p. 506).

Since “the customer is always right”, the cashiers can’t answer and they also find that the people in charge and managers take the customer’s side and don’t defend them, no matter how much the customer expresses inappropriate behavior. Like the participants in this study, the operators interviewed by Mélou¹ (p. 117) said that the “customer is always right” and “the superiors didn’t solve anything. They thought the customer was right and we were wrong”. This tension has been pointed out by other authors²⁹⁻³¹; faced with hostility from customers, they prefer to keep quiet for fear of losing their jobs. In the pandemic, the conflict takes on a particular color, linked to wearing a mask and the fear of dying.

Striking scenes, unmasked clients, threats, abuse, and trauma

The specificity of the discourse obtained in this research is manifested in the striking scenes reported, which, in almost all the narratives, crystallize around the issue of the clients’ refusal to wear masks.

That day I was working very sadly, and he came in without a mask and when I told him how important it was for him to wear a mask, that I couldn't see him without one, I was almost attacked. He told me loud and clear that the virus didn't exist, that it was a political invention to bring down our excellent president, and that I was whiny. It really hit me when I was almost assaulted by a customer because he didn't want to wear a protective mask [...]. But it wasn't the only time... (E1, F, 39a).

Violence at work is more common among women, and some professions are more vulnerable, such as cashiering and sales³². Soares⁵ identified a social tendency to make invisible both the emotional and relational skills of female workers in these professions and the trivialization of the violence suffered. The invisibility of supermarket cashiers stems from the nature of the work, which is socially undervalued, repetitive, low-skilled, precarious, and poorly paid³³.

Invisible work to control emotions and crying spells

The requirement to greet the customer with a smile is an injunction in many professions in the tertiary sector, particularly in cashiering⁷. Soares¹⁹ states that, to carry out the work activity, it is necessary to manage one's own emotions and understand the emotions of others. However, these (non-prescribed) efforts are invisible to managers and even to the customers themselves.

In nine of the 12 interviews, crying episodes were mentioned. Here are some examples.

And we often find ourselves going to the bathroom to cry (E1, F, 39a).

The boss, even when we had a problem with a customer, never cared about the employee, always the customer. It was getting on my nerves and tiring me out. And in my last days there, they couldn't say anything to me because I was already crying, I no longer accepted anything they said as a reason to cry. I often checked the products crying (E7, F, 21a).

If you said anything to me, I couldn't answer and I couldn't stop crying [...]. At home it was normal, better than at the market. [...]. And when I got stressed, I'd start crying, go to the bathroom, have a sip of water (E8, F, 23a).

The speeches show that crying appears when the cashiers are upset, stressed, frustrated, when they feel attacked, and when they can't respond to verbal aggression. It seems that crying serves as a release of tension/excitement that reveals an individual and relatively poorly developed defensive strategy that has regressed. Crying takes place in the bathroom, probably because it should remain private and not be publicized, as it could be frowned upon by clients, colleagues, and managers.

This individualized defensive strategy appeared occasionally in the cashiers who took part in Mélou's research¹, who smiled, joked, and sometimes laughed when they reported being embarrassed by their bosses and clashes with customers, and when they complained about precarious working conditions, lack of recognition, pressure, and demands. The author analyzed the fact that laughter didn't express joy but served as a form of distancing, collective defense, protection through the euphemization of psychic suffering and named her work "*I find it funny so I don't cry*", taking up the words of a participant.

Although Mélou's research¹ was carried out using a similar method and theoretical framework, the procedures, local characteristics and time have their own specificities that do not authorize a direct comparison. However, it is worth asking why the cashiers interviewed in this study were crying? How has the pandemic contributed to the deactivation of the prescribed or defensive smile? Our hypothesis is that fatigue, exposure to the virus, combined with the fear of contamination, leave of absence and the deaths of colleagues have accentuated negative emotions, sadness, helplessness and despair, causing a regressive destructuring. Further research is needed to improve understanding.

Frontline essentials abandoned, left to their own devices (death)

Another specificity of the discourse of the people interviewed is related to the fact that they were on the front line, but were left behind, when they were not prioritized at the time of vaccination, unlike health professionals and drivers, who were vaccinated. In the following speeches, the symbolic value of the vaccine is clear, as a way of recognizing the importance and value of these people's work and lives, which was denied to them by the same society that considered cashiers to be "essential" when measures to restrict their activities were adopted.

And when the vaccine came, we were simply abandoned, we were simply forgotten. How many cashiers lost their lives, how many, like me, brought the virus into the house, I brought it, my son has it, I have it [...]. But maybe if they had remembered us when they closed everything down and

put us on that pretty front that we were essential, and given us the vaccine, many cashiers wouldn't have lost their lives. [...]. (...) And it was very disappointing that we weren't included in the priority group, [...] because we deserved it, because we work on the front line, we connect with the public. [...] A service that would be essential is frowned upon, we weren't seen. We were left to fend for ourselves. Abandoned (E1, F, 39a).

Most of the people interviewed, with two exceptions, expressed negative feelings (“abandoned”; “disappointing”; “we deserved it”; “they didn’t care about our lives”; “it’s really bad, I felt bad”; “I was disgusted”; “we feel really vulnerable, right?”; “unmotivated”) in relation to the fact that they were not considered a priority. Social inequality clearly appears here, albeit disguised by the hypocrisy of essential work, but not valuable enough to be prioritized when vaccines are distributed. Here it is worth returning to the questioning of Martins³⁴ (p. 3):

In the midst of so many uncertainties, one thing is certain: as long as these patterns of inequality persist, it is the workers, their families, and communities that will succumb to COVID-19. [...]. But what economy can be saved when there are no more workers to make it work?

The fact that they were initially treated as essential probably generated a feeling of recognition and retribution for the social value of the work, which was soon overridden by the realization that access to the vaccine was not prioritized and by the stark reality of the death of colleagues who were mothers.

We buried a 31-year-old coworker, full of dreams; she died working on the front line, and nobody remembers, nobody... (E1, F, 39a).

We see here an accentuation of the phenomenon of “public invisibility, the intersubjective disappearance of a man in the midst of other men” conceptualized by Costa³⁵ (p. 48), which reflects social humiliation and reification. Social humiliation is “the expression of political inequality, indicating the intersubjective exclusion of an entire class of men from the political sphere of initiative and speech, [...] and dialogue, from the government of the city and the government of labor”³⁵ (p. 48, emphasis added). Reification is the process by which the value of people, objects, relationships and institutions is determined by economic value, which means that the human person and relationships between people are kept in the shadows, concealing the human character of work, the worker and the social consciousness that is made of them socially³⁵. The objectification strips workers of their human essence, linked to the expropriation of subjectivity that occurs when the correlation of capital-labor forces is unfavorable to workers^{28,36}. It should be noted that the operators interviewed by Cruz⁴ (p. 583) also expressed an objectification: “For the company I feel like a number; for 90% of customers I feel like a scanner, and for 10% I feel like a human being who works”.

Pre-pandemic research^{29,31} showed a perception of “disposability” on the part of people who operate cash registers, but the risks that come with the pandemic give their experiences a dramatic tone. When E1 and her colleagues mention death on the front line and being forgotten, we can see the manifestation of a feeling of injustice²⁸ (p. 476), which ends up having unfavorable consequences, such as sadness, anger, resentment, as well as disturbances in sleep, via the psychosomatic route. The absence of free spaces for dialogue and argument makes it impossible to negotiate and overcome injustice.

Precarious work, undervalued profession, suffering category, annihilated employees

The job of supermarket cashier is considered precarious and is part of the class of people who live off work, who are outsourced, temporary, part-time, who work on digital platforms, rural proletariats, among others³⁷. According to Nogueira and Carvalho³⁸ (p. 36-37), what defines precarious work is the presence of one or more of these characteristics: low pay, unhealthy and unsafe working conditions, exhausting working hours, employment relationships without labor protection, subordination, lack of social security cover, and insecurity about keeping the job.

However, when asked whether they considered their work to be precarious or not, the people who took part in the survey agreed but they gave a subjective view of what would be the precariousness of their work, which they associate with devaluation, as the following statements illustrate.

The job of cashier is undervalued, it's frowned upon. [...] Precarious, undervalued, you know (E1, F, 39a).

Yes, not what I do, but the profession as a whole is undervalued. (...) I felt worn out, not valued at all. [...]. You feel like nothing (E4, F, 25a).

Yes, it's a profession that nobody cares about, we're very undervalued by management and by clients too [...]. I felt that I became more demotivated, because I realized it and I felt like, at least, just another employee (E7, F, 21a).

This is a strong result in the survey, which reveals the negative assessment that the people interviewed think is made of themselves and their profession, and which causes them suffering.

To understand the phenomenon, we turned to the theory of work psychodynamics, which clarifies the essential role of recognition at work in determining the meaning of suffering and, ultimately, the construction or crisis of identity, the fulfillment (or not) of the ego and mental health.

Unable to enjoy the benefits of recognition for their work or to achieve a sense of meaning in their relationship with work, the subject is driven back to their suffering and only to it. Absurd suffering, which generates nothing but suffering, in a vicious and soon destructive circle, capable of destabilizing identity and personality and leading to mental illness³⁹ (p. 34-35).

In return for the contribution that the subject makes to the work organization, they expects not to be considered a mere executor, confined to obedience and passivity, but rather a subject who makes an effort and deserves symbolic retribution, in other words, recognition that manifests itself in the form of an acknowledgement of the efforts made, of the work done and an expression of gratitude for this contribution on the part of managers, colleagues and clients. The symbolic retribution conferred by recognition allows for the construction of meaning in relation to the suffering resulting from confronting the realities of work, which can lead to the satisfaction of subjective expectations and the realization of oneself¹⁶ (p. 105-106).

The lack of recognition, on the other hand, does not allow for the construction of meaning, accentuates suffering, and can lead to subjective demobilization, stagnation in frustration, and questioning of identity (“*feeling like nothing*”), which in its paroxysm would lead to a breakdown in mental health. The refusal of recognition can be perceived by the people interviewed as a denial or an attack on their existence.

There's no recognition. [...]. People pass us by and it's the same as not having passed by. We're an object for clients and also for management (E9, M, 30a).

People think we're cattle, we're there to serve and that's it. There's no recognition, [...]. You're just an employee they can replace at any time and your life isn't worth much, because it's a profession that is necessary in everything, but it goes unnoticed because it's so common (E11, F, 35a).

Illness sets in when workers are unable to activate and use individual and collective strategies to overcome the suffering aggravated by non-recognition¹⁶. References to depression and anxiety after working as a cashier were recurrent, which in some cases led to sick leave for mental health reasons.

when the pandemic started, it was very stressful. It's still stressful... [...] the psyche can't take it anymore [...] we've lost work friends who died as a result of COVID, it all adds up... When you see it, you're already in a hole, maybe with no way out. In my case, I don't know if it's depression, I don't know if I can call it depression (E1, F, 39a).

What is notable in the expressions used, notably “frowned upon”, “humiliated”, “you feel like nothing”, “nobody cares”, “just any employee”, “a suffering category”, “people think we’re cattle, we’re there to serve and that’s it”, “we go unnoticed because we’re so common”, is that negative appreciation is related to the relationship of power and domination and to reification, the denial of humanity or even of the existence of the person who operates supermarket checkouts. The devaluation, disrespect and lack of recognition are not specific to the pandemic but have gained a morbid component with the COVID-19 infections that have affected the category as a whole.

The need to be heard, to be listened to, and to speak out individually and collectively

We noticed a homogeneity in the discourse of the people interviewed, which suggests that this is not an individual problem but a collective one, linked to the organization of work. The category is “suffering”; some people cry, are saddened, others fall ill, but all of them shared fatigue, fear, submission to violent acts by clients, and lack of recognition for their efforts and dedication.

We realized that, as well as being invisible and abandoned, the people interviewed needed to find interlocutors who would listen to them.

[...] *the only person doing research is you* (E1, F, 39a).

And it’s good for you to give us visibility, because no one remembered us working in the market (E5, F, 31a).

These statements, and everything that has been seen above, indicate that the verbalization of their experiences was beneficial for those who took part, which had already been pointed out by Mélou¹ and other authors. The next step would be to provide opportunities for meetings that could enhance exchanges between peers, which was not possible in this research because access to the operators and the operator took place during the pandemic, and because those who responded to the invitation belonged to different institutions.

The resumption of the process of construction of the subject through the promotion of the transition from the psychological word to the political word - technical-professional work that implies a specific clinic of work, which does not limit itself to recognizing the centrality of work as a determining factor for the resumption of this process, but, in addition to this recognition, also invests in work as a mental health operator through the promotion of citizenship in the workplace itself²⁰ (p. 468-469).

It would be necessary to give visibility to the words of the people who operate supermarket checkouts, so that we can reposition them in the public space and contribute to the politicization of the category, highlighting that this is not an individual weakness, but a social production and a political issue.

Conclusion

This study presents the experiences of people who worked as supermarket cashiers in the context of the COVID-19 pandemic. Work was already prone to tension, frustration, and emotional exhaustion in non-pandemic times. The pandemic context has intensified this tendency, making what was bearable unbearable, turning defensive laughter into helpless crying. Relationships with clients are the scene of conflict, violence and humiliation, a source of emotional exhaustion and suffering in normal times. During the pandemic, the tension was heightened when it came to wearing the mask, which some clients ostentatiously refused, putting their lives at risk. The fact that most of the people interviewed had contracted COVID-19 and that their colleagues had died highlighted the risk they were taking, reinforcing the feeling of injustice at being essential workers abandoned at the time of vaccination, confirming the low social value attributed to this category.

Despite the limitations inherent in a qualitative study, the research pointed to the need to think about public care policies aimed at people who work as supermarket cashiers and other precarious categories, invisibilized, and abandoned to their fate (death).

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