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Repercussions of the COVID-19 pandemic on the configuration of Nursing interpersonal relationships: a qualitative approach

Repercussões da pandemia da COVID-19 na configuração das relações interpessoais da Enfermagem: abordagem qualitativa

Carla Aparecida Spagnol[1]
ORCID: 0000-0003-1588-2109

Jéssica Gabrielle Rossi Silva Rocha[1]
ORCID: 0000-0001-7641-9068

Cecília Moreira Torres[1]
ORCID: 0000-0003-4157-5102

[1]Universidade Federal de Minas Gerais, Belo Horizonte, MG, Brasil

Editors:
Ana Carla Dantas Cavalcanti
ORCID: 0000-0003-3531-4694

Paula Vanessa Peclat Flores
ORCID: 0000-0002-9726-5229

Corresponding author:
Carla Aparecida Spagnol
E-mail: spagnol@ufmg.br

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ABSTRACT

Objective: to identify the repercussions of the COVID-19 pandemic on interpersonal relationships in the workplace, reported by nursing professionals at a university hospital in the state of Minas Gerais. **Method:** a descriptive study using a qualitative approach with a semi-structured interview conducted with the nursing team of a university hospital in Belo Horizonte. The data were organized *a posteriori* from the thematic Content Analysis. **Results:** the responses showed fear of the unknown and vulnerability of nursing professionals; work overload and stress that interfere paradoxically in work relationships; impersonality and power relationships, and institutional standards versus affective relationships that permeate the work. **Conclusion:** the repercussions of the pandemic on the configuration of interpersonal relationships of nursing professionals in the work environment can stimulate reflections on the more horizontal and dialogical relationships, based on interprofessionality for the provision of integral, affective, and humanized care.

Descriptors: Nursing; COVID-19; Interpersonal Relationships.

RESUMO

Objetivo: identificar as repercussões da pandemia da COVID-19 nas relações interpessoais no ambiente laboral, relatadas pelos profissionais da Enfermagem de um hospital universitário do estado de Minas Gerais. **Método:** estudo descritivo de abordagem qualitativa com entrevista semiestruturada realizada com a equipe de Enfermagem de um hospital universitário de Belo Horizonte. Os dados foram organizados a *posteriori*, a partir da Análise de Conteúdo temática. **Resultados:** as respostas evidenciaram medo do desconhecido e vulnerabilidade dos profissionais da Enfermagem; sobrecarga de trabalho e estresse que interferem de forma paradoxal nas relações de trabalho; impessoalidade e relações de poder, além das normas institucionais *versus* as relações afetivas que permeiam o trabalho. **Conclusão:** as repercussões da pandemia na configuração das relações interpessoais dos profissionais de Enfermagem no ambiente de trabalho, podem impulsionar reflexões sobre as relações mais horizontais e dialogadas, com base na interprofissionalidade para a prestação de um cuidado integral, afetivo e humanizado.

Descritores: Enfermagem; COVID-19; Relações Interpessoais.

INTRODUCTION

In early 2020, the World Health Organization (WHO) characterized as a pandemic the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-Cov2), a disease caused by the new coronavirus, which became known as COVID-19[1].

Because it is a new disease, COVID-19 has modified the dynamics of health services to meet the excessive demand of infected patients. There was a need to establish new flows for the work process, develop patient and worker safety protocols, and perform constant training, among other actions. This resulted in a physical, psychological, and emotional overload in health professionals. In the hospital context, the

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Nursing teams, constitute themselves as protagonists acting in the care provided to users 24 hours, which leads to professional exhaustion, which in times of pandemic is accentuated due to exposure, ignorance, and insecurity at work, generating feelings such as fear, stress, anxiety, and exhaustion. These and other factors directly impact interpersonal relationships established in the workplace[2-3].

Thus, in addition to physical and mental wear, another aspect that needs to be considered is the relationships that can cause suffering at work, and one of the elements that can contribute to overcoming these issues is the investment in relational technologies.

In this perspective, light technologies are highlighted, related to everything used to favor the encounter between individuals, such as: "listening, empathy, recognition, porosity, knowledge produced from experience and managed by the meeting, among others"[4].

It can be said that it is in the wards, Nursing stations, meeting rooms, and other places where the professionals in the hospital work that the meetings among managers, workers, users, and their families take place, and it constitutes *a locus of* the creative power of health work, which promotes the production of knowledge, innovations and constant transformations in relationships and the work process.

Thus, in the daily life of services, the micropolitics of health work takes place from a "procedural dynamics in which there are forces that establish relationships with other forces and with itself, producing processes of subjectivization; forces in relationships"[5]. Therefore, "the forces that are operating in daily life constitute fields of dispute, which are established in the relational acts of the field of micropolitics, in the relationships of power, in the intersubjective relationships", that is, in the relationships that are established among the managers, the workers and users who establish the force fields, constituting the subjectivation process[4].

Desire is fundamental in the subjectivation process. In the theoretical current of schizophrenanalysis this is not understood as shortage or lack, as in psychoanalysis. Thus, there is no desire to supply something and you do not need anything to fill, it is something that just overflows. In this perspective, it is the desire that produces reality and constitutes relationships. Deleuze proposed to establish a policy, to elaborate the cartography of human desires, tracing the maps of the forces that surround them and cross them, forces that need to be dealt with to construct the forms of subjectivity or existence that constitute them[6].

In the area of health, the subjectivation processes are marked by the mutual effects that managers, workers, and users produce among themselves in their meetings, which are transient processes, which are in continuous movement and, therefore, prone to constant changes. Thus, it is necessary to make a micropolitical analysis of the daily life of health services, due to this "changing dynamic, of constant dispute and production [...]. This is because the event is not a datum, but a happening, unique to every encounter and situation"[4].

In this context, the scenario of this study is a public and university hospital, which became a reference for the city of Belo Horizonte (MG), in the medium and high complexity care for patients suspected or infected by the new coronavirus. From the experience of the authors, as a professor and nursing interns, they considered this health service as a field of forces and disputes, constituted from the different meetings among professors, health professionals, managers, users, and their families, where is present the power relationships, various conflicts, and tensions that are manufactured and deserve to be analyzed as they are unveiled.

In addition, the COVID-19 pandemic brought feelings like; fear, anguish, and uncertainties and further evidenced the precariousness of work[7], which reinforced the motivation to carry out this study, that is, can bring to light the contradictions experienced in daily life of the university hospital, from a micropolitical analysis.

Thus, the "micropolitical analysis proposes to think about the various events in the daily life of the world of care"[4]. Thus, micropolitics is understood as the "daily action of the subjects, in the relationship between themselves and in the scenario in which they are"[8].

Therefore, studying how interpersonal relationships have been configured in professional practice among the nursing team, other health professionals, patients, and their families, in the context of the pandemic, allows us to map the subjectivation processes from the relationships of power, and that in the area of health becomes even more evident, since it is a process that is produced in action.

Power is constituted as a relationship and, therefore, Foucault used the expression – power relationships. For this author, power is not a place that is occupied, nor an object

that is possessed, but a relationship of force that is disputed[9].

In this sense, power thought as power relationships brings the idea of strength since it is "[...] precisely the informal element that passes between the forms of knowledge, or under them. That is why it is said microphysics. It is strength, and relationship of strength, not form. And the conception of the strength relationships in Foucault, prolonging Nietzsche, is one of the most important points of his thought[10:112]".

From these considerations, and a specific look at the nursing team, the following question emerged: in the context of the COVID-19 pandemic what repercussions were identified by nursing professionals in interpersonal relationships in the university hospital?

The objective of this study was to identify the repercussions of the COVID-19 pandemic on interpersonal relationships in the workplace, reported by nursing professionals at a university hospital in the state of Minas Gerais.

This study is relevant, therefore, to investigate how interpersonal relationships have been configured in the pandemic scenario, from the micropolitics of daily work can unveil the weaknesses and potentialities of meetings, to produce health care in an integral, shared, and interprofessional way. In addition, its results can provoke reflections and bring other issues that point out the aspects of future interventions and research.

METHOD

This is descriptive research carried out with a qualitative approach. Descriptive research allows to characterize a particular group or phenomenon and has as one of its objectives, to identify the opinions, attitudes, and beliefs of a population[11]. The qualitative approach consists of deepening a reality in which the object of study cannot be quantified, considering that it seeks meanings, aspirations, beliefs, and values of individuals, which are part of a certain social reality, to be explored by researchers[12].

Theccurchh scenario was a general, public, and university hospital located in Belo Horizonte, Minas Gerais, which has approximately 504 beds to attend, exclusively the users of the Unified Health System (SUS).

The study participants were nursing professionals who met the following inclusion criteria: being a nurse, technician, or nursing assistant, who was working in one of the reference sectors for the care of infected or suspected COVID-19 patients, namely: a Specialty Outpatient Clinic, the Medical Clinic Unit, the Emergency Care Unit, and the Intensive Adult Treatment Center. The exclusion criteria were: workers who were on vacation or away from activities at the time of data collection.

To prepare for the entry of researchers in the field, a meeting was held with the Nursing Coordinators of these sectors, to present the research project and to request the collaboration of these managers in the dissemination of the study among the members of the Nursing Team. In addition, a poster and a video were used which were sent in *WhatsApp groups* to invite the teams to participate in the research.

Thus, all 319 Nursing workers, distributed as follows in the researched sectors: 15 professionals in the Outpatient Care; 96 in the Medical Clinic Unit; 119 in the Emergency Care Unit, and 89 in the Adult Intensive Care Center were invited to participate in the research, through the various forms of dissemination used.

Participation in the research was voluntary and from a contact made by email or by telephone, the interview was scheduled. The study included 15 nursing workers, 10 nurses, and five nursing technicians, including the professionals who worked in the four sectors surveyed.

Although we refer throughout the text to the nursing team, which is composed of the three professional categories (nurse, technician, and nursing assistant) in the results, only the answers of nurses and nursing technicians were analyzed, since no nursing assistant volunteered to participate in the research.

The interviews were semi-structured and all conducted by the study coordinator, who had the collaboration of a nurse or Nursing scholar, who was part of the research team. To conduct the interview a script was used, containing the questions related to the participant's profile and the following guiding question: being a member of the multiprofessional team how have interpersonal relationships been configured in your professional practice in the context of the pandemic? This question allowed us to explore with the participants how interpersonal relationships were being configured in professional practice, among the nursing team, the other health professionals, patients, and family members in the daily life of the aforementioned services.

The research was approved by the Research Ethics Committee (COEP), under Opinion number 4.500.629 and the Free and Informed Consent Form (TCLE) was sent to the participants

by email so that they gave their consent before starting the interviews.

The interviews were conducted virtually through a digital platform, from June to November 2021, and had an average duration of approximately 70 minutes, which were recorded and later transcribed. Even though the participants were from different sectors, a certain repetition of the information was observed, obtaining the data saturation, a criterion used in this study to end the data collection.

The criterion of data saturation is widely used in qualitative research as a determinant for the interruption of data collection and the definition of sample size[13].

To ensure anonymity, the interviews were coded with the letter "E" accompanied by a number ranging from 1 to 15. In addition, to differentiate the professional category of the Nursing team and the sector of performance inside the hospital, the letters "ENF" for Nurse and "TE" for Nursing Technician, accompanied by the letters "CTI" for Intensive Adult Treatment Center, "CM" for Medical Clinic, "PA" for Emergency Care and "AMB" for Outpatient Care.

The analysis of the collected data ccured through the technique of Thematic Content Analysis. Content Analysis was organized in three stages: pre-analysis, exploration of the material, and data processing[14]. In the pre-analysis stage, the most significant sentences were highlighted, starting from the floating reading of the interviews in their entirety, applying the principles of completeness, representativeness, homogeneity, and pertinence; in the stage of the material exploration, the categories of similar and recurrent discourses apprehended through the interviewees' reports were organized; and in the treatment stage of the results, inference, and interpretation, the thematic units were built. Thus, four thematic categories were elaborated, defined a posteriori, emerging from the content of the answers.

RESULTS

Of the 15 workers surveyed, six worked at the Intensive Adult Treatment Center (ICU), six at the Medical Clinic (CM), two at the Emergency Care Center (PA), and one at the Specialties Clinic (ABM). Age ranged from 34 to 55 years; 11 were female and four were male. The mean time of training was 14.13 years and the date of admission to the hospital ranged from 1998 to 2020. The workload that prevailed (eight participants) was the 12x36 scale, with a weekly workload of 36 hours.

Next, the four thematic categories are presented that emerged from the organization of the data collected through the interviews, allowing to identification of the repercussions on interpersonal relationships in the university hospital, reported by the nursing professionals.

Fear and vulnerability of Nursing professionals: Factors that reflected in interpersonal relationships with patients and their families.

Before the pandemic, the professionals interviewed reported being insecure and afraid, because they dealt with a poorly studied virus, with feelings that marked and influenced their interpersonal relationships, mainly with the users. By providing care, nursing professionals faced the imminent fear of the finitude of their lives, through the alarming rates of contamination and mortality, especially of hospitalized patients.

> *The patient was coughing a lot, she was not having more strength to cough, Until it was decided to intubate her, and that was very striking for me. I was very afraid of the death of that patient, I was very afraid to return home that day, because of my parents, my daughter. [...] it was a bad night, it was the worst Christmas night I had, and that marked me a lot. (E5 ENF CTI)*

In this context, nursing professionals also perceived themselves as vulnerable as the patients they provided care to because they were considered by society and by themselves, a kind of vector of contamination of the new coronavirus. This is reflected directly in interpersonal relationships with their families since they needed to isolate themselves from their parents, children, wives, husbands, and other family members.

> *We experienced a moment of many anxieties, of many fears, insecurities, regarding the management with this PATIENT COVID versus a fear of contaminating and contaminating ours, right!? (E6 ENF CTI)*

Upon realizing their vulnerability, nursing professionals, at some times, placed themselves in the place of the patient and their relatives, pointing out the need to also need care, given the possibility of contaminating themselves with the new coronavirus. While nursing professionals wanted to protect their own families from the disease, they needed to fulfill the duties of their profession, even with the insecurity they felt from the little information they had about the virus.

> *We felt on the skin for the first time that the patient's disease was among us, before it was something that the patient has and we don't have. It brings us closer, right, to the other, why first of all, however sensitive you were 'Ah he has cancer, he has COPD, it will not reach me', but now he has with something I can have at any time, I think even with all these difficulties, the professionals were more sensitive, and looked more at both the patient and the employee. (E3 ENF CTI)*

The pandemic scenario allowed nursing professionals surveyed, to look at their fears and admit their vulnerabilities, which can contribute to new subjectivation processes, anchored in the idea that care is produced by "people who care for people", and not by superheroes who are unattainable, and they are ready to "save the world."

> *[...] the main thing in this pandemic working on the front line is this insecurity of returning home. This insecurity of being infected and taking to other people, this fear even, the insecurity of being there, at the same time you know that it is your mission to be there doing this, but this interferes too much in the quality of life of the people who are there on the front line. (E5 ENF CTI)*

It is emphasized that a nursing technique despite understanding the difficulties and fears of users, she realized that they do not always understand the problems that the team also experiences, wanting their needs to be met quickly and not put themselves in the professional's place.

> *The entrance door of the service makes us extremely stressed [...], for example there are people who omit that they are in a flu state and we can get contaminated right, so this gives a certain fear in us yes, we are in a very great degree of stress [...] they want to be consulted quickly, but they forget that those who care for them also need care[...]. (E15 TE AMB)*

The mission of caring attributed to the professionals of Nursing historically constructed in a self-denying and submissive way was put in check. In this perspective, the authors' commitment is to think of more autonomous and collective forms of care production, from more effective and sensitive meetings with patients and other professionals, and to meet the needs of users in the health-disease process, as well as professionals in the work process.

Work overload and occupational stress: factors that resonated paradoxically in the interpersonal relationships of the Nursing team

From the participants' report, it was evidenced that work overload and labor stress were factors that resonated paradoxically in interpersonal relationships in the Nursing team. On the one hand, there was an increase in conflicts due to the tension of the pandemic scenario, but on the other hand, there was identified a greater union among the workers because they were facing similar difficulties, representing the team as if it were a "big family".

> *Nursing with Nursing, at first was very difficult, it was a fight, it seemed like a quarrel of siblings, to slap each other, when you realized you answered back, everyone was very stressed, so it was very complicated. As time went by, it became siblings' love, you know, everyone embrace, nowadays, I am very proud to be in this team, because we have gone through many difficulties and everything has united us a lot, so our team, today, Nursing has joined a lot, it is very cool. (E4 ENF CTI)*

> *I realized hence, the pandemic united us stronger, you know, made us closer to the professionals [...]. But the professionals are exhausted, everyone tired, so when we are tired, stressed, the moments of stress, of discussions can even be more intense. (E14 ENF PA)*

Most of the time, the Nursing daily work is marked by hierarchical relationships and disputes between the three professional categories (nurses, technicians, and nursing assistants). However, the interviewees reported that these moments of crisis and difficulties experienced in the context of the pandemic were considered potential trainers of ties and team unions. In addition, there was recognition and appreciation of the importance of the role of the managing nurse in the conduct of nursing care and teamwork, as a strategy to overcome together the adversities found.

Regarding the nursing technician with nurses, we became a kind of partner, you know, facing a war. A moment came that we had not defined what was the service of the nurse and what was the service of the nursing technician even with the description of autonomy, submission and all these things, but, the bond increases greatly from the moment you are experiencing a difficulty and have support. Coordination was very important [...] it was conducted with great wisdom. (E10 TE CM)

Feeling of impotence and power relationships: factors that have passed on in interpersonal relationships between Nursing and other health professionals

The feeling of impotence experienced by nursing professionals interviewed contributed to their interpersonal relationships with other health professionals becoming closer, given the understanding that everyone needed to get together to face the unknown and the difficulties encountered in the context of the pandemic.

The scenario lived by them showed the need for nursing professionals to collectively build other ways of relating and producing care, replacing the hierarchical form of work relationships and fragmentation of assisting patients, instituted in the hospital. For the interviewees, a strategy that led to the union of teams and sought to strengthen the interprofessional work for the provision of comprehensive assistance to users was the training carried out, from collective meetings, to discuss the work process and empower professionals to act in the new context.

In relation to the multiprofessional team, the relationships were strengthened in the sense that at the beginning of the pandemic everyone was seen in that thought, as follows: "no one knows anything then we have to build together." So it was very good because all the trainings were for everyone. In the intubation training there was a technician, a nurse, a physiotherapist, the entire multiprofessional team of the CTI was there. There was specific information for the doctor, for the nurse, for the physiotherapist, but everyone was aware of what the role of everyone was. I saw how much we approached and there were several trainings of this kind. And the construction was really joint. (E2 ENF CTI)

On the other hand, the interviewed professionals mentioned that the power relationships gained strength in the daily work during the pandemic, because they had to dispute, above all, with the doctors, the various decisions related to the (re) organization of the work process to attend patients with COVID-19. Thus, some participants of the research stated that the conflicting relations intensified in this scenario, due to medical corporatism, which contributed to the main decisions being made essentially by these professionals, without the participation of other health workers. One of the decisions made, for example, in the Adult CTI, one of the sectors that most modified its physical structure and its work process to serve patients with COVID-19, was related to the "privileged" place for doctors during the call. From the participants' report, it was identified that after the running of beds, which took place at the beginning of the call, it was decided that the doctors would stay in a room outside the sector, waiting to be called for some intercurrence with the patients. Thus, only the Nursing Team remained within the unit to attend to patients with COVID-19 complications. Faced with this decision sustained in the relationships of the medical power, nursing professionals felt abandoned, triggering a feeling of loneliness. In addition, they did not agree with this decision, because, it would be more frequently exposing the whole Nursing team to the virus and nurses had to manage the various problems that were not in their governability.

I started to be very afraid even at this beginning, to stay inside all the time, you feel a little rebel you know 'why is it just us, because the does doctor not have to stay inside too, all the time? Why don't you have a physiotherapist here all the time? if the team is multidisciplinary?', but to this day there isn't not. The medical team is quite like that 'we want it and that's it.' It is a very big power, it bothers me a lot, a lot, a lot [...] So with the medical staff I think the relationship got worse, they are there and we are here. I think it got very bad; with the board, the feeling of Nursing is also like this, that it is imposed, like "I am the boss and you the employee, accept, swallow it', for everyone that is it. (E4 ENF CTI)

From the reports, which allowed us to make an analysis of the micropolitics of the researched sectors and specifically of the Adult CTI, it can be said, that Nursing is a profession that historically has a

fragile and precarious mobilization power to position itself before the other professionals, to build other forms of care management, in which decisions are made in a decentralized and collegial way.

Impersonality and disruption with institutional standards: factors that have passed on in interpersonal relationships with patients and family members

Social distancing and Personal Protective Equipment (PPE), including clothing, necessary to prevent the spread of COVID-19 and important for worker safety, contributed to the professionals feeling like "robots", absent from feelings and emotions, interfering significantly in the provision of care, in which the basis is relational. However, this finding did not prevent them from being concerned with each other in their daily work, which reinforces the need to collectively produce Nursing Care, from an effective teamwork.

> *We got more robotic, we got a bit mechanical, so we reduced this quality, this interpersonal relationship [...]. So, no matter how much we are a little colder, not being able to have this contact so close, at the same time we are worrying more about each other. (E3 ENF CTI)*

With the COVID-19 pandemic, some protocols were established to normalize the work process and prevent the spread of the new coronavirus, however, several times the standards conflicted with the workers' subjectivity processes, bringing to light the importance of the bond, of desire and affection in professional relationships.

> *[…] we cannot put a person exposed to the contaminated environment, but it is the right of the family to recognize the body of his or her belove one […], we, for example, separated the door for the family to enter, trained the family member to use the PPE and he or she was two meters away from the body; and who will respect these two meters?! You have already guided, but, the family wants to embrace, and he or she (patient) is all contaminated with COVID. So it was very distressing, because I had to meet the legal requirements in the institution, which could not contaminate others and, I would have to deal with humanitarian and affective issues as well. Between the prescribed and the real, there is a very big divergence when you are on the front line, right!? (E6 ENF CTI)*

Nursing workers worried about the users because they could not receive visits, seeking strategies to welcome them, and even often play the role of the family member. This caused these professionals, in some moments, to break with the standards that were instituted, for example, the face-to-face visits of family members, seeking other forms of care, based even on the association between light technology and hard technologies.

> *And in this context of pandemic, it requires much more of us a proximity to him or her (the patient), because we will have to do the role besides nursing technician, to play the role of his or her family, will have to be close and assisting in everything that is necessary. (E8 TE CM)*

> *I have to find a solution, I have to give an improvement to the patient, so we wrote a project, I sent there to the ombudsman [...] my project is to have a cell phone in the sector for the family to send audio, things that can stimulate the patient, photos of the family, everything else, and then we pick up the cell phone and put it for the patient to listen, and the patient who is capable of recording an audio for the family too, who sends by phone to the family. (E13 ENF PA)*

With the advent of the pandemic, interpersonal relationships began to be strongly mediated by digital technologies, enabling, for example, through a cell phone to be accessible to the other, which minimizes the feeling of abandonment or loneliness of patients who are in isolation.

DISCUSSION

The results showed the configuration of interpersonal relationships in the context of the pandemic in the university hospital under study, based on micropolitical relationships and subjectivation processes.

In the subjectivation processes, Deleuze and Guattari point out three types of lines that constitute the relationships: those of hard segmentarities; those of malleable segmentarities, and the escape lines[6].

The lines of hard segmentarities are those that stipulate the great molar sets, dualities for example: the dominant and the dominated, but they are also those that establish social roles such as: employer-worker and others[6].

In this perspective, it can be said that in the university hospital under study, the relationships established between nursing professionals and users are most often configured from the professional-user duality, consisting of hard segmentary lines, in which a distance between the worker's life and his or her patient is denoted. This logic exalts the technical-scientific knowledge, placing the Nursing professional in a position of superiority and unattainable. However, in the context of the pandemic, it was observed that this type of interpersonal relationship was put in check before the feelings such as fear and insecurity experienced intensely, due to the initial lack of knowledge about COVID-19 and the procedures for coping with it, exposing the vulnerability of Nursing professionals.

Through the literature, it can be seen that in the pandemic scenario, in other health organizations, Nursing professionals also presented themselves as insecure and fearful before the new reality, because, being on the front line in the care of patients, they constantly exposed them to a possible infection[15].

The hard segmentarity lines were also characterized by power relationships. According to the interviewees, in the context of the pandemic power relationships were exacerbated, mainly between nursing professionals and the medical category, which refers to the form of organization of hospitals that occurred in the 18th century.

At that time, the doctor had an administrative dependence on the religious, who could even dismiss them from the hospital. But, as this health service constituted itself as a healing instrument, the doctor became the main responsibility for the hospital organization. Moreover, power is intrinsically linked to knowledge that is shaped by power relationships, so it is the power that determines what is considered true, valid, and legitimate in a certain epoch and society[9]. This shows how the power relationships constitute a complex force that is spreading through the various dimensions of social and organizational life.

Therefore, one of the main tensions that still occur among health professionals is the lack of recognition that everyone should govern to build a shared work dynamic, but, in the end, the work is not a problem. As this does not occur spontaneously, power relationships and project disputes end up producing fragmentation of the assistance provided to the users[4].

A study carried out at the Neonatal Intensive Care Unit of a hospital in Belo Horizonte (MG) also evidenced the doctor's authority in working relationships with the Nursing team, characterizing a supposed relationship of submission, that was from the establishment of standards and routines for the accomplishment of procedures, to the disqualification of speech and spaces for the discussion of cases, for example. Thus, in the hospital context, it is clear the a need for a more collective discussion on the work of the multiprofessional team[16], which corroborates the data found in this investigation.

But, when dealing with segmentary lines, one can "realize that there are not only hard lines that segment binarily, from the large dual oppositions", there are also, for example, the malleable segmentary lines[6].

The malleable segmentary lines imply more fluidity and rhizomatic functioning. In any and every reality there is a heterogeneous multiplicity of elements and relationships in which there are points that connect drawing new lines and possibility of connections. In the rhizomatic configuration, there are no axes or centers to control the relationships and flows between the elements[6].

In this direction, interpersonal relationships in the researched university hospital may also have been produced from malleable segmental lines, because, by explaining their vulnerability, Nursing professionals sought other ways of perceiving and relating in the pandemic scenario. They perceived themselves as human beings, as well as users, who have feelings, desires, and limitations.

In addition, given the difficulties encountered in this context, Nursing workers sought other ways of producing care, supporting themselves, and valuing the collective and teamwork, but also recognized the role of the managing nurse as fundamental in the coordination of care.

Another aspect that indicated the constitution of relationships from malleable segmentary lines was the paradoxes found in the daily work in this context. At the same time that there was an increase in conflicts due to work overload and occupational stress, the professionals reported that through the difficulties they attempted to unite to solve the problems together. Still in this direction, Nursing professionals sought to expand the relationship of cooperation with other professional categories, which shows the possibility of a rhizomatic configuration with various flows and connections.

Especially at the beginning of the pandemic, in which everyone faced the unknown, the hos-

pital under study implemented joint training in multiprofessional teams carried out during working hours, to enhance cooperation and interprofessionality.

This initiative is aligned with the World Health Organization which conceptualizes interprofessional education "when students or professionals from two or more courses, or professional centers, learn about others, with others and among themselves"[17]. This approach allows the various health professionals to have an interprofessional view of the role of each one in the comprehensive care provided[18].

Thus, it is recommended that EPS be implemented in daily work so that it can open space for reflections and exchanges of experiences carried out collectively, this makes it possible to interrogate and analyze the effects of the work carried out by all professionals involved in health care of users[19].

Another type of line that constitutes the relationships is the escape line, characterized by rupture, "true ruptures that promote sudden changes, often imperceptible [...] they are active and most often need to be invented and do not have a guidance model"[6].

In the pandemic context, the relationships were also configured between Nursing professionals and users in the hospital under study, from escape lines when the concern of the workers with their patients, at some times, was overlaid with institutional standards. For example, seeking strategies to welcome and meet the affective demand of users, providing visits to family members online, and often occupying the role of family members.

By articulating knowledge of humanized care, the reports of this study showed that at some times the work of the Nursing team was not restricted only to the accomplishment of the prescribed work, instituted by the standards, protocols, and legislations. Mainly, in the context of the COVID-19 pandemic, nursing professionals broke some institutional standards, to value subjectivity and light technologies, and to produce care based on the affection and the real needs of users and their families.

From the perspective of ergology, there is a discrepancy between the prescribed work, which is characterized by pre-established standards and routines, and the real work, which depends on the complexity of the assistance to be provided and the subjectivity of the worker for decision-making in real demands of daily life[20], which points to the living work environments and which produces meetings and learning, from affection and desires.

Finally, a limitation of this study was the non-generalization of the data collected in the research, since it was restricted to the Nursing team of some sectors of a single university hospital. However, the interviews allowed a place of speech for nursing professionals about their professional relationships, which can generate a self-perception of several relational aspects that were once covered, allowing reflections for workers on interprofessional work and team conviviality.

CONCLUSION

The objective of the study was achieved since it identified the repercussions of the pandemic on interpersonal relationships in the workplace, listed by Nursing professionals of a university hospital. Among them, the insecurity of working in the fighting the new coronavirus, which resulted in the most emphasized feeling by the workers: the fear of contamination, which consequently put at risk the people of their circle of coexistence. In this context, Nursing professionals also recognized their vulnerability as human beings, understanding that they have desires, affections, and limitations.

Interpersonal relationships were paradoxical, when professionals highlighted the union of the group in the fight against the pandemic and at the same time pointed to the presence of conflicts and power relationships, mainly with the medical team that were accentuated by factors such as work overload and stress situations.

In the multiprofessional team, interpersonal relationships were enhanced by joint training strategies and from the perspective of interprofessionality, which provided a greater approximation of the different professional categories, with knowledge sharing, being an innovative experience in the hospital under study.

Breaking with institutional standards was considered an instituting act, in which nursing professionals considered their desires and patients, using articulated light technology and hard technology (in this case digital ones) and other strategies to bring users closer to their family members.

In short, the results of this study may contribute to the improvements and transformations in the interpersonal relationships of nursing workers established in the labor environment, since it brings to light the collaboration and union, important factors for the accomplishment of professional practice, but that are not always present in the teams.

In addition, we can create spaces for analysis and reflection to discuss the conflicts and power relationships that have always been present in the daily life of the teams, and that in the pandemic these relationships have been accentuated. Therefore, in health services, and specifically in the university hospital, it is necessary to provide a collective and interprofessional discussion of the teams to seek interpersonal relationships increasingly horizontal and based on transparent dialogue, in which everyone can contribute with their specific knowledge to produce an integral, affective and humanized care.

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CONFLICT OF INTERESTS
The authors have declared that there is no conflict of interests.

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AUTHORSHIP CONTRIBUTIONS
Project design: Spagnol CA
Data collection: Spagnol CA, Rocha JGRS, Torres CM
Data analysis and interpretation: Spagnol CA, Rocha JGRS, Torres CM
Writing and/or critical review of the intellectual content: Spagnol CA, Rocha JGRS, Torres CM
Final approval of the version to be published: Spagnol CA, Rocha JGRS, Torres CM
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