

Working conditions in primary care and social networks in the context of the COVID-19

RESUMO | Objetivo: As redes sociais como potenciais possibilidades de garantir saúde e segurança do trabalho ao Enfermeiro da APS durante a pandemia. Método: Trata-se de uma revisão sistemática de literatura e levantamento de dados a partir da Biblioteca Virtual em Saúde durante os meses de março a julho de 2020. Resultados: Foram selecionados 12 artigos que apontam a necessidade de analisar as redes sociais estabelecidas, objetivando sua saúde e proteção no trabalho, assim como a aquisição do Equipamento de Proteção Individual para garantir a prestação de cuidado seguro e humanizado. Conclusão: concluímos que o grau de comprometimento com o cuidado e adaptação à constante mudança de fluxo de atendimento e protocolos, serão acessados sempre, mas para isso é necessário ter garantia das condições de trabalho com saúde e segurança, questão em foco pela utilização de EPI em condições suficientes e efetivas de acordo com a atividade a ser desenvolvida.

Descritores: Cuidados de Enfermagem; COVID-19 2; Redes Sociais; Atenção Primária à Saúde; Saúde do Trabalhador.

ABSTRACT | Objective: Social networks as potential possibilities to ensure health and safety at work for PHC Nurses during the pandemic. Method: This is a systematic literature review and data collection from the Virtual Health Library during the months of March to July 2020. Results: 12 articles were selected that point to the need to analyze established social networks, aiming to their health and protection at work, as well as the acquisition of Personal Protective Equipment to guarantee the provision of safe and humanized care. Conclusion: we conclude that the degree of commitment to care and adaptation to the constant change in the flow of care and protocols will always be accessed, but for that it is necessary to guarantee working conditions with health and safety, an issue in focus for the use of PPE in sufficient and effective conditions according to the activity to be developed.

Keywords: Nursing Care; COVID-19 2; Social networks; Primary Health Care; Worker's health.

RESUMEN | Objetivo: Las redes sociales como posibilidades potenciales para garantizar la salud y la seguridad en el trabajo de las Enfermeras de la APS durante la pandemia. Método: Se trata de una revisión sistemática de la literatura y recolección de datos de la Biblioteca Virtual en Salud durante los meses de marzo a julio de 2020. Resultados: Se seleccionaron 12 artículos que apuntan a la necesidad de analizar las redes sociales establecidas, visando su salud y protección en el trabajo, así como la adquisición de Equipos de Protección Personal para garantizar la prestación de una atención segura y humanizada. Conclusión: concluímos que siempre se accederá al grado de compromiso en el cuidado y adaptación al constante cambio en el flujo de atención y protocolos, pero para eso es necesario garantizar las condiciones de trabajo con salud y seguridad, tema en foco para el uso de EPI en condiciones suficientes y eficaces según la actividad a desarrollar.

Palabras claves: Atención de Enfermería; COVID-19 2; Redes sociales; Primeros auxilios; Salud del trabajador.

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INTRODUCTION

We woke up in 2020, startled by the emergence of a new disease, caused by a mutation of the coronavirus, leading the World Health Organization (WHO), at the end of January, to declare a public health emergency of international concern. This new disease, Covid-19, caused by the new coronavirus (Sars-CoV-2), had its first cases detected in China, in the city of Wuhan, and due to its high transmissibility it quickly spread to all continents¹.

One of the guidelines for protection recommended by the WHO is social distancing, that is, that people stay at home as a way to significantly reduce community transmission. However, this recom-

mendation does not cover essential activities for society, such as those performed by health professionals. The presence of these workers in their work environments is necessary to guarantee essential care related to the various health problems².

Currently, nursing corresponds to an important category of health work, covering 50% of the 3.5 million workers in the sector. In Brazil, nursing is composed of 80% technicians and assistants and 20% nurses³. To provide comprehensive, humanized care, you need a guarantee of health and safety at work and PPE in sufficient and adequate quantity.

This context has led to reflection on critical issues in the professional practice of health, which is often neglected

by the State and can be recognized as one of the vulnerable populations. From this scenario, questions emerge that may or may not be answered depending on the political forces that act in this environment. Is it if these professionals have guaranteed their minimum working conditions? Could it be that precariousness in labor relations is something of the present? Is worker safety being addressed? Identifying and reflecting on the working conditions of professionals is important to analyze the current situation and their perception in relation to their protection and safety at work.

It is urgent to support the lacking specialized infrastructure of cities and regions in Brazil. Many of the hospitals, emergency rooms, outpatient clinics and specialized services spread across the country, especially in the inner side, accumulate historical deficiencies in buildings, equipment, personnel and supplies⁴.

This worrying factor makes us think about the deficiency that Brazil still has, even with the advances achieved and recognized with the Unified Health System (SUS). The pandemic is changing conceptions and initiatives of world and national leaders every day. The community circulation of the coronavirus and the significant increase in care for severe respiratory problems has shown how much the SUS is responsible for care, assumed on multiple fronts, which go through surveillance and health promotion, but also in the appropriation and use of material technologies and non-material in management and at all levels of attention, recognized internationally and now by the national media, always so critical of problems and distracted from scope⁴.

However, many aspects still need to be evaluated and implemented to increase the coverage and quality of services for professionals and users. And for that, it is suggested to analyze how the social networks that these professionals establish to acquire the necessary inputs to guarantee safe care are outlined in an ar-

ticulated and longitudinal way, aiming at resolving the problem presented, as well as promoting improvement in the provision of care.

Social networks are seen as the relationships that connect and link different people, groups or institutions that have greater or lesser cohesion, interactivity, sustainability, duration, among other attributes. The individuals belonging to this system are recognized, in the social sciences, by subjects or social actors. The Social Network Analysis (SNA) is a methodology with the potential to collaborate in explaining the relationships, exchanges, reciprocities, interests and importance of social actors in the institutional and non-institutional scenarios that make up the field of health care, including the PHC, which is also of interest to the area of nursing due to the important mediating role of nurses in this level of care⁵.

The relationships established in the PHC work processes highlight the nurse's role as a central actor in the organization of health services, in the articulation of the social network and in terms of their influence on decision-making, even though they are not necessarily the institutional leader of the team of health. Furthermore, the pertinence of the nurse's role is observed in two specific moments, namely: management and performance in health teams⁵.

For nurses who perform professional activities of great relevance in the PHC context, this ARS can constitute a study methodology on teamwork processes and care for subjects, from a relational perspective, favoring the expansion of equity and universality.

In social networks, there is an emphasis on informal links and relationships, to the detriment of hierarchical structures. Today, informal networking is a form of human organization present in our daily lives and in the most different levels of structure in modern institutions. Network studies thus highlight a side of contemporary social reality that is still being little

explored, that is, that individuals, endowed with resources and propositional capacities, organize their actions in their own political spaces due to socializations and mobilizations raised through the development of networks⁶.

It confirms that even being born in an informal sphere of social relations, the effects of networks can be perceived outside their space, in interactions with the State, society or other representative institutions. Micro decisions are influenced by the macro, with the network as an intermediary.

It is possible to think that the function of a relationship depends on the structural position of the links, and the same occurs with the status and role of an actor. We must think of people, beyond what they are, in terms of social structures, considering that through the relationships and situations created from these exchanges, they position themselves with more flexibility in social life⁶.

The relevance of this study lies in the field of Nursing and also in other areas of health, which are interested in this theme "knowing the importance of the role of existing formal and informal social networks", to enable the implementation of services and care with an emphasis on promoting of health, in the prevention of diseases and aggravation of the same, but with assistance provided with protection and safety of the worker, guaranteeing the possible resolution of the problems presented.

METHOD

This is a systematic literature review study, carried out in the first half of 2020, based on the discipline Policies, Practices and Management in Clinical Care in Nursing and Health, of the Master's course of the Graduate Program in Clinical Care in Nursing and Health at the State University of Ceará.

As a methodological strategy used for the research, a bibliographical and exploratory survey was carried out based on

the reading, analysis and interpretation of scientific texts, laws and information from official websites of the Brazilian government, in order to have a basis for what is being proposed regarding the theme. Most of the electronic search was performed from the VHL, from the databases Medical Literature Analysis and Retrieval System Online (MEDLINE), Latin American and Caribbean Literature in Health Sciences Health Sciences(LILACS), Database in Nursing(BDEF) using the descriptors (DeCS): Nursing care; COVID-19²; Social media; Primary Health Care; Worker's health. After analyzing the data of the contents, 64 articles were found and 12 were selected to base this work to have a basis of what is being proposed regarding the theme, using the Boolean operator OR and, it was adopted as an inclusion criterion the articles that provided the full text in full, in Portuguese and English, and as an exclusion crite-

tion, those that did not contain full texts and did not address the topic in question.

Having as a temporal cut the articles from 2000 to 2020, Notebooks of Primary Care and Ordinances of the Ministry of Health and Ministry of Labor and Employment. The surveys pointed out gaps on the subject and the need to carry out and disseminate new studies for the formation of knowledge related to the theme in question was observed, favoring knowledge of the social networks activated by Nurses to subsidize the guarantee, safety and health of these professionals, to enable provide humanized and effective care to such a vulnerable and needy population

Faced with the current scenario and thinking about the context of PHC as a care coordinator, the following question arose for reflection: Is it important to have knowledge about the formal and informal social networks used by PHC Nurses to

guarantee and provide health and safety care to service users during the COVID-19 pandemic?

RESULTS

Twelve articles were selected, adopting as an inclusion criterion those that provided the complete text in full, in Portuguese and English, and as exclusion criteria, those that did not contain complete texts in full and did not address the topic in question. In addition to the 12 articles used, selected using the Boolean operator OR and the DeCS: Social media; Primary Health Care Occupational Health, laws and information from official websites of the Brazilian government were used, to have a basis for what is being proposed regarding the theme. Most of the electronic search was performed from the VHL.

The 12 selected journals presented the synthesis of the studies included in

Table 01: Summary of Studies selected from the LILACS, MEDLINE and BDEF databases, from March to July 2020.

References	Title	Purpose of the study	Year
1	Nursing challenges facing the COVID-19 pandemic.	Reflect on the value of health professionals, nurses and Nursing as a team in facing the COVID-19 pandemic.	2020
2	What is urgent and necessary to support policies to face the COVID-19 pandemic in Brazil?	Subsidize decision-making by public agents involved in controlling the epidemic and society in general	2020
3	Unified Health System and democracy: nursing in the context of crisis.	To discuss, taking the crisis in Brazil and its repercussions on current public health policies as a reference, the insertion of Brazilian nursing in this context and its ways of acting to provide care.	2020
4	Knockout of neoliberalism? Will it be possible to strengthen the historical principles of SUS and PHC during the pandemic?	Analyze the success of the SUS as a model for coping with the pandemic not only in Brazil, but also in the world, considering the demographic, economic and social relevance of the country.	2020
5	Analysis of social networks in primary health care: an integrative review	Know how the social network analysis methodology has been applied in studies that have Primary Health Care as a scenario.	2018
6	Social network analysis - application in information transfer studies	Discuss the application of the social network analysis methodology in studies of information flow and transfer.	2001
7	Prevention related to occupational exposure of health professionals in the scenario of COVID-19.	Describe the main recommendations on contagion prevention actions related to occupational exposure of health professionals working against COVID-19, available until March 2020	2020
8	The struggle of health professionals in the face of COVID-19	To analyze the performance of health professionals during the COVID-19 pandemic scenario.	2020
9	Bases for the reform of Primary Health Care in Brazil in 2019: structural changes after 25 years of the Family Health Program.	To analyze the bases for the reform of Primary Health Care in Brazil in 2019 with the structural changes after 25 years of the Family Health Program.	2019

10	Management of the coronavirus pandemic in a hospital: a professional experience report.	To describe the management experience for the care of a patient confirmed or suspected of having coronavirus in a hospital in the metropolitan region of Porto Alegre.	2020
11	Perception of nursing team professionals about caring for patients in palliative care	Understanding the perception of nursing professionals in relation to caring for patients in palliative care.	2018
12	Networks and social capital: the focus on information for local development.	Analyze the transformations of existing networks between individuals in the group and actors located in other social spaces, that is, the social capital of the community	2004

Source: Created by the author, 2020.

the article from the LILACS, MEDLINE and BDNF databases, selected during the period March to July 2020, distributed with the titles and their respective objectives.

Based on these studies, an analysis and reflection was carried out on the importance of social networks in the situation of health professionals working during the period of the COVID-19 pandemic.

DISCUSSION

PHC social networks in the context of the pandemic: contributions to the health and safety of workers

On March 11, 2020, the World Health Organization (WHO) characterizes the worldwide outbreak of the disease caused by the new coronavirus SARS-CoV-2, known as COVID-19, as a pandemic state, which has led health services to a new scenario. actions in health and safety aimed at the various professionals involved in caring for the population⁷.

As the pandemic accelerates in Brazil, access to PPE for healthcare workers is an ongoing concern. The shortage of PPE is being observed in several Brazilian institutions as well as in many countries. The maintenance of PPE in health institutions must be a State policy, governments must mobilize so that the national industry responds to this challenge⁸.

Insufficient scientific knowledge about the new coronavirus, its high speed of dissemination and capacity to cause deaths in vulnerable populations generate uncertainties regarding the choice

of the best strategies to be used to face the pandemic in different parts of the world. In Brazil, the challenges are even greater, as little is known about the transmission characteristics of COVID-19 in a context of great social and demographic inequalities, with populations living in precarious housing and sanitation conditions, without constant access to water, in crowded conditions and with a high prevalence of chronic diseases².

The popular classes, formal and informal workers, the unemployed, discouraged and miserable will have great difficulty, or impossibility, in complying with the recommendations and impositions. In slums and poor communities, dispersed in small, medium and large municipalities throughout Brazil, there is a lack of more than products and personal hygiene rules, water, housing, work and money to face each day. As a result, the effects of the epidemic will be much more serious for these Brazilians, compared to their countrymen from more affluent classes. In the public sphere, we know very well that our strength is the construction of the SUS, a universal, free, comprehensive and quality health system, based on PHC⁴.

This pandemic is a historic opportunity to rescue the importance of the SUS in various public spheres, but it needs the support of the State and society to restructure it and enable a considerable advance in the scope of its principles.

The achievements of the SUS are countless. In 30 years, a great tangle of health services has been created, from PHC to the so-called 4th generation hospitals,

including specialized outpatient services, oncology centers, transplants, intersectoral actions to promote health and to face the most distal determinants of illness and promotion of determinants of better quality of life. However, in relation to the failures of the SUS, we have two main groups, the first is access, however much the network of services has expanded - 43,275 Family Health teams, 6,000 general and specialized hospitals and about 300,000 beds hospitals in December/2019, one of the biggest characteristics of the SUS is the restriction on access. The second group of failures is the insufficient quality in the management of risk factors and chronic conditions, including mental health conditions⁹.

The adaptation of healthcare professionals to the drastic changes in their work environment can be seen as one of the main challenges faced by this pandemic. Actions such as care for suspected or confirmed patients, workload, clothing, correct use of PPE and increased care complexity, have been shown to be major concerns. Fear and apprehension among Nurses are constant and refer mainly to the risk of exposure to the virus and the concern of contagion of their families. Linked to this, we have the insecurity experienced by the constant changes in service flows and institutional protocols, which makes the work routine difficult. We fight a battle against an invisible agent that threatens us and holds us hostage¹⁰.

Humanized care is understood as an opportunity to bring back human qualities such as empathy, which means ha-



ving a look at the other's world, such as feelings and opinions. The commitment of the team and the family to the patient is one of the necessary conditions for humanization, as well as the balanced relationship between the team and the family, which contributes to the involvement in the therapy. Humanizing concerns the search for respect, acceptance of the individual in his multiplicity, by involving his feelings, his pains, difficulties, all the baggage of knowledge and his own values. It confirms that professionals who are satisfied with caring for others seek learning and knowledge, to equip themselves for care, with a view to quality¹¹.

Knowledge about the peculiarities is considered of great importance to guarantee a targeted and effective service, with emphasis on resolving the needs presented, and to speed up this process, it is necessary to know and activate the formal and informal social networks.

The PHC is constituted in the context of the SUS as the main gateway and organizer of care, maintaining the longitudinally and comprehensiveness of care with the health of the population through the Health Care Networks, referring to other levels of care, according to their singularities. The production of health care occurs not only from institutionalized networks, but also from informal networks, woven by users in their daily lives through the contacts that are established between the actors, who tread their paths in search of problem solving.

Informal networks can be analyzed and calculated according to the degree of centrality of an actor, this means identifying the position in which he finds himself in relation to exchanges and communication in the network. Although it is not a fixed, hierarchically determined position, centrality in a network brings with it the idea of power. The more central an individual is, the better positioned he is in relation to exchanges and communication, which increases his power in the network⁶.

Centrality can be divided into: Infor-

mation, when an individual, due to his position, receives information coming from most of the network environment, which makes him, among other things, a strategic source and this high centrality index makes these actors become references within the movement popular, each performing their role; Proximity, an actor is the more central the shorter the path he needs to take to reach the other links in the network; and Intermediation, considering the potential of those who serve as intermediaries. Calculates how much an actor acts as a "bridge", facilitating the flow of information in a given network A subject may not have many contacts, establish weak links, but have a fundamental importance in mediating exchanges, with the power to control the information that circulates in the network and the path they can follow⁶.

In the social sciences, networks normally designate weakly institutionalized movements, and their dynamics are aimed at perpetuating, consolidating and developing the activities of individuals. Most networks start from awareness of a problem experienced by the community, or from situations of mass mobilization¹².

It is noticed that these networks exist, despite not being institutionalized, they appear invisibly to the eyes of many, however they have great potential power in agility and problem solving.

Worker's health (ST) in PHC

In 2011, the guidelines of the National Policy for the Promotion of Health for Workers of the SUS were instituted, which propose the improvement of health conditions through the rational confrontation of risk factors and through facilitating access, actions and to comprehensive health care services. Among the principles defined for this Policy, emphasis should be placed on valuing SUS workers, through recognition of their role in comprehensive health care for the population and the guarantee of policies and actions that allow their personal and professional growth and encourage relationships and

suitable working conditions¹³.

TS is the field of Public Health whose object of study and intervention is production-consumption relations and the health-disease process of people and, in particular, of workers. In this field, work can be considered as an organizing axis of social life, a space for workers' domination and resistance and a determinant of people's living conditions and health. Based on this premise, interventions must seek to transform productive processes, in the sense of making them promote health, and not illness and death, in addition to guaranteeing the health of workers, taking into account their insertion in the productive processes¹⁴.

The ST movement was organized in Brazil, throughout the 1980s, during the country's democratization process and the struggle for Sanitary Reform, which culminated in the institution of the SUS by the Federal Constitution (FC) of 1988. By establishing health as a citizenship right and a duty of the state, the FC guaranteed comprehensive health care for all workers, regardless of the type of bond they have in the labor market¹⁴.

It confirms that the development of ST actions must consider the organization of care and surveillance networks in the territories, the processes of regionalization and agreement between managers, in the regions and in the state. Another important aspect of TS care refers to their participation in all stages, contributing with technical knowledge and knowledge, experiences and subjectivity with institutional practices, especially in the identification of health risks and vulnerabilities present at work and the repercussions of this exposure on the illness/worsening of the disease, as well as identifying the necessary changes in work processes to make them safer and healthier.

There are more frequent risks in work environments and their effects on health, workers are exposed to several categories of risks, such as: physical, chemical, mechanical, biological, psychosocial. Based on this approach, it is possible to see that

one of the effective measures to prevent coronavirus infection is the proper use of PPE¹⁴. Regulatory Norm (NR) 32, which aims to establish basic guidelines for the implementation of measures to protect the safety and health of health service workers, as well as those who carry out health promotion and assistance activities in general, describes the risks of exposure and measures adopted to prevent¹⁵.

Recognizing the working conditions and the health situation of PHC workers, it states that a fundamental aspect when it comes to the development of ST actions by the PHC refers to the need to value work and ensure better health ST conditions. This has been a growing concern, since they directly influence the health care provided to the population. Concern for the health of SUS workers has grown in recent years, as a result, among other issues, of the significant increase in the

workforce of this category in the country and its social importance.

Presentation of the MC representing PHC social networks in the context of the pandemic: contributions to workers' health and safety

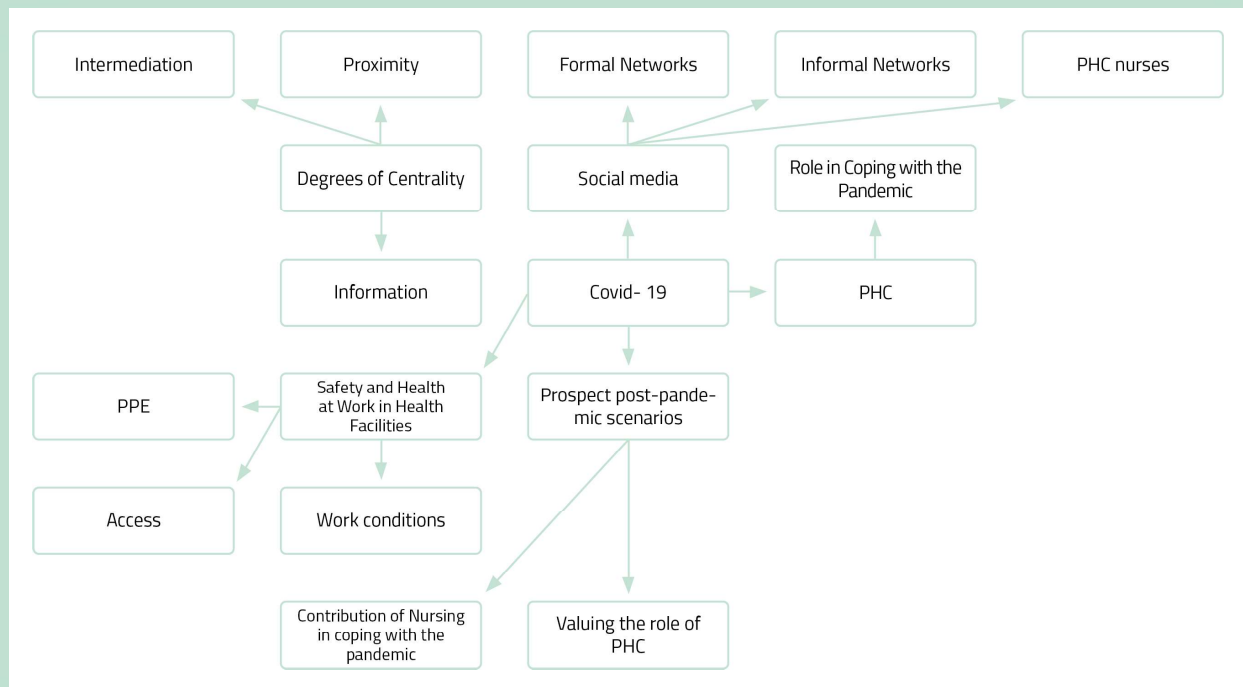
It is observed that we are inserted in a comprehensive context of social networks, we need to identify them to direct our needs and be attended to in a timely manner, facilitating the access process and agility for problem solving. This identification becomes important for both service users and professionals, as everyone has particular needs that need to be met, related to the treatment/prevention of diseases and the protection of the worker's health.

CONCLUSION

Nursing must provide humanized care to patients, motivating them towards autonomy and self-care, contributing to improving the quality of life, minimizing/avoiding infection by the coronavirus. However, to provide this care effectively, conditions that favor health and safety at work are needed.

It is recommended, for the safety of the development of their activities, the training of health workers for the proper use of exposure barriers, adjustments in the structure of the operational flows of the services, access to PPE in sufficient and adequate quantities, as well as health alert mental, to avoid compromising her, due to fear, insecurity and apprehension with the advancement of the disease.

Picture 01- Working conditions in PHC and social networks in the context of the pandemic, COVID-19, 2020.



Source: Created by the author, 2020.



These findings point to the need to think from the perspective of formulating/structuring existing social networks, even considered informal and invisible to society. Local networks are constituted independently of the State, and this understanding of the process of information flows and the role of the various actors involved can favor the elaboration of public policies for inclusion and well-being, providing the improvement and guarantee of health and worker safety, consequently generating humane and more effective

care.

It can be seen that social networks are of great relevance to speed up the process of resolving needs, both for professionals and for service users. Studies on social networks present the perspective of understanding political dimensions and reorganizing the modes of care production in social spaces.

It is noticed that in order to control and avoid the undesired consequences of the current scenario, the PHC as a gateway and organizer of care can act

vehemently with the important participation of the Nurse at this level of care, identifying and organizing the formal and informal networks to ensure your health and safety at work, through the peculiarities of each service. It is necessary to reflect on the contribution of PHC and the professional nurse in coping with COVID-19 and prospect post-pandemic scenarios.

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