PSICOLOGIA EM ESTUDO

ARTICLE *10.4025/psicolestud.v30i0.60496*

O ACESSO DOS TRABALHADORES ÀS REDES DE APOIO NO PERÍODO PANDÊMICO DA COVID-19

Larissa Saionara Fernandes Rocha[1]. Orcid: https://orcid.org/0000-0003-4138-9588
Fellipe Coelho-Lima[2]. Orcid: https://orcid.org/0000-0001-7763-4050

RESUMO. As implicações da pandemia de COVID-19 são multifacetadas, afetando diretamente a organização do trabalho. Durante esse período, observou-se a intensificação de tendências, tais como a ênfase em metas, muitas vezes inalcançáveis, a invasão do tempo e do espaço para além das fronteiras do trabalho, e a adequação compulsória ao mundo virtual. Essa realidade tem elevado substancialmente as exigências sobre os trabalhadores, agravando ainda mais quando se contemplam os efeitos da pandemia sobre os serviços de saúde pública. Isso, por sua vez, intensifica o cenário desafiador para os trabalhadores adoecidos. Diante desse contexto, objetivou-se investigar o acesso às redes de apoio dos trabalhadores adoecidos no período pandêmico. Para atingir esse propósito, foram conduzidas entrevistas semiestruturadas com oito trabalhadores adoecidos, com as idades variando de 25 a 55 anos e experiências profissionais abrangendo períodos de três a 35 anos. Esses participantes foram identificados por meio da estratégia de amostragem em bola de neve (*Snowball Sampling*). O critério de inclusão baseou-se na manifestação voluntária dos trabalhadores em relação ao adoecimento e na disponibilidade para participar das entrevistas, realizadas por meio de videoconferência em uma plataforma *on-line*. Foram abordados como eixos de análise: história de vida e o processo de adoecimento; mobilização das redes em período pandêmico e os impactos promovidos. Os dados foram submetidos a uma análise temática, resultando na identificação das seguintes categorias de conteúdo: (1) redes de apoio como linha de cuidado à saúde do trabalhador: instâncias mobilizadas na pandemia; (2) fios que não compõem as redes: a organização do trabalho como espaço de fragilidade; (3) do individualismo do trabalho à solidão do distanciamento social. Conclui-se que durante o período de pandemia, as empresas intensificaram os processos de trabalho, agravando o estado de saúde dos seus trabalhadores. Além disso, observou-se que as redes de cuidado possibilitaram a construção e fortalecimentos das relações sociais nesse período.

Palavras-chaves: trabalhadores adoecidos; redes de apoio; período pandêmico.

WORKERS' ACCESS TO SUPPORT NETWORKS IN THE COVID-19 PANDEMIC

ABSTRACT. The implications of the COVID-19 pandemic are multifaceted and directly affect work organization. During this period, we observed an intensification of trends such as emphasizing unattainable goals, invading time and space beyond work boundaries, and forcing adaptation to the virtual world. These changes have substantially increased demands on workers, a situation further exacerbated by the pandemic's effects on public health services. This, in turn, intensifies the challenging scenario for sick workers. In this

[1] Federal University of Rio Grande do Norte. E-mail: saionarafdes@gmail.com
[2] Federal University of Rio Grande do Norte. E-mail: fellipecoelholima@gmail.com

context, our goal was to investigate sick workers' access to support networks during the pandemic. To this end, we conducted semi-structured interviews with eight sick workers ranging in age from 25 to 55, with professional experience spanning from three to 35 years. These participants were identified using a snowball sampling strategy. Participants were included based on their voluntary disclosure of illness and willingness to participate in interviews conducted via videoconference on an online platform. The following axes of analysis were addressed: life stories and the illness process, and the mobilization of networks during the pandemic and its impacts. The data were subjected to thematic analysis, resulting in the identification of three content categories: (1) support networks as a line of care for workers' health and the instances mobilized during the pandemic, (2) the organization of work as a space of fragility and threads that do not comprise networks, and (3) the transition from individualism in work to loneliness due to social distancing. In conclusion, during the pandemic, companies intensified work processes, thereby worsening their workers' health. Furthermore, care networks enabled the construction and strengthening of social relationships during this period.

Keywords: sick workers; support networks; pandemic period.

ACCESO DE LOS TRABAJADORES A LAS REDES DE APOYO EN EL PERIODO DE LA PANDEMIA COVID-19

RESUMEN. Las implicaciones de la pandemia COVID-19 son de varios órdenes, afectando directamente la organización del trabajo. Durante este período, se profundizaron tendencias como la cultura del alto desempeño, el enfoque en las metas, la invasión del tiempo y del espacio fuera del trabajo, entre otras. Esto ha aumentado aún más la demanda de trabajadores, y este panorama se agrava si consideran los impactos de la pandemia en los servicios de salud pública, lo que potencialmente empeora aún más la situación de los trabajadores enfermos. Nuestro objetivo fue investigar el acceso a redes de apoyo de trabajadores que estuvieron enfermos durante el período pandémico, con esto, realizamos entrevistas semiestructuradas a ocho trabajadores enfermos, entre 25 a 55 años y 3 a 35 años de jornada laboral, abordando historia de vida y enfermedad; movilización de redes durante un período de pandemia e impactos promovidos. Los datos fueron analizados con base en el análisis temático, identificando las siguientes categorías de contenido: (1) redes de apoyo como línea de atención a la salud de los trabajadores: instancias movilizadas en la pandemia; (2) hilos que no componen las redes: la organización del trabajo como espacio de fragilidad; (3) del individualismo del trabajo a la soledad de la distancia social. Concluimos que durante el período pandémico, las empresas intensificaron sus procesos de trabajo, empeorando el estado de salud de sus trabajadores; y que las redes de cuidado han permitido la construcción y fortalecimiento de relaciones sociales en este período.

Palabras clave: trabajadores enfermos; redes de apoyo; período pandémico.

Introduction

Over the past few decades, the world of work has undergone intense transformations, most of which have led to increased exploitation. Beginning with the productive restructuring of the 1970s, movements of economic, political, ideological, and cultural reorganization were unleashed. In this context, work models characterized by flexibilization, outsourcing, and

financialization have emerged alongside state policies geared toward market liberalization within the framework of neoliberalism (Silva, 2018).

The production process has become more decentralized and intensified, under the aegis of a culture oriented toward maximum efficiency. While these changes meet capital's imperative demand for accelerated reproduction, they paradoxically result in the formation of a contingent of workers becoming ill and sometimes irreversibly incapacitated for reintegration into the workforce (Antunes & Praun, 2015; Lima & Oliveira Neto, 2017; Antunes, 2018).

These trends were already present in the labor market this century, but the pandemic has given them new meaning. The COVID-19 pandemic has brought a wide range of implications, from extremely high mortality rates to increased impoverishment of the working class. Informal work conditions and rising unemployment have become more prevalent during this period (Antunes, 2020).

According to the International Labour Organization (2020), the current crisis is considered the most severe on a global scale since World War II, affecting approximately 3.3 billion workers and directly impacting jobs. During this period, trends such as high work demands, a focus on goals, exhausting workloads, and an invasion of time and space outside of work have worsened.

The global health emergency caused by COVID-19 has undoubtedly accelerated the economic, social, and labor crises already underway in Brazil, exposing the fragility and contradictions of the neoliberal economic system (Delgado et al., 2020). These vulnerabilities and weaknesses make workers increasingly distant from decent work and more susceptible to health problems (Silva et al., 2020).

The COVID-19 pandemic and the resulting social crisis directly impact relationships, work, health, and illness. This is particularly true regarding the limits of our understanding of how we produce and reproduce sociability. As a social phenomenon, the pandemic's effects and scope rapidly reach the population in an unpredictable, materially unequal, economic, cultural, political, and social manner (Coelho et al., 2020).

Given the aforementioned aspects, Coelho et al. (2020) point out that fear of illness and unemployment is a significant factor affecting the mental health of workers, particularly those unable to work remotely, such as frontline workers facing imminent contagion risks. The authors argue that unemployment exacerbates social vulnerability by generating fear of losing one's livelihood and of precarious working conditions. These conditions negatively affect the working class and contribute to the increased mental impairment of those facing the pandemic. While the situation of the working class has generally worsened during the pandemic, the health care provided by these workers has become even more crucial.

Work-related illnesses face significant obstacles in being recognized and legitimized by companies and governments, especially in the contemporary world. This highlights the need for ongoing debate and struggle regarding this issue. Workers' illnesses impact their dignity and social relationships, stigmatizing and discrediting them and their experiences (Rocha & Bussinguer, 2016; Garbin & Fisher, 2012).

Illness is still strictly conceived as a clinical-biological factor, and its causes are approached in an isolated and reductionist manner. The health and disease process is characterized by phenomena intrinsic to relationships between individuals, socioeconomic conditions, and structural disparities. This approach considers historical complexity and validates its significant role in shaping each individual's experiences (Nogueira, 2010).

Junges et al. (2012) acknowledge the necessity of moving beyond the biomedical paradigm. They emphasize the importance of understanding this model, which establishes

society's dependence on health professionals' services and the system's organized work processes. However, this perspective often disregards the particularities of each individual, who is capable of creating and recreating their own methods of maintaining health (Canguilhem, 2015).

Over the years, researchers from various fields have discussed support networks in an effort to understand social mobilization based on relationships between individuals and the centrality of these networks and mutual social support (Lorenzo et al., 2011).

Cobb (1976) and Cassel (1976) developed the first studies on the correlation of social ties arising from the support networks. They presented evidence that susceptibility to disease was linked to the weakness of these networks. In 1986, the first international conference on health promotion was held in Ottawa, Canada's capital. The Ottawa Charter (World Health Organization [WHO], 1986) was drafted with the motto "Health for All by the Year 2000" and introduced support networks as a strategic pillar of networks aimed at health promotion for the first time. The charter fostered the strengthening of solidarity and community actions and encouraged joining forces to address demands within the health field.

Since then, the number of studies on this topic has grown. Some authors have noted that a lack of social relationships is an indicator of health risks comparable to smoking, high blood pressure, obesity, and a sedentary lifestyle. This has significant implications for public health (Broadhead et al., 1983; Andrade & Vaitsman, 2002).

Barrón (1996) pointed out that the more fragmented support networks are, the greater the incidence of mental disorders. Conversely, effective networks can reduce some pathogenic effects, such as stress and anxiety, thereby improving well-being and the ability to manage difficult situations (Broadhead et al., 1983; Cassel, 1974).

To better understand networks, it is helpful to consider the following subdivisions: private or primary sphere networks, composed of family, friends, and neighbors, and civil or secondary sphere networks, which include NGOs, health institutions, associations, and public policies (Fontes, 2007).

The types of support provided by each network can be characterized as social, emotional, instrumental, or informational. Emotional support includes expressions of affection, assistance, protection, care, and trust. Instrumental support refers to the conditions necessary to perform certain tasks, which may be material or nonmaterial. Informational support involves guidance and informational practices, such as providing advice, information, suggestions, or explanations (Barroso et al., 2018).

These forms of support tend to provide health benefits, such as a sense of well-being, control over one's life, self-esteem, and recognition. The positive aspects of relationships capable of sharing assistance, affection, information, and care are highlighted (Cassel, 1974; Andrade & Vaitsman, 2002).

Although the effectiveness of support networks in promoting health is recognized, concerns remain about structural changes in society due to competitive and individualistic lifestyles. These lifestyles impose serious obstacles to relationships of solidarity and cooperation, which lead to support networks (Canesqui & Barsaglini, 2012). Support networks are important and valuable resources, especially for collective action. They counteract the individual sphere and the fragmentation of the human and social fabric of work. Support networks can also become powerful instruments in the field of public health.

Given the importance of these networks in promoting workers' health and the impact of the pandemic on public policies, social relations in general, as well as its deleterious effects on

work, increasing the processes of illness at work, the present study aimed to analyze sick workers' access to support networks during the pandemic.

To this end, the study discusses how work manifests and operates in contemporary times and explores its implications for worker health. The goal was to understand how established work relationships contribute to workers' illnesses and exacerbate physical and psychological harm. The consequences reverberate in the subjective dimension.

Method

Considering the objective of this study, the research sought to explore the universe of meanings, motives, aspirations, attitudes, and beliefs, corresponding to a more intimate space of the relationships and phenomena surrounding the subject's life (Minayo, 2001). An interpretive approach is adopted, starting from an understanding of the factors embedded in the participants' life context, such as the political, social, and cultural contexts that are sensitive to them. This is the path to encompassing the individual and collective meanings and senses of a given situation (Creswell, 2014).

This article specifically analyzes how the pandemic affected individuals' relationships with these support networks. However, it is important to note that these data are part of a broader investigation conducted by the first author as part of her master's degree.

Participants and procedures

This study examined workers who became ill at work. Since the research focused on work-related illness, a specific work category was not defined. Participants were included if they self-reported an illness and were willing to participate in an interview conducted via videoconference using an online platform.

Two strategies were employed to recruit participants. One strategy was to invite workers being monitored by the Nostrum Institute in Natal, state of Rio Grande do Norte, a private clinical care institute and research partner, to participate in the study. This location was chosen because it provides care for workers with work-related illnesses and has a team of Occupational Health professionals who provide clinical care and therapeutic groups to workers from various categories.

Due to the pandemic, it should be noted that public services serving the working public were closed. The second strategy involved the research participants indicating new workers (snowball strategy).

Data were collected between July and December 2020. Eight workers were interviewed, including bank employees, a psychologist, teachers, telemarketers, civil servants, and an engineer. To ensure confidentiality, the participants were designated as ‘workers’ in the order in which the interviews were conducted.

The longest-serving participant has been in the profession for 35 years, while the most recent has three years of experience. Six of the interviewees left due to psychological problems, such as burnout syndrome, depression, and generalized anxiety. Two bank employees left due to work-related musculoskeletal disorders (WMSDs). However, they developed panic disorder during the process due to everyday situations of moral harassment they faced from management in their work environment.

Participants were selected for the research based on the theoretical saturation criterion, as defined by Denzin and Lincoln (1994). This criterion involves stopping the search for new participants when the obtained data begin to show repetition, according to the researcher's analysis. Based on the criterion, the time for interruption was determined by the theme ‘mobilized networks and their effects on the worker,’ a stage at which the

greatest repetition of the investigated elements occurred. This provided a comprehensive theoretical understanding of the accessed networks and the types of support offered: emotional, financial, instrumental, guidance, and informational.

The research study used semi-structured interviews to collect data. These interviews were organized around thematic areas such as 'Life and Work History', 'Illness Process', and 'Mobilized Networks and Their Effects on Workers.' Triggering questions addressed topics such as network mobilization and its impacts during the pandemic. Simultaneously, a diagram of each worker's mobilized networks was developed based on the Everyday Network Analysis Methodology (MARES), which was created by Martins (2009). The intensity of connections was measured by color-coded arrows: green for strong connections, yellow for distant connections, and red for conflicting connections. The researcher devised this methodological construct to map the networks mobilized by workers, prioritizing the ties established within each network.

Because of the health emergency caused by SARS-CoV-2, the novel coronavirus that causes the disease known as COVID-19, the interviews were conducted remotely via an online platform. Participants were informed in advance about the interview, which would last approximately one hour. At the beginning of the interview, participants were provided with information about the research objective, estimated duration, ethical confidentiality, informed consent, and voice and image recording authorization. Authorization to begin recording was then requested, with emphasis placed on the importance of signing the terms, which were emailed to the participants and returned to the researcher.

This research project was approved by the Research Ethics Committee of UFRN under opinion number 4,099,956. CAAE: 30793819.0.0000.5537. This article respects all ethical standards of the National Health Council in Resolution 510/2016 and safeguards the rights of research participants as outlined in the resolution.

Analysis procedures

After the interviews were completed, they were transcribed verbatim, and a cursory reading of the content was conducted. The discussion topic was selected through thematic analysis based on participants' statements, identifying categories delimited by recurring themes and similar content. This technique involves constructing analytical categories based on subjects' discourse and discovering their core meanings based on the frequency of appearance (Bardin, 1977).

As previously mentioned, this text will focus on the topics discussed in the interviews that address the effects of the pandemic on the support networks used by workers with work-related illnesses.

Results and Discussions

After completing the procedures and categorizing the interviews, the following central themes were identified: (1) Support networks as a line of care for workers' health, including instances mobilized during the pandemic; (2) Threads that do not comprise networks, including the organization of work as a space of fragility; and (3) The transition from individualism in the workplace to loneliness due to social distancing.

Support networks as a line of care for workers' health: instances mobilized during the pandemic

Notably, the pandemic has brought significant transformations to the current scenario, creating new types of relationships between individuals and groups. In certain networks, the

pandemic has clearly fostered closer connections among workers, thereby mitigating the disease's adverse effects.

These statements clearly demonstrate the intangible health care resources these networks can provide.

> It's interesting, isn't it? I spend a lot of time away from my family, yet I'm much closer to them. I've been staying at my sister's house for a while now, and this reconnection has helped me (Worker 4).

> Before, I couldn't, it's [...] getting along well with my mother, but now it's allowed us to talk more. Our interaction, support, understanding, and help with my limitations have intensified. She's been able to help me in ways she doesn't even know. Even though we disagree and fight, our relationship has improved during the pandemic (Worker 6).

The family emerges as an immediate support, skillfully mitigating the effects of the worker's illness and demonstrating understanding and sensitivity to the situation experienced. The reports presented the family as a fundamental support, sometimes with emotional and affectionate statements, especially regarding the caregivers, who are mostly represented by female figures responsible for caregiving: mothers, wives, sisters, and/or daughters.

This relationship can be explained by viewing the family environment as an emotional bond that fosters unity among its members. When faced with risky situations, families tend to grow closer and align themselves with the primary networks that characterize their members (Brito & Koller, 1999).

Regarding the effects, it is possible to observe that the family emerges as an active agent and provider of care. It plays an interventive role in the lives of workers belonging to the interpsychic relationship. In this context, individuals perceive the initial signs of impact on their relationships with others, which are manifested through support, care, affection, and psychological support.

Religious mobilization emerges as a safeguard for survival, healing, and meaning in life. It manifests itself through consolation and support during times of anguish and adaptation to the modernizing scenario of savage capitalism. Faith is instrumentalized as a means to engage individuals in searching for solutions to problems and as a ‘symbolic efficacy’ in the face of everyday difficulties (Costa-Rosa, 2000; Pietrukowicz, 2001).

Workers reflected on these mobilizations and, in some cases, attributed them to religious institutions, such as churches. These institutions were perceived as sources of support and strength, especially in providing consolation and the feeling of not being alone, an aspect that was heightened by social isolation during the pandemic. These resources were mobilized internally and intangibly by the omnipresence of Being, as well as by the engagement inherent in practices carried out in churches, which evidenced the network.

> This network, at this time, has been incredibly important to me. It gives me peace knowing that this situation will pass and that a vaccine will be available soon. It also reminds me that everything is a learning experience. It's a life lesson for all of us as human beings (Worker 1).

> Now that I'm in the pandemic, I started working on a project at church that they invited me to participate in. I thought it was great because I got involved. We help people in need by making basic food baskets (Worker 2).

> It's the issue of religion. I'm trying to reconnect with my religion by going to church regularly, something I wasn't doing before (Worker 5).

The reports reveal how workers seek solidarity, acceptance, and comfort, configuring themselves as an intangible force that intervenes in the health-disease process. In times of

crisis, such as the one we experienced during the pandemic, hope is heightened in the face of a desolate context that generates anguish, fear, and irreparable loss.

These effects are presented as conditions for remaining steadfast, restorative, and unshakable—a source to which one can turn in any situation, even when all healthcare services are operational.

> It's a very strong network, even today. Even though it's virtual through the app we use for meetings, it's still a very strong network because you hear the message, hear what the Bible says, and see others who are also making an effort to attend. So, it's really good because even though we can't meet in person, I feel a sense of closeness (Worker 8).

Due to the pandemic, some institutions had to adjust their religious practices, venturing into unfamiliar territory by bringing their practitioners into the digital world. In a context marked by restrictions and health protocols, carrying out these practices became a viable way to provide the faithful with comfort, companionship, and solidarity. This religious dimension presented itself as a kind of anesthesia in the face of harsh realities, especially for people experiencing greater oppression (Sbardelotto, 2021; Ribeiro & Abijaudi, 2020).

Healthcare professionals played the role of secondary networks, linked to civil society within an institutional field, also referred to as formal networks. However, all workers who accessed this network in some way did so privately, highlighting the weakening of healthcare institutions for the working class. As they are not linked to workers in terms of belonging, they cannot be considered secondary networks.

The novel coronavirus pandemic has highlighted the growing need for specialized professionals. In addition to existing demands for workers to seek professional help when they become ill at work, the implications of the COVID-19 health emergency exacerbate health problems. Uncertainty regarding disease control and severity, unpredictability regarding the duration of the pandemic, and its consequences are considered risk factors for the population (Zandifar & Badrfam, 2020).

The following account delves into the experiences of the workers, whose journeys reveal the significant impact of psychologists as part of their support networks. When asked about health professionals, the workers shared:

> The psychologist! I get anxious waiting for Thursday to arrive, especially now with all this [...] It's been great; it's been good (Worker 4).

> What changed more was that after I started seeing the psychologist, I tried to follow his advice and deconstruct some things (Worker 5).

Workers recognize the integral role of professionals in the care process. While this integration is limited to prescriptions and technical and scientific knowledge, they are considered integral elements of a network that understands the context of life and shares and promotes actions that engage workers in the treatment process.

In this context, the importance of healthcare professionals is highlighted. Based on workers' accounts, the focus is on psychological professionals who are identified as an important support and care network, especially during the pandemic due to high levels of stress, panic, fear, and anxiety (Faro et al., 2020).

Workers also mentioned unions and self-care practices as other instances. It is important to note that, albeit less frequently, care is perceived as a resource rather than a network. Regarding unions, workers emphasized the importance of union membership, especially given the fragility and deterioration of some networks.

> On a positive note, the union provided a lot of support during the pandemic, as they always have [...]. The union is a very strong network. I'd say it's the most important one for me. Also, the union's legal department. There are two of them, which is helpful. The union helps me with administrative tasks, and the legal department helps me with legal actions (Worker 1).

Worker participation in unions is an important step toward proactive action for the working class. Support from unions is seen as protective, effective, and informative. It serves as a bond of solidarity that strengthens democracy and counters the fragmentation of work collectives and solidarity actions (Canesqui & Barsaglini, 2012).

In this context of highly fragmented and precarious labor relations, it is evident that union organizations acted strongly to counter the dismantling of labor relations, which intensified during the pandemic. Workers most frequently invoked administrative and legal measures, and the union strengthened its articulation in assemblies and meetings against anti-union practices.

Self-care practices currently occupy a significant portion of the scientific literature on health resources. These practices are based on the individual needs of subjects, empowering them to promote well-being and restore health through their own actions.

Therefore, it is an autonomous practice that does not necessarily require the involvement of others. Although not configured as a network, it is a deliberate action on the part of the worker that strongly demonstrates its effects on the movement toward health. In this sense, the worker reports:

> The pandemic intensified things. I already ran, so I intensified my physical activities. The gyms had to close, but I didn't stop working out. I... I adapted and bought some things, like abdominal rolls. Anyway, I work out a lot more these days, and I feel good. (Worker 3).

This account emphasizes the importance of self-care as a deliberate action on the part of the individual that promotes well-being and revitalization. While the effectiveness of these practices in reducing health problems is undeniable, they also play a preventive and therapeutic role, becoming an integral part of health resources from a self-care perspective (Araújo et al., 2016).

Threads that do not comprise networks: the organization of work as a space of fragility

The second central theme identified reveals aspects of the daily lives of thousands of workers and highlights major conflicts and weaknesses arising from labor relations. This theme primarily addresses the lack of accountability on the part of organizations, the impact of illness on workers' daily lives, and corporate negligence during the pandemic.

Regarding the actions and impacts of labor organizations, almost all workers highlighted the absence of work due to difficulties caused by the pandemic. This scenario reveals the harmful consequences of this organization's inaction, as well as its lack of support for workers. There are significant weaknesses in the laws and regulations that should ensure health and safety at work. The following statement demonstrates this:

> The pandemic showed me the best and worst in people. The bank showed me its worst side, as did other branches, with employees facing unnecessary risks of infection daily due to the absence of proper protocols. I expected the bank to be more considerate of its employees' and customers' lives during this pandemic, but it did the opposite (Worker 1)

Several authors (e.g., Antunes, 2018; Silva et al., 2020) have warned that the implementation of remote work during the pandemic, particularly in certain categories, is an attempt to equate work execution methods with the in-person model. Due to the lack of

production control indicators and the resulting inability to measure results, there is increased pressure on performance. A culture of high performance, which is defined as meeting targets, has emerged. This is well exemplified in the worker's statement:

> Look, nothing has changed! Especially since, at the company, practically nothing changed when the health emergency began. 'It only increased the stress and pressure, even when working from home and with all my belongings, like my headphones and computer.' I said no, that I didn't want to work remotely anymore, and I asked to return to the office. However, I got worse and left. What I wanted most was to get away from everything that reminded me of the company (Worker 5, emphasis added).

In line with the worker's speech, Antunes (2018) pointed out that the target system is flexible. This means that the next day, more production is expected than the previous day. This makes work even more exhausting with an excessive workload. This leads to dissatisfaction and has implications for workers' health:

> What really continues to make me sick is school. During the pandemic, everything got worse. I had crying fits (Worker 7).

> Now, support from work, from the institution, is zero... zero (Worker 4).

These statements reveal the fragility of labor organizations' ability to act as support networks for workers during the pandemic, given their negligence regarding worker healthcare.

The visible helplessness and broken bonds of solidarity, according to Antunes and Praun (2015), only reinforce the individualization of the health-disease process. This network is disconnected, disorganized, and unsustainable, resulting in the instability of work-related connections and making workers more vulnerable and helpless. This condition exacerbates the difficulty of collective coordination, particularly when it comes to taking action to provide mutual subjective support. If this was already an identified scenario in the pre-pandemic period, then in the current context, one can see the intensification of this trend.

The transition from individualism in the workplace to loneliness due to social distancing

When we analyze the world of work, we see a society that is fertile with individualism. This individualism configures labor relations as disposable and competitive, which is intrinsic to capitalism. This model weakens networks and spaces of solidarity among individuals, which are crucial for actions that promote the relationship between work and health. Institutionalized individualism isolates citizens and assigns them responsibilities in perverse and inhumane ways. This alienating conformity between individualism, consumerism, and competitiveness imprisons citizens and their families and leaves them subject to unstable and insecure working conditions (Vizzaccaro-Amaral et al., 2011).

The pandemic certainly accelerated processes already underway in the organization of work, resulting in increased individualization, social distancing, and weakened solidarity and collective action (Antunes, 2020).

> I state the obvious: physical distancing. It's much harder to get support without someone being there (Worker 4).

> When I was a little bit, it was [...] without this pandemic, I used to meet my friends. We'd arrange to come over. Now, I talk more with some of them, the closest ones. But everything has become more distant (Worker 2).

> I used to go out with my friends every Saturday, but that stopped during the pandemic. We'd go out to dinner (Worker 2).

It's important to note that establishing new relationships and connections means expanding their constitutive bonds and providing all necessary support for certain individuals. Thus, friends form an informal network that is fundamental to reestablishing emotional bonds, solidarity, and the worker's health. The expressions of care provided by this network are sources of affection and tangible acts of care. During this pandemic, these acts have been neglected.

Social distancing is a strategy used to reduce social interaction and the spread of the virus in certain places. However, it has clinical and behavioral implications for individuals and groups in the short, medium, and long term (Malta et al., 2021). Although workers understand the need for social distancing, these factors still pose a serious health risk, especially for individuals already suffering from a disease:

> I could be in a better phase. Even though I'm still undergoing treatment for depression and anxiety, I'm not because I've been living at home for a long time [...] Although we seek strategies, I try to take better care of myself by not going out so much, which causes a lot of conflict (Worker 8).

> I believe access has changed drastically. Most things are virtual now. For example, I attend church meetings virtually, and I have less contact with friends because we communicate through social media and WhatsApp, and everything else [...] I think social distancing is necessary, but it's difficult for us, especially for people like me in Brazil who enjoy contact, tactile contact (Worker 8).

> For me, the impact was negative because I wasn't having the social interactions or doing the activities I did before, which significantly worsened my mental health during this period (Worker 6).

Some potential factors were exemplified as repercussions of social distancing, which was compulsory in some ways. Additionally, loneliness, disrupted daily activities, and abandoned work organizations contribute to health problems. The lack of preparation and indifference of companies and the government remains a question, forcing workers to resort to individual strategies once again to mitigate these impacts.

Final considerations

During the pandemic, companies intensified their work processes, which worsened their workers' health. Care networks enabled the formation and strengthening of social relationships during this period. However, these networks are not homogeneous. Their fragmented and individualized functioning corroborates the precariousness of labor relations.

The process of individualization, which was accentuated during the period of social distancing due to the spread of the virus, exacerbated the psychosocial consequences that workers were already experiencing due to illness. Thus, workers bear the burdens of this exploitative process while companies reap the benefits.

This analysis reveals that primary networks, particularly family and friends, were the most frequently accessed by workers during the pandemic. Next are healthcare professionals, whose lack of direct institutional ties to workers prevents them from becoming a secondary network. This finding underscores the fragility of institutions with regard to worker healthcare. Access to these networks underscores the importance of social relationships and interactions as a means of healthcare, encompassing emotional and material aspects.

During the pandemic, self-care practices emerged as a widely mobilized network among all workers, equaling the importance of the family network. Heightened loneliness

during this period caused workers to rely more on autonomous strategies. These strategies promoted well-being, pleasure, self-esteem, and new lifestyles.

In the secondary sphere, religious institutions and trade unions, the latter targeting bank employees, played a significant role in the pandemic context, providing guidance, information, and emotional support to workers. In the religious sphere, workers outlined ways to escape the situation exacerbated by the pandemic. They found shelter and protection and recognized the importance of maintaining relationships through meetings, groups, masses, and religious services, even remotely in some cases. Although only one worker reported the union organization, it was clear how much the crisis impacted the working class. Based on its stance of struggle and demands, the union supported its members in seeking the revocation of violated rights, which contribute exponentially to the precariousness of work.

Therefore, support networks are highlighted as a mobilizing element in mobilizing the health of workers affected by work-related illnesses. There is a need to expand scientific production dedicated to analyzing the different types of networks that workers can establish in times of crisis. The aim is to promote the care and recovery of workers' conditions by encouraging policies that recognize the valuable role of these networks in promoting worker health and preventing illness.

References

Andrade, G. R. B., & Vaitsman, J. (2002). Apoio social e redes: conectando solidariedade e saúde. *Ciência & Saúde Coletiva*, *7*(4), p. 925-34

Antunes, R. (2018*). O privilégio da servidão: o novo proletariado de serviços na era digital.* Boitempo.

Antunes, R. (2020). *Coronavírus: o trabalho sob fogo cruzado*. Boitempo.

Antunes, R., & Praun, L. (2015). A sociedade dos adoecimentos no trabalho. *Serviço Social & Sociedade,* (123), 407-427. https://doi.org/10.1590/0101-6628.030

Araujo, C. B., Costa, L. M. C., Santos, R. M., & Almeida, L. M. W. S. (2016). A prática do autocuidado por trabalhadores da enfermagem de unidades básicas de saúde. *Revista Eletrônica de Enfermagem*, *18,* e1181. https://doi.org/10.5216/ree.v18.39304

Bardin, L. (1977). *Análise de conteúdo.* Edições 70.

Barrón, A. (1996). *Apoyo social: aspectos teóricos y aplicaciones*. Siglo XXI de España Editores.

Barroso, P. O., Pedroso, J. S., & Cruz, E. J. S. (2018). Redes de apoio social de famílias com crianças acolhidas institucionalmente: estudo de caso múltiplo. *Pensando familias*, *22*(2), 219-234.

Brito, R. C., & Koller, S. H. (1999). Redes de apoio social e afetivo e desenvolvimento. In A. M. Carvalho (Org.), *O mundo social da criança: natureza e cultura em ação* (pp. 115-130). Casa do Psicólogo.

Broadhead, W. E., Kaplan, B. H., James, S. A., Wagner, E. H., Schoenbach, V. J., Grimson, R., Heyden, S., Tibblin, G., & Gehlbach, S. H. (1983). The epidemiologic evidence for a

relationship between social support and health. *American Journal of Epidemiology, 117*(5), 521-537.

Canesqui, A. M., & Barsaglini, R. A. (2012). Apoio social e saúde: pontos de vista das ciências sociais e humanas. *Ciência & Saúde Coletiva*, *17*(5), 1103-1114.

Canguilhem, G. (2015). *O normal e o patológico*. Forense Universitária.

Cassel, J. (1974). Psychosocial processes and stress: theoretical formulation. *International Journal of Health Services, 4*(3), 471-482.

Cassel, J. (1976). The contribution of the social environment to host resistance. *American Journal of Epidemiology, 104* (2), 107-123.

Cobb, S. (1976). Social support as a moderator of life stress. *Psychosomatic Medicine, 38* (5), 300-314.

Coelho, B. P. M., Carmo, J. L. B., & de Jesus, A. B. B. (2020). Covid-19 e as relações de trabalho brasileiras: extinção do contrato de trabalho e os impactos da crise na subjetividade do trabalhador. *Revista TST, 86*(2),

Costa-Rosa, A. (2000). *Religiosidade e psicoterapia na saúde coletiva* [Anais]. VI Congresso Brasileiro de Saúde Coletiva, Salvador.

Creswell, J. W. (2014). *Investigação qualitativa e projeto de pesquisa [recurso eletrônico]: escolhendo entre cinco abordagens* (3a ed.). Penso.

Delgado, G. N., Assis, C. D., & Rocha, A. L. G. (2020). A melancolia no teletrabalho em tempos de coronavírus. *Revista do Tribunal Regional do Trabalho da 3. Região, I* (ed. esp.), 171-191.

Denzin, N. K., & Lincoln, Y. S. (1994). *Handbook of qualitative research*. Sage Publications.

Faro, A., Bahiano, M. A., Nakano, T. C., Reis, C., Silva, B. F. P., & Vitti, L. S. (2020). COVID-19 e saúde mental: a emergência do cuidado. *Estudos de Psicologia, 37*, e200074. https://doi.org/10.1590/1982-0275202037e200074

Fontes, B. A. S. M. (2007). Redes sociais e saúde: sobre a formação de redes de apoio social no cotidiano de portadores de transtorno mental. *Revista de Ciências Sociais*, *26*, 87-104.

Garbin, A. D. C., & Fischer, F. M. (2012). Assédio moral no trabalho e suas representações na mídia jornalística. *Revista de Saúde Pública*. *46*(3), 417-24.

International Labour Organization [ILO]. (2020). *ILO Monitor: COVID-19 and the world of work* (3rd ed.). https://www.ilo.org/wcmsp5/groups/public/@dgreports/@dcomm/documents/briefingnote/wcms_743146.pdf.

Junges, J. R., Barbiani, R., Fernandes, R. B. P., Prudente, J., Rafaela Schaefer, R., & Kolling, V. (2012). O discurso dos profissionais sobre a demanda e a humanização. *Saúde e Sociedade, 21*(3), 686-697. https://dx.doi.org/10.1590/S0104-12902012000300014

Lima, E. C., & Oliveira Neto, C. R. (2017). Precarização do trabalho no contexto da reestruturação produtiva brasileira. *Revista Espaço Acadêmico*, *16*(191), 97-105. https://periodicos.uem.br/ojs/index.php/EspacoAcademico/article/view/32911

Lorenzo, A. P., Neves, R. D. F., & Ribeiro, K. S. Q. S. (2011). Análise da rede de apoio social na saúde do trabalhador. *Revista Brasileira Ciências da Saúde*, *15*(2), 153-166.

Malta, D. C., Gomes, C. S., Szwarcwald, C. L., Barros, M. B. D. A., Silva, A. G. D., Prates, E. J. S., Machado, I. E., Souza Júnior, P. R. B., Romero, D. E., Lima, M. G., Damacena, G. N., Azevedo, L. O., Pina, M. F., Werneck, A. O., & Silva, D. R. P. (2021). Distanciamento social, sentimento de tristeza e estilos de vida da população brasileira durante a pandemia de Covid-19. *Saúde em Debate, 44*, 177-190.

Martins, P. H. (2009). Metodologia de análise de redes do cotidiano: aspectos conceituais e operacionais. In R. Pinheiro & P. H. Martins (Eds.), *Avaliação em saúde na perspectiva do usuário: abordagem multicêntrica* (pp. 61-89*)*. CEPESC/IMS-UERJ.

Minayo, M. C. S. (2001). *Pesquisa Social. Teoria, método e criatividade* (18a ed.). Vozes.

Nogueira, R. P. (2010). (Org.). *Determinação social da saúde e reforma sanitária.* Cebes. (Coleção Pensar em saúde).

Pietrukowicz, M. C. L. C. (2001). *Apoio social e religião: uma forma de enfrentamento dos problemas de saúde* (Dissertação de Mestrado). Escola Nacional de Saúde Pública Sergio Arouca, Fundação Oswaldo Cruz, Rio de Janeiro.

Ribeiro, C. O., & Abijaudi, A. Y. G. (2020). In F. Pieper & D. Mendes (Orgs.), *Religião em tempos de crise* (pp. 90-108). Ambigrama.

Rocha, S. H., & Bussinguer, E. C. A. (2016). A invisibilidade das doenças mentais ocupacionais no mundo contemporâneo do trabalho. *Pensar, 21*(3), 1104-1122. http://periodicos.unifor.br/rpen/article/view/4470

Sbardelotto, M. (2021). Práticas religiosas digitais em tempos de pandemia. *Tropos: Comunicação, Sociedade e Cultura, 10*(1). https://periodicos.ufac.br/index.php/tropos/article/view/4540

Silva, A. K. L., Coelho-Lima, F., & Barros, S. C. (2020). A pandemia de Covid-19 no mundo do trabalho: efeitos psicossociais para a classe trabalhadora. *Estudos de Psicologia*, *25*(2), 177-187. https://dx.doi.org/10.22491/1678-4669.20200018

Silva, H. L. F. (2018). Trabalho precário e formação do trabalhador: a precariedade como modo de ser. *Revista Trabalho, Política e Sociedade, 3*(5), 223- Espiritualidade em tempos de pandemia 250.

Vale, A. R. D., & Vecchia, M. D. (2019). “UPA é nós aqui mesmo”: as redes de apoio social no cuidado à saúde da população em situação de rua em um município de pequeno porte. *Saúde e Sociedade*, *28*, 222-234.

Vizzaccaro-Amaral, A. L., Mota, D. P., & Alves, G. (Orgs.). (2011). *Trabalho e saúde: a precarização do trabalho e a saúde do trabalhador no Século XXI*. LTr.

World Health Organization [WHO]. (1986). *Ottawa charter for health promotion*. Health Promotion (HPR). http://www.who.int/hpr/docs/ottawa.html

Zandifar, A., & Badrfam, R. (2020). Iranian mental health during the COVID-19 epidemic. *Asian Journal of Psychiatry, 51*, 101990. http://dx.doi.org/10.1016/j.ajp.2020.101990.

Received: Aug. 26, 2021
Approved: Jan. 08, 2024.