

# Nurses' routine in family healthcare: Rethinking technosociality and health promotion during pandemic

**RESUMO** | Objetivo: refletir sobre o cotidiano tecnossocial do Enfermeiro na Promoção da Saúde junto à equipe de Saúde da Família no enfrentamento da Pandemia pela Covid-19. Método: estudo reflexivo, com abordagem qualitativa, tipo relato de experiência, desenvolvido no período de março de 2020 a junho de 2022. O cenário foi uma Unidade Básica de Saúde de um município no Sul do Brasil. Resultados: O Enfermeiro necessitou se reinventar e se adequar frente à nova realidade imposta pela Pandemia, respondendo favoravelmente e destacando-se na assistência. Este profissional iniciou a utilização de tecnologias para atendimento à população, desenvolvendo ações de Promoção da Saúde, impactando as condições de saúde ao recriar ambientes favoráveis, novos processos de cuidado, estimulando escolhas saudáveis de vida na população. Conclusão: As tecnologias representam uma ferramenta nova de atuação para o Enfermeiro, fortalecendo a equipe de Saúde da Família, bem como a Atenção Primária à Saúde no enfrentamento e superação da Pandemia.

**Descritores:** Pandemia pela Covid-19; Atividades cotidianas; Enfermagem; Promoção da saúde; Redes sociais virtuais.

**ABSTRACT** | Objective: to reflect on the technosocial daily life of the Nurse in Health Promotion with the Family Healthcare team in the fight against Covid-19 Pandemic. Methods: this is a reflective study, with a qualitative approach, experience report type, developed from March 2020 to June 2022. The analyzed scenario was a Basic Healthcare Unit in a city in Southern Brazil. Results: Nurses needed to reinvent themselves and adapt to the new reality imposed by the Pandemic, responding positively and standing out in care. This kind of professional started to use technologies to serve the population, developing Health Promotion actions, impacting health conditions by recreating favorable environments, new healthcare processes, and stimulating healthy life choices in the population. Conclusion: Technologies represent a new tool for nurses to act, strengthening the Family Healthcare team, as well as Primary Healthcare in coping with and overcoming the Pandemic..

**Keywords:** Covid-19 Pandemic; Activities of daily living; Nursing; Health promotion; Virtual social networks.

**RESUMEN** | Objetivo: reflexionar sobre el cotidiano tecnossocial del Enfermero en la Promoción de la Salud con el equipo de Salud de la Familia frente a la Pandemia por Covid-19. Método: estudio reflexivo, con abordaje cualitativo, tipo de informe de experiencia, desarrollado entre marzo de 2020 y junio de 2022. El escenario fue una Unidad Básica de Salud de un municipio del sur de Brasil. Resultados: Lo enfermero necesito reinventarse y adaptarse a la nueva realidad impuesta por la Pandemia, respondiendo favorablemente y destacándose en el cuidado. Este profesional inició el uso de tecnologías para atender a la población, desarrollando acciones de Promoción de la Salud, impactando las condiciones de salud al recrear ambientes favorables, nuevos procesos de atención, fomentar opciones de vida saludable en la población. Conclusión: Las tecnologías representan una nueva herramienta de acción para el Enfermero, fortaleciendo el equipo de Salud de la Familia, así como la Atención Primaria de Salud en el enfrentamiento y superación de la Pandemia.

**Palabras claves:** Pandemia por Covid-19; actividades diarias; Enfermería; Promoción de la salud; Redes sociales virtuales.

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## INTRODUCTION

In the year that celebrated the 200th anniversary of the birth of Florence Nightingale (1820-1910), a precursor of nursing and the 130th anniversary of Brazilian Nursing, nurses were summoned and put to the test in the fight against the new coronavirus pandemic (called Sars-Cov-2 and the disease caused by the virus called Covid-19). This is a new and challenging situation for all healthcare professionals in Brazil and around the world, in all operating scenarios, whether hospital, outpatient or in Basic Health Units (UBS).<sup>(1-2)</sup>

The World Health Organization (WHO) has proclaimed that the Covid-19 outbreak is a public health emergency, directing numerous governments to take protective measures such as the closing of public and private establishments and the reorganization of health spaces. (1) A battle has begun against a virus that has advanced borders and continents in ways never imagined, bringing people a feeling of powerlessness.

Diving into an unknown reality brought as one of its side effects the change in the routine in health services. In this scenario, nurses have stood out among the professionals considered vital in this process, acting in the care provided, regardless of the type of care and the health situation.<sup>(2-3)</sup>

Primary Health Care (PHC) is the gateway to health care for the population in the Brazilian Unified Health System (SUS), through the UBS, where the Family Health Strategy Teams (FHS) work.<sup>(2,4-5)</sup> Nurses have been expanding and improving their professional practice in PHC, which is not only focused on the clinic and healing, but on the integrality of care, in the intervention in the face of risk factors, disease prevention, health promotion and improvement of the quality of life, towards a dignified life.<sup>(6)</sup>

However, the daily life of the professional nurse changed with the pandemic. Perceiving themselves in an unusual context and experiencing a mix of feelings as-

sociated with insecurity, concern and fear, nurses and health teams needed to reinvent themselves in daily care. Daily life is understood as the way people live, based on their interactions, values, beliefs, symbols and everyday images, which outline the process of living, being healthy and



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getting sick, punctuating their life cycle.<sup>(7)</sup>

When working on the daily lives of people and health workers, the imaginary is present, as an expression of living and living together. The imaginary permeates the individual and is reflected in the collective or part of it. It is the state of mind

of a group, a country, a nation-state, a community. Therefore, if the imaginary connects, unites in the same atmosphere, it cannot be individual.<sup>(8)</sup>

The collective imagination of people and families, in times of a pandemic, has been transiting through the fear of illness and the loss of their loved ones and colleagues. Associated with these, health professionals also face a drastic change in the care routine, causing them physical and emotional overload.<sup>(9)</sup>

The pandemic moment requires a reorganization of PHC activities. The work of the FHS teams is fundamental attributes for the practical implementation of the care process, due to their ability to act in the most diverse territories, contexts and vulnerabilities, developing multidisciplinary actions aimed at longitudinal care for subjects with chronic and acute conditions, strategies for health promotion and prevention of diseases and injuries.<sup>(10)</sup>

PHC is the pillar in the reduction of health inequities by associating primary health care, which is strictly related to disease prevention and health promotion.<sup>(11)</sup> Health promotion, as a public policy, aims to promote equity and the population's living conditions, through the expansion of potential and reduction of risks to individual and collective health, resulting from sociocultural, environmental and political determinants.<sup>(12)</sup>

Thus, the nurse, daily builds in practice, a new way of caring for and facing Covid-19, playing a vital role as an integral part of the health care provided to the population in the fight against the transmission of the virus, the dissemination and implementation of control measures and quality health information, the reorganization of the internal flows of the UBS, the monitoring of the isolation of users affected by Covid-19.<sup>(10,13-14)</sup> In this daily life of what we have called trans-pandemic, new technological health surveillance strategies are still prominently included, such as teleconsultations and the use of applications.<sup>(10)</sup>

The priority, during the pandemic, is



to offer nursing teleservice assistance. For authors, tele-nursing is integrated with telehealth, as it enables, through technological resources, the assistance and educational practice of nurses at a distance. In this way, it is inserted in the daily life of nurses, becoming an expression of technosociality.

Technosociality is defined by Michel Maffesoli <sup>(15)</sup>, as a way of interacting socially resulting from technology, especially those that are installed in the context of communication in contemporary times. The Covid-19 pandemic has brought about changes in the daily lives of people, families, communities, as well as health professionals. These changes occur in the ways of thinking, acting and communicating, making technology a factor of interaction between people. And, now, also of care, which makes the understanding of technosociality essential in this process.

Maffesoli <sup>(16)</sup>, when reflecting on the impact of the Pandemic, at its beginning, it brings the discussion about the re-enchantment of the world in the face of technological development, in the same way, how rationality caused disenchantment in the world. He states that we are facing clues that point to an overcoming of this mechanicity and instrumentality.

This study is justified by the need to rethink the daily life of nurses in this contemporaneity, emphasizing technosociality as a strategy for promoting the health of people and families in times of a pandemic caused by Covid-19. It is a reflective study, in the form of an experience report, which aims to reflect on the technosocial daily life of health promotion of nurses who work in the FHS team in the face of the pandemic caused by Covid-19.

In this way, it is described how the experience occurred, the articulation of the implemented measures and the impacts on the life of nurses, health professionals and families of a UBS in a municipality in southern Brazil.

**METHOD**

This research consisted of a reflective study, in the form of experience report, carried out during a Master's Course in Nursing, in the elective subject "Technosociality, Health and Families in Post-Modernity: Care in Health Promotion and Knowledge Production", linked to a Graduate Program in Southern Brazil.

The experience report describes aspects experienced by an FHS nurse in a municipality in southern Brazil, between March 2020 and June 2022. In this study, the activities developed by the nurse in facing the Covid-19 Pandemic are described, relating them to the practice of daily care, but mainly, to the innovations that emerged during the pandemic.

As theoretical support, Michel Maffesoli's Comprehensive Sociology and Daily Life framework was used. <sup>(17)</sup>, rescuing the five assumptions of sensitivity <sup>(17)</sup>, which are: the critique of schematic dualism; the shape; relativistic sensibility; stylistic research and libertarian thinking; integrating with other scientific evidence to improve the discussion on the subject.

**RESULTS**

From the account of the daily experience of the ESF nurse during the Covid-19 Pandemic, two topics were elaborated: The experience: the daily life of nursing care in times of the Covid-19 Pandemic and, technosociality as a health promotion strategy.

**The experience: the daily life of nursing care in times of a pandemic caused by COVID-19**

The daily life of the UBS was modified with the arrival of the first cases of Covid-19 in the municipality in March 2020. The fear of contracting the disease and spreading it to other people was present and striking among health professionals, as well as in the population when seeking care at the UBS. It was necessary to adapt and standardize the municipal assistance network to the new one implemented by the Covid-19 disease. First, a Guide was

developed by the Municipal Health Department (SMS) with guidelines on the operation of the units and on how the care and testing of suspected cases of the disease by the FHS teams should occur.

Partially closed units with risk stratification at the door of the UBS, professionals wearing different PPE and examining users from a distance and practically without touching them due to the risk of contamination of an unknown disease and no treatment available, generated fear and insecurity. At this moment, the possibility of teleconsultation by health professionals arises as an aid tool for the protection of workers and the population, as well as, so that the ESF team could continue the care and care for its users, at this critical moment that was being experienced worldwide with the pandemic caused by COVID-19.

With the passing of the pandemic, there was an improvement in the management and knowledge about the disease, the teams continued to carry out the calls by teleconsultations, but also, in person, with the return of the population to the unit. The assistance provided was related to COVID-19, such as assistance to identify suspected and/or confirmed cases, testing and vaccination of the disease. Also, the FHS teams attended to the other daily situations of the UBS, such as: acute health conditions, chronic diseases, women's health, prenatal care, childcare, mental health, tuberculosis and so on.

In this context, the ESF team was left with two service doors: face-to-face and teleservice with the same number of professionals, generating the feeling of emotional exhaustion and physical fatigue with the multiplicity of functions. At the same time, there was also a feeling of privilege to be helping colleagues and the population to face the pandemic, seeking strength to continue to perform their functions in the best possible way.

**Technosociality as a health promotion strategy**

Teleservice emerges as an alternative

tool for the continuity of health care, providing new forms of social interactions. It made possible a broad health education, without users having to leave the comfort of their homes to receive care, avoiding exposure to risk factors for contracting the virus and continuing their self-care.

It was also seen the role of nurses in the ESF, through virtual social networks and in PHC through individual and collective care, such as conducting a group of pregnant women and online physical activity, creating favorable environments for health in the midst of global illness.

## DISCUSSION

In March 2020, shortly after the announcement of the first case of a person infected with the SARs COV-2 virus in a municipality in southern Brazil, the Technical Team of the Health Area of the Municipality, prepared a Guide for Health Professionals of Primary Care with guidelines on the identification, management, treatment, testing and monitoring of people suspected and/or confirmed with Covid-19.<sup>(18)</sup> This guide is based on the same clinical decision support tool in PHC used by doctors and nurses through simple algorithms to assess and treat patients.

Following the guidelines of the guide, the new interactions that are part of daily life at UBS in times of Covid-19, start at the entrance door of the unit. In order to reduce the number of people circulating in the place, it was necessary to carry out a screening, evaluating the symptoms presented by the user who sought care, identifying and directing people with respiratory symptoms to the part of the unit specifically reserved for this type of care. Urgent/emergency cases were prioritized, also performing other care experienced in the daily life of a UBS: dispensing of medication, vaccination, dressings, etc.

Expanding these actions, the teams were assisting almost all users through teleconsultations and video consultations. Some teams were already using the WhatsApp virtual messaging tool for schedu-

ling appointments, clarifying doubts, renewing prescriptions, evaluating exams, but the service was primarily face-to-face and, with the pandemic, the use of this tool was extended to teleservices.

Health professionals needed to adapt to the new reality brought by Covid-19 with meetings to discuss and organize the flow of care at the UBS, as well as studies of protocols and guides for caring for people with suspected or confirmed Covid-19. It was necessary to update the clinical management of the disease, as well as a new modality of care for nurses: the nursing teleconsultation, after the publication of COFEN Resolution No. 634/2020, which authorizes and regulates this practice.<sup>(19)</sup>

The professional daily life has changed at UBS. It was necessary to wear different PPE to avoid contracting the virus and/or spreading it to other people: colleagues or patients in the consultations; it was practically impossible to touch users during consultations due to the risk of contamination, which generates insecurity and fear. At that time, in addition to a queue for face-to-face consultations, there was a queue of people waiting for a call for clarification, referrals and guidance regarding their health conditions related or not to Covid-19. Also, testing for Covid-19 of suspected users and vaccination against Covid-19 is carried out, in a great articulation, mobilization and organization of unprecedented logistics, involving several partners, such as universities and technical and higher education institutes, among others.

In parallel with the situations imposed by Covid-19, care continued to be provided to people in acute conditions, non-communicable and communicable diseases, women's health, family planning, childcare care, tuberculosis monitoring, etc. it was an era of emotional exhaustion and physical exhaustion with the multiplicity of functions. However, there was also the feeling of privilege to be helping colleagues and the population in facing the pandemic, seeking strength to continue.

The pandemic has unleashed nume-

rous challenges and the urgent need for professional readaptation, as well as social and institutional changes, with the aim of reducing the speed of transmission of the virus, protecting life and maintaining the care capacity of health services, restrictive measures are being implemented, such as social distancing and the use of different technological tools for the continuity of existing functions.<sup>(20)</sup>

Technology is embedded in the life of society, and can shape lifestyles and provide new forms of social interactions, which as a consequence, can diversify the arts, ways of acting, professions and the processes of daily living.<sup>(21)</sup> This process is called Technosociality.

Technosociality can be understood as the way in which new technologies promote socialization and interaction between people and how they interfere with work, organizations, social, political and economic life, etc.<sup>(21)</sup>

Understanding this situation and with health professionals unable to attend face-to-face, teleservice emerges as an alternative tool for the continuity of health care, enabling the overcoming of geographical, social and economic barriers, respecting established precautions and social isolation, ensuring participation, continuity and monitoring of health needs related or not to the pandemic.<sup>(22)</sup>

The work of the ESF nurse is essential in actions related to Covid-19. This professional needed to learn and train quickly as to how to service the user, at a distance, through teleconsultations. Health and health education in the midst of the pandemic process had to adapt to technology and techniques that approach and, at the same time, maintain relationships of learning and guidance for the continuity of adherence to already established treatments. In this perspective, virtual resources make health care possible through the creativity of the modes and the effects of the acts of educating for health promotion.<sup>(23)</sup>

Among the activities carried out in the daily life of nurses in times of Pande-



mic, there is the holding of Nursing Consultations with people with respiratory symptoms and other health complaints in person; teleservices to users in the most diverse clinical situations; acting in the prevention and control of the transmission of the virus; guidelines provided to the community; notification, surveillance and monitoring of Covid-19 cases; testing of users suspected of Covid-19, in the vaccination against Covid-19 in the population. There is a relativistic sensitivity in this condition of relationships in pandemic times, in which virtuality in communication brings modes of approach and co-responsibility between users of health services and nurses.

In this context, the role of nurses in the ESF is evident during the Pandemic, as this professional works in UBS, which is the population's first access to the public health system, universal and free Brazilian service - SUS - integrating actions and measures of surveillance and coordination of the care provided. The work of nurses and the ESF team in dealing with the pandemic is essential to cover and treat up to 80% of Covid-19 cases.<sup>(1)</sup>

It is worth considering that the pandemic brought a new look to the health-disease process, incorporating the use of technologies, especially those involving virtual social networks, in PHC. On the one hand, these changes were positive, as the ESF team was able to continue to welcome, assist and guide service users with safety and professional support, without leaving them unattended in a historic and delicate moment. Users did not need to leave the comfort of their homes to receive care, avoiding exposure to risk factors for contracting the virus, continuing their self-care.

By electronic means, in addition to what has already been exposed, it was possible to carry out a group of pregnant women and online physical activity - with the help of the multiprofessional residents existing at the UBS - aiming to continue health promotion actions. Also, priority was given to services that were indispen-

sable in person, with appointment scheduling on a specific day and time, so that the user could remain in the unit for as little time as possible and be attended to with all the necessary security measures.

To Maffesoli <sup>(16)</sup>, technosociality, in times of Covid-19, strengthened family ties, however, it also reflects the reality of the daily life of the nursing professional, as it allowed them to experience health promotion through social networks, especially with the use of WhatsApp®, with which, the nurse managed to maintain contact with their population, developing care actions even at a distance, but strengthening the link between the population and the health service that is the proposal of the FHS and Health Promotion.

In the midst of all this reality of Covid-19, technosociality made it possible to create a favorable environment for health, being a form of connection between professionals and the population to maintain care for one another, and taking care of yourself. To better exemplify, we bring the definition of one of the five strategies for health promotion, brought in the Ottawa Charter of 1986: the strategy of "Creating favorable environments"<sup>(25)</sup>, because in it the relationships between the population and the environment in which they live and interact form the basis for a socio-ecological approach to health by encouraging reciprocal help, in which each one must take care of himself, the other, the community and the natural environment.<sup>(25)</sup>

Covid-19 has made changes in work processes, as well as in people's way of life. What really seemed paradoxical, the confinement helped to consolidate family ties, through online meetings, to drink and chat together, which was strengthening and providing a community idea in gestation.<sup>(16)</sup>

Maffesoli <sup>(16)</sup> also puts, how interesting it is to observe the development of telework that, "[...] it does not rest solely on labor-value - somewhat abstract and purely rationalized -, but where affections play a kind of counterpoint" (2020, p.5).

For the author, some aspects of people's lives that were left aside were rescued while the person works at home, because she can interact with her family, laugh, tell jokes, hear children playing, hear the noise of the pressure cooker and others. Thus, in the midst of all this pandemic situation, underlining post-modernity, there was a rescue of pre-modern values, in which family bonds and friendships are strengthened, allowing people to value what used to be considered simple.

However, the facilitated access through the use of technological tools, which brought potential, also pointed out some weaknesses and limits, by causing an increase in the number of consultations to the FHS teams, since, the user does not need to travel to the UBS to be welcomed, and can request assistance daily, if he so chooses. Thus, there was a significant increase in teleservices, in relation to the population's search for health care.

In addition, face-to-face consultations occur in parallel, which over the course of the pandemic become increasingly greater, causing physical and emotional exhaustion, generating overload to the teams, making it difficult to respond and meet all the demand generated, intensifying the need for human resources, in addition to technological ones. The professionals were left with two doors of entry: face-to-face and teleservice, with the same number of professionals. Added to this, the lack of physical space in the unit, lack of training and continuing education in the network and the lack of strategic equipment are fundamental factors for the care to be guaranteed, without losing the quality of the service provided by the team for the performance of an in-person consultation or an effective and resolute teleconsultation.

Health professionals experience different feelings when performing their duties due to work overload, but also because of the fear of contracting the virus and getting sick or being vectors of the virus for their families and loved ones. In this way, they can be perceived in the imagination

of the population as heroes when fighting the virus, but also as villains when transmitting it to other people. Dealing daily with the unknown and the uncertainty of better days saddened the team, but they sought to have hope, and hope with each appointment. To Freire<sup>(24)</sup>, it is necessary to have hope from the verb to hope. Hope is not giving up, it's reacting to difficult situations, it's running after, uniting, refusing what rots the capacity for integrity and faith.<sup>(24)</sup>

Understanding this present moment of the Covid-19 pandemic, related to technosociality in everyday life that led to significant personal, social and professional changes, Michel Maffesoli's Comprehensive Sociology is used, with his Theoretical Assumptions of Sensitivity, to discuss these aspects.

Considering the first assumption, the "critique of schematic dualism", when talking about Covid-19, it was possible to reflect that the disease ended up removing from health professionals the predominant sense of rationality they have within health spaces. It provided to integrate issues of reason and feeling, so that health professionals can understand and know how to deal with people, because as much as there is a Guide to care for Covid-19 situations in the municipality, it is perceived in the daily professional performance that each person will react in a different way to this situation, because each being is unique and has its subjectivity, in addition to what is rational. Each person has their own imagination that may -or may not- be influenced by the media.

When considering "the form", according to Maffesoli's assumption, it is observed that Covid-19 has been helping to rescue the insignificance of life, bringing to light that, no matter how much people have their lives and their routines programmed, there are situations that cannot be controlled. The pandemic showed this in a harsh way, making everyone realize that simple things that they didn't pay attention to like: the desire for a hug, the desire to meet friends and family are ne-

cessary and important. In other words, the situation imposed by Covid-19 made it possible to look beyond the forms put and also imposed, making it clear that individuals have needs, judged insignificant in most cases.



The Covid-19 pandemic also caused concern for others to emanate from people, awakening acts of generosity, solidarity beyond the mechanical, that is, an organic solidarity, outlined by an ethics of aesthetics, that is, a feeling together, punctuated by acts of approximation (even with social distance) and understanding between people.



The third assumption, "a relativistic sensitivity", shows that there is no single reality when nurses guide actions and care for people in relation to Covid-19, as users are advised, for example, to use a mask, gel alcohol, but it is necessary to take into account the reality of the family, the population, the way of understanding the

disease and the way the population has access to these inputs. The professionals have knowledge about the conduct to be taken, and in many cases they are covered in protocols, however, it is necessary to relativize so that the other can be attended according to their needs.

"A stylistic research", fourth assumption, it is possible to understand the organization that the municipal PHC, as well as the professionals had over time in relation to the daily practice in the care of Covid-19 cases. When analyzing how these professionals started the care in March 2020, without much data about the disease, its management and treatments and how they are attending today in 2022, it is possible to notice how much better prepared they are to assist people who experience this disease. Today, the service guide is in its 11th version, after several feedbacks to improve the service provided.

In the fifth presupposition, "a libertarian thought" it is analyzed that the freedom of the look, allowed intense exchanges between health professionals and users, because by stimulating understanding through the eyes of the other, it is possible to bring our experience and knowledge to share, as well as being available to learn, rediscover and evolve as a person.

The Covid-19 pandemic also caused concern for others to emanate from people, awakening acts of generosity, solidarity beyond the mechanical, that is, an organic solidarity, outlined by an ethics of aesthetics, that is, a feeling together, punctuated by acts of approximation (even with social distance) and understanding between people.

On social media, videos and images of people were seen clapping at the doors and windows of their homes and/or buildings in honor of health professionals. The Christ the Redeemer monument gained colors and clothes alluding to health professionals, as a form of thanks. These situations go far beyond a rational understanding, as it belongs to people's subjectivity and, in this case, the popula-



tion used symbolologies to thank the work of professionals on the front line in facing the pandemic.

### CONCLUSION

The professional nurse experiences, with a pandemic caused by Covid-19, a unique moment in its history for becoming a highlight in the care and service to the population. This moment is also propitious for Nursing to reinvent itself and relearn in the face of a challenging scenario that has

changed its professional daily life.

In this perspective, the FHS nurse began to use technologies - teleconsultations - that he did not have professional support or skills to perform, dealing with the most diverse challenges imposed in the elaboration of their daily functions to promote the health of the population served by them. This professional has been using his powers in nursing care, aiming to recreate favorable environments when performing his actions, developing new care processes and new tools in the face of the impo-

sed reality.

Through technosociality, nurses were able to continue performing care actions for their population in a safe and effective way, which culminated in the strengthening of the profession, exercising their functions, with knowledge, competence, ethical commitment, social responsibility, love, expressing pride in the profession. It also strengthened the FHS team, as well as the APS in facing and overcoming the pandemic caused by Covid-19. 🐦

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