



## POWERS AND LIMITS OF THE USE OF VIRTUAL SOCIAL NETWORKS IN EVERYDAY LIFE: TECHNOSOCIALITY IN FOCUS

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### ABSTRACT

**Objective:** understand the potentialities and limits of techno-sociality for health promotion in the daily lives of individuals and families. **Method:** a holistic-qualitative multiple case study, based on the Comprehensive Sociology of Everyday Life with 61 participants. Data collection took place between April and October 2021. **Results:** the powers of the use of social networks are shown in the access to health information and self-care, interpersonal communication, and entertainment, emphasizes the need for self-control and education for proper use. The limits are to stop living reality to live the virtual; excessive use favoring illness, self-medication, self-diagnosis, and sedentary lifestyle; impairments in family life; the impact of virtual social networks on the mental health of users in the COVID-19 pandemic; restricted use of virtual social networks by professionals for health care and promotion. **Final thoughts:** it becomes imperative to formulate strategies to mitigate the limits of the use of virtual social networks in the daily lives of people and families, and actions to enhance the benefits, including the use in health services.

**Keywords:** Family health strategy. Internet. Health promotion. Social networking. Technology.

### INTRODUCTION

Technologies have brought transformations in society and in political, economic, and social contexts. The Internet has become one of the leading technologies in transforming the daily lives of individuals and families. It is characterized by being a network with great capacity for dissemination, which enables the dissemination of information and interaction between people, without the obligation to be in the same physical space<sup>(1)</sup>.

The internet can be compared, according to Maffesoli, "to Greek cities or to a public square"<sup>(2:27)</sup>. In this metaphor, one finds the postmodern society, the empty place where being-together occurs. With the establishment of technological development, the world that was distant becomes close, becoming a dynamic network of relationships, techno-sociality<sup>(2)</sup>.

Social media has become increasingly used, with its limits and powers, enabling a digital location readily accessible to asynchronous and synchronous communication. "It facilitates greater sharing of information and opportunities for community building through an internet-mediated dialogue that allows users to create their own content"<sup>(3:3)</sup>.

Being a reference in the area, Maffesoli<sup>(4)</sup> brings the discussion about the re-enchantment of the world in the face of technological development. He says that we are facing clues that point to an overcoming of this mechanistic and instrumentality, pointing to techno-sociality, which can be defined as the way to interact socially arising from technology, especially those that are installed in the scope of communication in contemporary times<sup>(4,5)</sup>.

The use of the internet has become extremely necessary in the contemporary world. The easy

<sup>1</sup>Extracted from the dissertation Technosociality and health promotion in the everyday life of primary care users in the Covid-19 pandemic, presented to the Postgraduate Nursing Program at the Federal University of São João del-Rei, in 2022.

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access to the large amount of information and instant communication and the use for entertainment are facts that have led to an exponential increase in users, especially among young adults and adolescents. Simultaneously, potentialities and limits arise in the daily lives of individuals and families, arising from the compulsive use, being judged as a global problem of mental health, an epidemic of the XXI century<sup>(6)</sup>.

Advances in technologies have also impacted the evolution of socio-cultural and behavioral factors regarding health outcomes. Thus, social media is often accessed to promote health, as well as make health decisions. This is due, in part, to the possibility of removing physical barriers that hinder access to health resources. Since virtual social networks are accessed by a considerable part of the population, as a usable and acceptable resource, it is necessary to know the powers and limits of the use of virtual social networks in health promotion. However, there is a concern about the large-scale sharing of disinformation and its impacts on health<sup>(3,7)</sup>. These findings are corroborated by a scoping review that mapped the available evidence on the use of health technologies and virtual social networks for health care and promotion<sup>(8)</sup>.

Considering the intense use of social networks, which was enhanced by the social distancing measures adopted in times of COVID-19, it becomes unquestionable the influence of social media on the behavior of individuals, health professionals for health promotion<sup>(9)</sup>. In this context, it is asked: what are the powers and limits of techno-sociality for health promotion in the daily lives of people and families accompanied by the teams of the Family Health Strategy (FHS)?

This study aimed to understand the potentialities and limits of technology for health promotion in the daily lives of individuals and families.

## METHOD

It was designed by the holistic-qualitative multiple case study<sup>(10)</sup>, which enables the social investigation of empirical reality, preserving the totality and character of the phenomenon studied<sup>(10)</sup>. To base the study on the

Comprehensive Sociology of Everyday Life of Michel Maffesoli<sup>(11)</sup> opportune the interpretation and understanding of contemporary phenomena in everyday life, before the singular experiences, practices exercised in the context of the FHS for health care of users, related to the use of health technologies and virtual social networks, the influences of this use for the promotion of health and illness of users.

The universe of this study consists of three cases, composed of a municipality of the Health Region of the Middle Itajaí Valley of the state of Santa Catarina (SC), Brazil, and two resident headquarters of two health micro-regions of the Expanded Region of Health West of Minas Gerais (MG), Brazil, corresponding respectively to cases I, II and III.

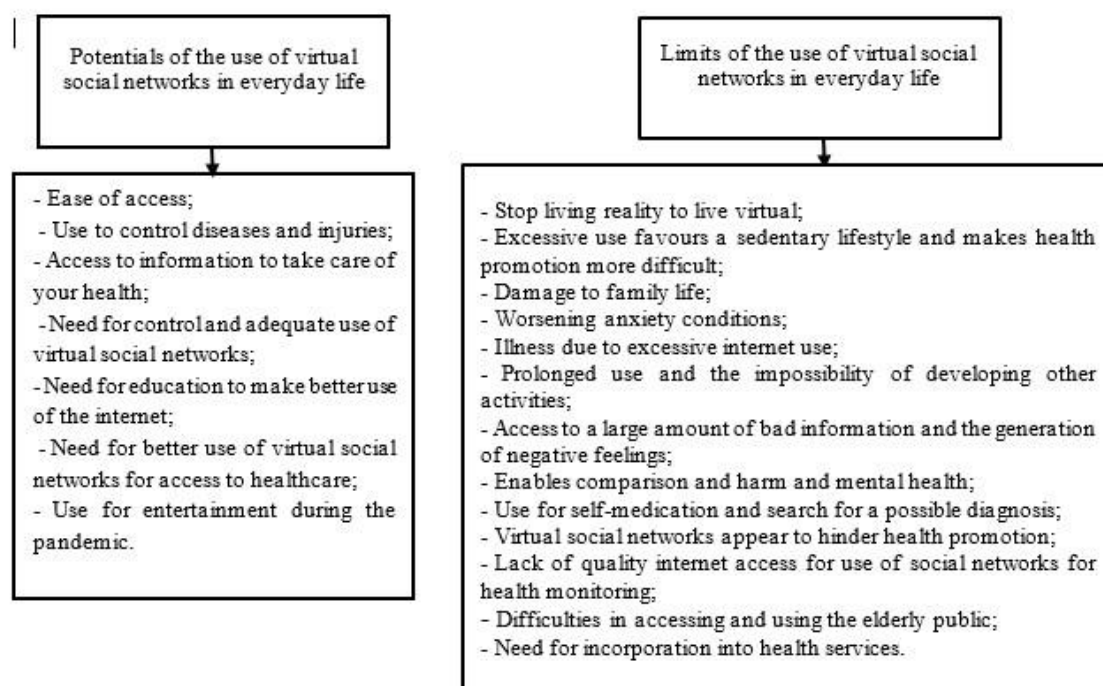
The participants of this research were users of the FHS aged 18 years or older, able to answer for themselves. The exclusion criterion was to have some condition that prevented verbalization.

Figure 1 illustrates the procedures and selection of FHS units, the approach of research participants and data collection in cases I, II and III.

The Snowball methodological technique, used in cases I and II, recommends that the initial participants of a research indicate new participants and successively, until the saturation of the data is reached.<sup>12</sup> The first indications were made by the professionals of the FHS teams; later, some participants indicated others. The virtual interview was chosen in cases I and II, due to the security measures adopted in the face of the COVID-19 pandemic. In case III, with the easing of security measures, users who were present in the PHC/FHS units on the days of data collection, from spontaneous or programmatic demand were invited.

The sources of evidence were open individual interviews, with semi-structured script and field notes (FN). The semi-structured script composes the characterization of the participants and open questions, which contextualize the object under study, that is, address the implications of technosocial as a source of health promotion for users and their families. The interview was recorded in audio, after authorization of the research participant, occurred in a room reserved in the PHC/FHS unit, thus ensuring the

confidentiality of information and anonymity of the participants.



**Figure 1.** Selection of FHS units and data collection procedures, two municipalities of MG and one municipality of SC, Brazil, 2021.

Data collection took place between April and October 2021, and ended when data saturation was found by literal replication.<sup>10</sup> The interviews were validated, after their completion, by listening to the audio with the participant, or, in cases where the user verbalized difficulty in remaining longer in the place and in the situations of interviews conducted remotely, validation was done by reading the transcript sent by email. It is emphasized that, for the identification of the interviews, the letter "I" (interview) was used, plus the sequential number of the interview, to safeguard the anonymity of the participants.

For data analysis, thematic content analysis was adopted,<sup>13</sup> obeying the analytical technique of cross-synthesis of multiple cases.<sup>10</sup> Data analysis originated three thematic categories, and this article presents the category *Powers and limits of the use of virtual social networks in everyday life*.

This research was developed according to the guidelines of Resolution N510, of April 7, 2016. The research was approved by the Ethics Committee in Research Involving Human

Beings on February 12, 2021, Opinion N 4,538,343. The guidelines of the Consolidated Criteria for Reporting Qualitative Research (COREQ) were observed.

## RESULTS

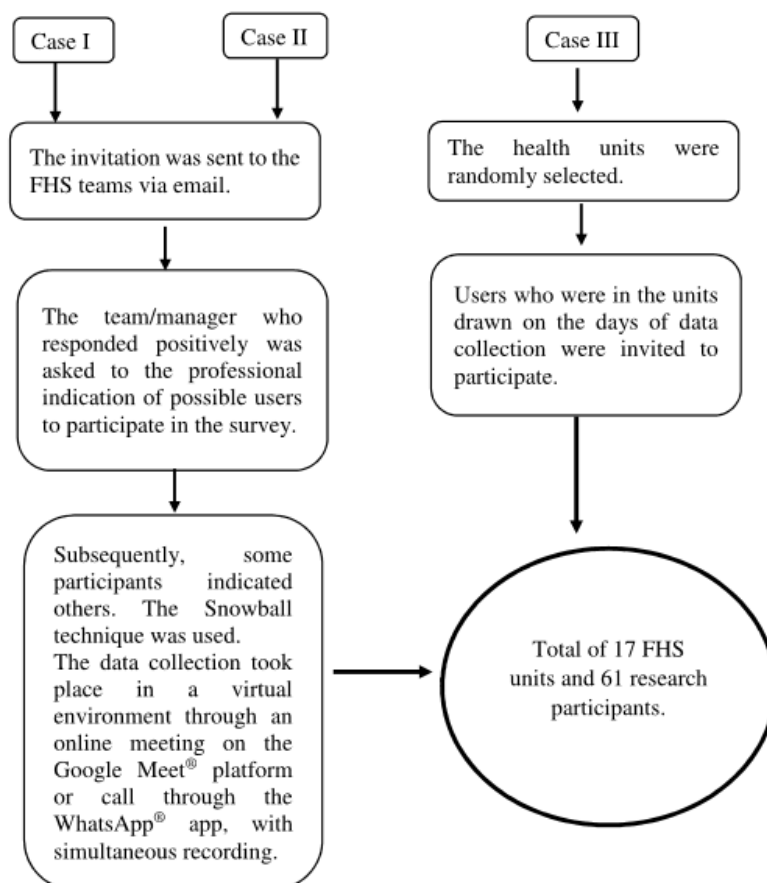
The results present the thematic category *Powers and limits of the use of virtual social networks in everyday life*, composed of the subcategories *Powers of the use of virtual social networks in everyday life* and *Limits of the use of virtual social networks in everyday life*. Figure 2 summarizes the results of the powers and limits of the use of virtual social networks in everyday life.

In case I, 30 people were invited, but 13 users participated voluntarily with an average age of 59 (26-76). The average daily time of use of social networks and internet technologies was approximately 3.61 hours. The majority (53%) reported married marital status; their own housing was predominant (76.92%); the predominant schooling was incomplete higher education (30.76%); considering the fixed

income, 84.61% of the participants reported average income of R\$1,585.71. The average interview time was approximately 25 minutes.

In case II, 41 people were invited, however 15 users participated voluntarily with an average age of 41 (21-73) and their own housing (73.33%). The average daily time of use of social networks and internet technologies was

approximately 6.4 hours. The predominant marital status was single (46%), and the dominant schooling was complete high school (46.66%). Of the participants, 66.66% reported having a fixed monthly income, with an average of R\$1,470.28. The average time of the interviews was approximately 23 minutes.



**Figure 2.** Summary of the results of the powers and limits of the use of virtual social networks in everyday life, two municipalities of MG and one municipality of SC, Brazil, 2021

In case III, 45 people were invited, but 33 users participated voluntarily, 26 women and seven men with an average age of 44 (23-59). The average daily time of use of social networks and internet technologies was approximately 4.8 hours. Own housing was predominant (73%); married couples totaled 43%; the predominant schooling was complete high school (28%); 52% of the participants reported having a fixed monthly income, with an average of R\$1,456.47. The average time of the interviews was approximately 14 minutes.

### Potentials of the use of virtual social networks in everyday life

They contextualize as benefits of the use of the internet and social networks in the daily lives of users the most diverse conditions:

We have at hand the time we need, right? That would be an advantage that sometimes we have a curiosity to know something about health, so you have there at that time without having to ask someone. (I9)

If you know how to use, there are several ways that bring benefit, for example, if you have a high

blood pressure, you can do the control there in the application, there are several things that contribute, is not it? (I31)

They have benefits, yes. I have been researching and found some helpful tips of the problem of diabetes, prostate, depression. There's always something useful! (I45)

However, the need for the appropriate use of virtual social networks is explained:

We must learn to use the internet better, if I learn to use the internet better, I will have many benefits. (I10)

It has the good side and has the bad side, everything must be moderate, and we must know to have a control, because it harms and has its benefits. We must learn the good side and exclude what is bad. Not to mention that, there, you must make a filter, because it is not everything that suits you to see, access. [...] especially in the lives of adolescents is an excessively significant impact [...] And there are also children that we have who are always controlling, always watching, caring. Because children have a habit of replacing their activities by the internet. You must know what you will see and what you can see, because it also hinders the emotional. (I31)

Prospects for better use of technologies for access to health are presented:

There are many people who sometimes stop doing a treatment for lack of information. He stops having a diagnosis for lack of opportunity, to go to a consultation, a contact, if the health unit had a group remembering [...] then, if he had a group with all the neighborhood staff who have assistance in that health unit, would be a good health promotion for us. (I19)

Look, I want these health technologies and social networks to incorporate more into our daily lives, but in a secure way, that more people have access to information. As for the health service, I think it could be better used, better used these technologies and social networks to promote even health promotion actions with awareness of the general population. I would also like there to be an electronic medical record, an application that I could access my information, that I could schedule appointments in my home, that I could view my vaccine card, the prescription, without having to go to the post for this. (I17)

Respondents have access to and use virtual social networks daily, especially for

entertainment and to stay connected with certain interest groups, except for some who reported not being fans, content related to health. Users attribute its use to numerous benefits expressed in the interviews, highlighting the ease of communication (FN).

### **Limits of the use of virtual social networks in everyday life**

The limits of the use of virtual social networks, media and technologies arise in the daily lives of individuals and families:

There are many people who are very fascinated. They stop living, sometimes, the world out there and get too attached to a computer, cell phone, television, anyway... (I1)

When you stop feeding to stay in front of the internet, you stop doing a walk, an exercise, to stay on the internet, have people who are playing day and night on the internet, then it harms the health of the person, you know!? This harms the person, because he is not eating, not having a healthy life, his mental is also very influenced and this brings diseases, brings sad things to the person. [...] will end up getting sick! (I2)

The social networks disrupted the family, understand? The family conversation, nowadays, each one is more in his own and has no conversation and has no subject, sometimes there is much time for internet and little time for people, family, and friends. People nowadays do not know how to divide time, which is all wrong. (I21)

The prolonged use of social networks in everyday life is detrimental:

As I was spending a lot of time trying to entertain myself on the internet, especially at the beginning of the pandemic, ended up aggravating my anxiety, because I was not doing physical exercise, I was only indoors, because I also could not be leaving, so my anxiety she went from level 2 to 10. So, about two months, because I stayed all the time only on social networks and saw people leaving, saw healthy people there, was "Wow why am I not like this? Why am I feeling so bad?". And the more I saw, the more I wanted to see, because I wanted to go after a person who maybe was not as well as I was, and the longer I was on social networks, the more I was feeling agonized, the more I felt stuck to that and the more my anxiety was attacking. So, it hurt me a

lot, that is why, nowadays, I police myself so much to avoid spending too much time on social networks, try to exercise, take care of my food and everything. (I24)

My son started to get sick due to technology, he involved in a game that he did not bathe, he did not eat, it was day and night in this game, so it influences a lot. (I33)

It occupies me a lot of time this addiction, because I could be doing something else [...] taking care of the house, taking care of me, but then I am sitting there playing with my phone. (I41)

It is pointed out the need to have control over the use of virtual social networks and technologies, to have time to implement health promotion daily:

You must use technology, computer, cell phone, everything with caution, you must use a certain time, in others, you must do the exercises, you must eat a good diet, so you can have a healthy life. (I2)

I think it does not help much, no, it makes us more sedentary (laughs). We get very lazy, in my case, at least. I do not, I do not like it very much, no [...] because they get more accommodated, they get lazier to do something. He was very hostage of everything. (I35)

The boys are getting too attached to the social network and leaving much to be desired of physical exercise, play. They are getting very hurt with this social network. (E32)

The impact of the use of virtual social networks on mental health in times of the COVID-19 pandemic is reported by users:

The internet comes to help, but it comes to hinder a lot too, people who already have the psychological kind of shaken depending on the things we see, it gets much worse [...] ah, I felt practically trapped and then the internet was the refuge we had, is where you get your head pretty stunned, because you see from good things to bad things at the same time. (I35)

The question of comparison harms mental health if the person does not have self-control, because we end up comparing ourselves a lot. Nowadays the era of influencers, for example, only show there 100% beauty, do not show the defects. So, it turns out that there is a lot of comparison, if the person has a low self-esteem, it will be very harmful and can negatively affect. (I24)

Physically, I am fine, I am normal. Now, psychologically, I am not very cool, no. Not only for having to stay indoors, having to take all these cares, but we feel trapped, then ends up staying a long time in social network, then ends up hurting our head, getting sadder, ends up following a lot of sad news, then it ends up affecting emotions a lot. (I56)

The image of perfection in social networks differs from the reality experienced, because what is presented may be in the imaginary of people, but distances itself from the lived:

Facebook, often, by people posting smiling, only the cool side, passes an image of perfection, is not it? That everything is perfect and wonderful, and when comparing my life with what I am seeing. I end up mentally ill, because the reality is quite different from what happens in social networks. (I17)

Social networks are used for self-medication and the search for a diagnosis before seeking professional help:

It helps to get sick. [...] because there was a time when I was feeling a lot of chest pain, then I went to research, then said that I was giving a heart attack, then I went to the UPA, was extraordinarily strong, getting there, was nothing. (I29)

Now everything is easier, isn't it? In the past, it was more complicated, now you have free access, it is much easier for you to not self-medicate, but you can already produce an easier look for the doctor. (I38)

To take care of me? The doctor asked for a lot of tests, so I did. Then my curiosity before I go back there and take the exams was to get and go there on the internet, to see the conclusions of the tests and if I decreased that anxiety and could know something. Sometimes, because of medicines too, because we cannot take every medicine, because I already take anticoagulant. (I12)

When I am feeling something and there is no way I came to the doctor at the time, then I always research what can be, then, later, I end up coming to see if it hits something, if it is correct, because you cannot trust it too much. (I56)

Research if what the doctor says is what you feel [...] nowadays, there is also a lot that helps, because there is a lot of trained doctors who sometimes do not match what they say no. (I58)

Health promotion? This was the question

returned by many participants in the study, and some even said they did not know about (FN). But the notion of health promotion appears in the reports and the virtual social networks appear as a difficult factor to promote health, by the time of use of these networks:

Health promotion is me having time and quality of life, what social networks do not give, you do not have fun, you think you are having fun, you think you are socializing, but this is not real, I am fully aware of it. I use it because it is the reality, when in 'Rome it speaks the language of the Romans' and when in times of social networking, use them or I am out of the market (laughs). (I51)

The need for education for the use of technologies and social networks is present:

There should be a school where everyone could learn the use of the internet and, with that use, learn things that each person would be interested in learning. It would help a lot the human being who is in the situation that I am, at the age I am, if I were classes on the internet itself, where we could develop even more, our inherent skills. (I10)

They have no losses, but the information must be well passed and safely, so that people do not think that, because of that information, they have become doctors. (I51)

The benefits would be guidance and care. We need guidance, don't we? Because it is a lot of misinformation and we are not being properly oriented, and no one is knowing how to deal with this situation (social isolation). So, we need guidance, care and follow-up. (I16)

The lack of quality internet access and effective communication for the use of social networks, as a means of care and monitoring of health, are pointed out:

Look, I do not see much availability... because, like, when I need a consultation or when I need to go to my health unit, I must be there... actually, I do not benefit a bit from social media for health care. (I3)

I have a bit of difficulty accessing the internet to solve things, my generation has difficulty (I59)

I understand that health technologies and social networks on the internet have immense potential to promote health actions. But they still need to be better incorporated into health services. (I17)

Users attribute the limits and some attribute

damages to the use of social networks, when compulsive and inadequate, causing family and health problems. Some believe that it is necessary to control the time of use of such tools to better take advantage of the benefits and mitigate the losses. The reports of few users (six) emphasize research on the internet, aiming to find a previous diagnosis for some symptom that were experienced before consulting the doctor (FN).

## DISCUSSION

The daily experiences of users in relation to powers and the limits of the use of virtual social networks are contextualized through the ease of access to information for monitoring of diseases and the entertainment, the need for education for better use of the internet and its tools to have more benefits, including access to health services.

With the Web. 2.0, there was an increase in health information technologies, with growth also of interventions that use applications that encourage the management of chronic health conditions and a healthy life. The combination of health care with information and communication technologies (ICT), inserted in everyday life new concepts such as eHealth, mHealth, telemedicine and telehealth. This context shows a change in thinking, with transformation of practices involved in the health-disease process and in care<sup>(14)</sup>. Evidence shows that the use of mobile health (mHealth), interventions supported by social media and the internet can favor the management of diseases and chronic health conditions, in addition to their prevention<sup>(15)</sup>. It can contribute to complete some gaps in the resolution of PHC in daily life, especially in developing countries such as Brazil<sup>(16)</sup>.

The results of this study, regarding the use of the internet and virtual social networks for the search for information and health care, are corroborated by a study conducted in Canada with 706 immigrants from South Asia. It was retracted that 74.6% of respondents are internet users. Of these, 63.4% used it to acquire health information, such as healthy lifestyle habits (67.6%), about a specific disease or condition (53.9%) and some symptom they were

experiencing (42.4%); 45.9% had already watched a video on health issues; 42.4% read another individual's experience of health; and 29.5% have searched the internet for other people who were experiencing similar health problems. It is important to note that the available information on health, on the internet, can affect treatment decisions, observed in 27.4% of respondents. The use of the Internet has contributed to seeking medical consultation, going to the service with new questions to the health professional or changing the way the participant deals with health<sup>(15)</sup>.

Another example of the applicability of the use of technologies for health monitoring was conducted in a cross-sectional study, which evaluated the participants' perception of the short message service in adherence to antimalarial treatment. Users evaluated as positive the intervention of SMS messages as an aid tool in adherence to the prescribed treatment<sup>(17)</sup>.

The power of communication by social networks was paramount in times of social isolation, with applicability observed in different contexts, such as the possibility of remote contact with the family, with health professionals during the treatment of patients. It was evidenced that contact with the family is essential for the patient to obtain better results, reduction of anxiety and a better recovery<sup>(18)</sup>.

This communication allowed and enhanced social interactions bringing families, friends, health professionals and users of the FHS, as well as access to information and actions and practices based on health promotion. Thus, it is interesting to see how online meetings provide a community ideal, sharing a taste, wanting to be together<sup>(19)</sup>.

Living in postmodern culture rescues everyday things, the constructive interaction between the archaic and technological development. Without being able to stop the expression of a symbolic order, the media institute forms of community and tribalization<sup>(20)</sup>.

However, despite the fascination with modern technologies and the incorporation of telemedicine in daily life, changes should be planned with caution, considering the different variables, and adjusting them to different realities<sup>(21)</sup>.

The concern and the limits/losses caused by the internet in the lives of adolescents are findings of this study. A qualitative study conducted in Norway with 27 adolescents, on individual experiences with the use of social media, showed that such tools had positive and negative aspects, with an impact especially on mental health and well-being. Among the powers reported, social media provide an improvement in social life, by ease of communication, including with people geographically distant. It also facilitated the cohesion of the group in which they were inserted, allowing the continuous communication of several people. In addition, social media has provided a sense of connection with a wider community and a view of problems around the world<sup>(22)</sup>.

One study showed that among the factors associated with internet dependence, they are found in its use for online games and the presence of depressive symptoms and impulsivity<sup>(23)</sup>. Thus, the limits of the use of the internet are evident, such as excessive use, impairments in vision, in the daily life of the individual, insomnia, lack of productivity, among others. It is evident the dissemination on social networks of an image of perfection, boosting the search for the unreachable and harming relationships, in addition to bringing depressive disorders and low self-esteem to users. They are illusory patterns of a perfect everyday life, perfect body, perfect family, perfect relationship. The results of this study corroborate the findings of this research, in which it was described the tendency to portray in social media only the best part of the facts, although they are not always faithful to reality<sup>(22)</sup>.

Although the countless benefits and possibilities that the proper use of the internet and social media can provide are evident, it is necessary to pay attention to the losses that prolonged use can cause. Evidence points to an association between internet addiction and poor sleep quality, which may cause insomnia, difficulty starting and maintaining sleep, and sleep apnea<sup>(24)</sup>.

The compulsive use of the internet can still cause "changes in nutrition and physical activity, decreased professional and academic



performance, and impairment in interpersonal relationships"<sup>(6:498)</sup>.

The problematic use of the internet, although not considered a mental disorder, is a kind of behavioral addiction, having been associated with a series of physical and mental symptoms, being strongly related to the "need to increase online time",<sup>(25:42)</sup> the excessive concern with the use of the internet and the "lack of control over the use and neglect of social activities"<sup>(25:42)</sup>.

A survey conducted in the United States pointed out that there was an increase in daily time spent on social networking sites in the period of the COVID-19 pandemic, compared to the period before the pandemic. However, the emotional impact of social networking activities has become more negative. Addiction to the use of social networking had a positive association with loneliness. It was evidenced that, when compared to the pre-COVID-19 period, individuals who used more spent more hours, manifested more dependence and engagements on social networking sites during the pandemic<sup>(26)</sup> and "endorsed greater increases in the perception of social support during COVID-19"<sup>(26:12)</sup>.

Another limit regarding the use of the internet is that of encouraging the indiscriminate use of medicines. In addition to being a space that favors research on signs and symptoms of certain conditions, it sometimes causes harm because the research is prior to a consultation with the professional. The information found on the internet may be conflicting with the diagnosis or conduct of the professional, impacting on the acceptance of treatment, or, ultimately, adherence to the information contained in the network, it is relevant to emphasize that there is no control of the veracity of the information available on the Web<sup>(27)</sup>.

Although the use of the internet is increasingly present in the daily lives of individuals<sup>(28)</sup>, barriers to access are evidenced in a study in Canada, noting that the non-use of the internet was attributed by 64.4% for the lack of skills; 40.7% said they had no interest; 32% were planning to use in the future. In addition, it was observed that older individuals are less likely to have a health application<sup>(15)</sup>.

Considering that of the 61 participants in this research 54 are women, it can be inferred by the

statement of the number of hours of use of virtual social networks by them, corroborate with the findings of a study that showed the presence and attendance of women in health monitoring and early treatment<sup>(29)</sup>.

We observe the spread of cyberculture in everyday life slowly, but insistently social media gain space and impose itself today. The virtual manifests itself in "a real effectiveness allowing a form of real joy, elaborating a bond, establishing a link in its full sense, in the social body"<sup>(30:741)</sup>.

As a limitation of this study, we cite the intentional sampling, characterized by users of the Unified Health System registered and monitored by the FHS teams, representing a subgroup of the population, female, which can be understood by being the most present group in health services. Although sampling is intentional, in holistic-qualitative multiple case studies, this type of sampling can be classified as representative in groups with similar conditions.

## FINAL THOUGHTS

It is considered that the experiences of users in use of virtual social networks show the powers for easy and quick access to information on health, interpersonal communication, leisure, entertainment, as well, that this use can be for the prevention of risks and injuries and health promotion. The limits of this use are contextualized: no longer living reality to live the virtual; excessive use, favoring sedentary lifestyle, hindering health promotion, causing illness and making it impossible to perform other activities; damage to family life; exacerbation of anxiety; easy access to poor information, generating negative feelings, favoring comparison and harming mental health; use for self-medication and self-diagnosis; difficulty of access for the elderly public; better use of virtual social networks in health services.

Based on the results, the use of health technologies and virtual social networks is amenable to risk and injury prevention and health promotion. The provision of care should be related to guidance on the numerous risks that incorrect use of technologies can cause in mental, physical, and social health. It is essential to raise awareness among families about daily

surveillance, especially in the use of technologies by children, adolescents, and young people. This awareness is intended to avoid losses, such as anxiety, sedentary lifestyle, social isolation, depression, insomnia, among many others.

This study contributes to the area of health and nursing and has implications for the practice, the powers and limits of the use of

virtual social networks in the daily lives of FHS users point to subsidies to mitigate the losses caused by the use of virtual social networks in the lives of people and families, for the planning of health actions using technologies and these networks, with a view to expanding access to care and promoting the health of users and their families.

## POTÊNCIAS E LIMITES DO USO DAS REDES SOCIAIS VIRTUAIS NO QUOTIDIANO: TECNOSSOCIALIDADE EM FOCO

### RESUMO

**Objetivo:** compreender as potências e os limites da tecnossocialidade para a promoção da saúde no cotidiano de pessoas e famílias. **Método:** estudo de casos múltiplos holístico-qualitativo, fundamentado na Sociologia Compreensiva do Quotidiano com 61 participantes. A coleta de dados ocorreu entre abril e outubro de 2021. **Resultados:** as potências do uso de redes sociais se mostram no acesso à informação sobre saúde e autocuidado, na comunicação interpessoal e entretenimento, enfatiza-se a necessidade de autocontrole e educação para adequada utilização. Os limites se encontram em deixar de viver a realidade para viver o virtual; no uso excessivo favorecendo o adoecimento, automedicação, autodiagnóstico e sedentarismo; os prejuízos no convívio familiar; o impacto das redes sociais virtuais na saúde mental de usuários na pandemia de COVID-19; utilização restrita das redes sociais virtuais pelos profissionais para atenção e promoção da saúde. **Considerações finais:** torna-se imperativo formular estratégias para mitigar os limites do uso das redes sociais virtuais no cotidiano de pessoas e famílias, e ações para potencializar os benefícios, inclusive do uso nos serviços de saúde.

**Palavras-chave:** Estratégia saúde da família. Internet. Promoção da saúde. Rede social. Tecnologia.

## POTENCIAS Y LÍMITES DEL USO DE LAS REDES SOCIALES VIRTUALES EN LA VIDA COTIDIANA: ENFOQUE EN LATECNOSOCIABILIDAD

### RESUMEN

**Objetivo:** comprender las potencias y los límites de la tecnosociabilidad para la promoción de la salud en la vida cotidiana de personas y familias. **Método:** estudio de casos múltiples holístico-qualitativo, fundamentado en la Sociología Comprensiva del Cotidiano con 61 participantes. La recolección de datos tuvo lugar entre abril y octubre de 2021. **Resultados:** las potencias del uso de redes sociales se muestran en el acceso a la información sobre salud y autocuidado, en la comunicación interpersonal y entretenimiento, se enfatiza la necesidad de autocontrol y educación para adecuada utilización. Los límites se encuentran en dejar de vivir la realidad para vivir lo virtual; en el uso excesivo favoreciendo la enfermedad, automedicación, autodiagnóstico y sedentarismo; los perjuicios en la convivencia familiar; el impacto de las redes sociales virtuales en la salud mental de los usuarios en la pandemia de COVID-19; uso restringido de las redes sociales virtuales por los profesionales para atención y promoción de la salud. **Consideraciones finales:** es imprescindible formular estrategias para mitigar los límites del uso de las redes sociales virtuales en la vida cotidiana de personas y familias, y acciones para potenciar los beneficios, incluso del uso en los servicios de salud.

**Palabras clave:** Estrategia Salud de la Familia; Internet; Promoción de la salud; Red social; Tecnología.

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**Submitted:** 22/06/2023

**Accepted:** 24/01/2024

### Financial support

This work was carried out with the suport of the Coordination of Superior Level Staff Improvement – Brazil (CAPES) – Notice 001/2020/CAPES, Master's scholarship.