

“A Shift that Broke my Heart”: The Nursing Activity from the Dialogical and Ergological Perspective in Times of Covid-19 / “Um plantão que partiu meu coração”: o trabalho de Enfermagem sob as perspectivas dialógica e ergológica em tempos de covid-19

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ABSTRACT

Taking into consideration the relevance of studies on language interfaces for the better understanding of human activities, this paper aims to verify aspects of *uses of the self* in the work activity of a nurse who deals with patients infected with covid-19. This paper is theoretically based on the dialogical perspective of language in interlocution with ergological approach studies. The object of reflection for this study consists of a nurse’s report published on her profile, on Facebook, in which she states: “Report of a shift that broke my heart.” This person dialogues with others on social media using utterances derived from events in her labor environment, the hospital. The present analysis reveals axiological positions of a subjective nature, which refer to one subject who shares utterances in this mean in order to evaluate the existing tension in the complexity of coping with death and the professionals’ human and psychological exhaustion while dealing with covid-19.

KEYWORDS: Dialogism; Ergology; Nursing Activity; Coronavirus

RESUMO

Considerando a relevância de pesquisas nas interfaces da linguagem para a compreensão das atividades humanas, o artigo objetiva verificar aspectos de usos de si na atividade do trabalhador de Enfermagem que lida com pacientes contaminados pela covid-19. Baseia-se teoricamente na perspectiva dialógica da linguagem, em interlocução com os estudos de abordagem ergológica. O material de reflexão desta pesquisa constitui-se de um relato de uma enfermeira publicado em seu perfil, no Facebook, em que se lê: “Relato de um plantão que partiu meu coração”. Esse sujeito dialoga nas redes sociais com enunciados advindos de acontecimentos do seu universo de trabalho: o hospital. A análise revela posições axiológicas de ordem subjetiva que remetem a um sujeito que compartilha enunciados neste meio no intuito de aliviar a tensão existente na complexidade de lidar com a morte e o desgaste humano e psicológico dos profissionais no cuidado da covid-19.

PALAVRAS-CHAVE: Dialogismo; Ergologia; Enfermagem; Coronavírus

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Initial Considerations

This paper operates on an interface between concepts that approach language to work from the perspective of human activity. It detects axiological positions deriving from utterances published on the Internet via World Wide Web as well. Websites and digital social media¹ have become spaces for expression, pluralities and diversities as they have promoted meetings and manifestations from several origins and social positions. In this space of interlocution, filled with meanings, something that called our attention was the heartfelt discourse (via Facebook² post³) of a 37-year-old nurse, Taísa Land, about the everyday life of people on shifts caring for patients infected with covid-19, posted on her page on May 28th, 2020. This account refers to recurring practices nowadays in face of the event of social media, in which the “concrete life of the word” (Bakhtin, 1984, p.181)⁴ is portrayed in its multifaceted complexity. This complexity may be characterized by the subject’s “acts” that are hybridized in time-spaces, either digital or non-digital.

Due to social distancing, regarding all kinds of professions and based on this spontaneous exposition referring to a nursing⁵ work activity that relates facts, acts and emotions, we verified the relevance of producing studies in the interface of linguistics

¹ Recuero (2014, p.102, our translation) defines social media websites as “a category from the social software group that applies directly to communication mediated by the computer.” [in Portuguese: “uma categoria do grupo de softwares sociais, que seriam softwares com aplicação direta para a comunicação mediada por computador.”] Regarding digital social medium, Recuero (2009, p.24, our translation) states that: “a social medium is defined as a set of two elements: actors (persons, institutions or groups; the network’s nodes) and its connections (social bonds or interactions).” [in Portuguese: “uma rede social é definida como um conjunto de dois elementos: atores (pessoas, instituições ou grupos; os nós da rede) e suas conexões (interações ou laços sociais).”]

² The resource may be explored at: <https://www.facebook.com/help/460711197281324/>. Access on: 11th June 2020.

³ According to Costa (2009), a post is an opinionated, descriptive and narrative text. The name was originated in blogs and is now used also in social media.

⁴ BAKHTIN, M. *Problems of Dostoevsky’s Poetics*. 8th printing. Translated by Caryl Emerson. Minneapolis, MN, University of Minnesota Press, 1984.

⁵ “An action or activity performed mostly by women, who need it to reproduce their own existence and use a knowledge from other sciences and from a synthesis produced by itself to seize the health’s object concerning its specific field (nursing care), visualizing the final product, which is to tend to social needs, that is, the promotion of health, the prevention of diseases and the patient’s recovery or the population’s health control.” (Almeida; Rocha, 1997) [In Portuguese: “Uma ação ou atividade realizada predominantemente por mulheres, que precisam dela para reproduzir a sua própria existência e utilizam um saber advindo de outras ciências e de uma síntese produzida por ela própria para apreender o objeto da saúde naquilo que diz respeito ao seu campo específico (cuidado de Enfermagem), visualizando o produto final, que é atender às necessidades sociais, ou seja, a promoção da saúde, a prevenção de doenças e a recuperação do indivíduo ou o controle da saúde da população”].

and ergology. Considering the scenario of higher risk of death due to contamination, some professionals have, as their duty, to protect human lives from this virus. That is the case of workers from the health area. For this reason, in this paper, we problematize human labor based on the condition in which health professionals, under oath, have the duty to perform their labor activities, aware of hazardous work conditions. In view of this perception and considering the possibilities that the literature provides, we focus our reflections on a nurse's report posted on social media after a shift. The nurse's report uses words that refer to the professional's labor activity both in the offline (space where she does her work in the hospital) and online (space used to narrate routine activities in social media)⁶ universes. Considering the network connections permanently established between speakers and interlocutors on the Internet, in the space constituted by discursive relations and supported by the Bakhtinian theory, we understand that the words in this space "must clothe themselves in discourse, become utterances, become the positions of various subjects expressed in discourse" (Bakhtin, 1984, p.183).⁷

The speaker's linguistic choices, as they become part of the real world via Facebook post, take subjective, axiological positions in the online universe. We understand, according to Voloshinov (1983, p.126), that "the content and the meaning of an utterance require a *form* to actualize or realize them, and without such form they would not exist at all exist,"⁸ nor would they elicit such tensional reactions in the several interlocutors that the nurse's page has. The utterance, in this context, is seen "as a singular act, which is unrepeatable, concretely situated and arising from an actively responsive attitude" (Faraco, 2009, pp.23-24; our translation).⁹ By publishing the post, the health professional proposes an active, live, tensional debate on work occurrences in critical environments, such as health centers that treat covid-19; i.e. she refers to the professional's industrious activity,¹⁰ as proposed by Schwartz (2014).

⁶ According to the Bakhtinian theory, we will treat "social media" as an auditorium.

⁷ For reference, see footnote 5.

⁸ VOLOSHINOV, V. N. [M. M. BAKHTIN]. The Construction of the Utterance. In: SHUKMAN, Ann (ed.). *Bakhtin School Papers*. Russian Poetics Translation, Vol. 10. Trad. Noel Owen. Somerton: Old School House, 1983, pp.114-138.

⁹ In Portuguese: "como um ato singular, irrepitível, concretamente situado e emergindo de uma atitude ativamente responsiva."

¹⁰ According to Schwartz (2014, p.261, our translation), "every sequence of industrious activities involves arbitrations, debates, which are immersed in a social world where the destination community is always eminently problematic, in constant reconstruction." [In Portuguese: "toda sequência de atividades industriosas envolve arbitragens, debates, imersos num mundo social em que a comunidade de destino é sempre eminentemente problemática, em permanente reconstrução."]

Based on an interface approach between the dialogical and the ergological perspectives, we aim to verify aspects of subjectivity and the *uses of the self* of a nurse in her work activity. She deals directly with patients infected with covid-19. This is a qualitative research and we use the analysis of utterances in public, synchronic time-spaces; because, even though the post has gone viral and is shared through several information digital platforms,¹¹ we have opted to analyze the text available in the author's own Facebook profile.

The choice for this post is justified on two grounds. The first regards the report itself, a heartfelt speech which brings up the drama experienced by a health professional who works directly with patients infected with the new coronavirus. The second reason is associated to the understanding that “the verbalization about the work allows us to observe what is not visible in the actual work” (Di Fanti, 2012, p.326; our translation).¹² The analysis of the nurse's report is a way to get closer to the different facets of the subjectivity construction and the *uses of herself*, as a nurse, and *the uses of the others' selves* in the work dynamics and in challenges posed to society in pandemic times.

This paper is composed of: (i) a brief explanation on the (inter)subjective and axiological path of utterances; (ii) a reflection on the pandemic context and nursing in its turmoil and labor relations; (iii) methodological aspects; (iv) ergological and dialogical structures, the analysis proposal; and (v) final considerations.

1 The Axiological Path of Utterances

The Bakhtin Circle focuses on human relations established through language and society. This means that the observation of language moves beyond individual psychological meanings, implying a deeper semantic and dialogical relationship among utterances. That is language is understood in view of its social meanings for events, contexts, and subjects. We understand that the concept of dialogism takes shape and may be seen as a way to understand life in its several dimensions in face the tensions of the human existence condition. A dialogical view on language implies responsiveness to the

¹¹ One of the articles, among many others, concerning that was published on the news website BBC News. Available at: <https://www.bbc.com/portuguese/brasil-52974325> Access on: June 11th, 2020.

¹² In Portuguese: “a verbalização sobre o trabalho possibilita observar o que não é visível no trabalho real.”

“generative forces of linguistic life.” (Bakhtin, 1981, p.270)¹³ Meaning making is consequence of the tension between centripetal (centralizing) forces and centrifugal (decentralizing) forces. (Faraco, 2009)

According to Voloshinov (1983, p.101)¹⁴ as regards work and language activities, “*collective* effort is only possible given a minimum coordination in actions, the minimum idea of some common purpose.” According to Bakhtin (1986, p.84), speech genres, linking style, composition and evaluative expression, guide interlocutors on their responsive acts, “[t]he choice of linguistic means and speech genre is determined primarily by the referentially semantic assignments (plan) of the speech subject (or author).”¹⁵

For Bakhtin Circle, the understanding of dialogue varies from a basic form of speech communication up to the comprehension – this being the most relevant – of dialogue as property of language, of discourse.

Because of its simplicity and clarity, dialogue is a classic form of speech communication. Each rejoinder, regardless of how brief and abrupt, has a specific quality of completion that expresses a particular position of the speaker, to which one may respond or may assume, with respect to it, a responsive position (Bakhtin, 1986, p.72).¹⁶

If the classical form of dialogue is important to understand discursive interactions, the dialogical constitutive feature of language is what unveils its heterogeneity and inconclusiveness, that is, the meaning relations that are established from a single word to the most complex utterance. Every utterance – as a minimal unit and a link in the chain of speech communion – derives from past interlocutors and is once again signified and directed to (a) new ones, some “other” in the complex chain of speech communion. According to Faraco (2009, pp.23-24, our translation), language, understood “as activity (and not as system),”¹⁷ refers to the understanding that the utterance is “a singular,

¹³ BAKHTIN, M. *The Dialogic Imagination: Four Essays*. Translated by Caryl Emerson and Michael Holquist. Austin: University of Texas Press, 1981.

¹⁴ VOLOSHINOV, V. N. [M. M. BAKHTIN]. What is Language? *In: SHUKMAN, Ann (ed.). Bakhtin School Papers*. Russian Poetics Translation, Vol. 10. Trad. Noel Owen. Somerton: Old School House, 1983, pp.114-138.

¹⁵ BAKHTIN, M. The Problem of Speech Genres. *In: Speech Genres & Other Late Essays*. Translated by Vern W. McGee and Edited by Caryl Emerson and Michael Holquist. Austin: University of Texas Press, 1986, pp.60-102.

¹⁶ For reference, see footnote 15.

¹⁷ In Portuguese: “como atividade (e não como sistema).”

unrepeatable, concretely situated act [that arises] from an actively responsive attitude.”¹⁸ We may say that, in the I-other relation, in a social medium, which is the context of the utterance analyzed in this paper, the speaker (I) answers to already-said discourses and anticipates the interlocutor’s answers, who may or may not identify oneself with the words used by the speaker.

Vološinov (1986),¹⁹ in accordance with the discussions produced in the Bakhtin Circle, states that individual consciousness is constituted by signs, which emerge in the relationship between individuals in a collective, inter-individual relationship, that is, in the interaction among participants in a dialogue. A sign is always ideological produced by the interaction between two individual consciousnesses inside a collectivity.

We verify that consciousness is social and “*consciousness itself can arise and become a viable fact only in the material embodiment of signs*” (Vološinov, 1986, p.11; emphasis in the original).²⁰ The formation of individual consciousnesses will depend on values acquired by signs in the collective and inter-individual processes. In the case of our analysis, consciousnesses come from a collective that deals with death, among other signs. The conception of the ideological sign, exemplified by Vološinov (1986),²¹ based on the hammer and sickle, is constituted by the transformation of production tools. On forming a single image in the Soviet flag, those objects became an ideological sign; that is, a material embodiment of a sign that represents it. Vološinov (1986, p.10) states that “[t]he domain of ideology coincides with the domain of signs. They equate with one another. Wherever a sign is present, ideology is present, too.”²² The author also highlights that:

Each field of ideological creativity has its own kind of orientation toward reality and each refracts reality in its own way. Each field commands its own special function within the unity of social life (Vološinov, 1986, pp.10-11).²³

¹⁸ In Portuguese: “um ato singular, irrepitível, concretamente situado [que emerge] de uma atitude ativamente responsiva.”

¹⁹ VOLOŠINOV, V. N. *Marxism and the Philosophy of Language*. Translated by Ladislav Matejka and R. Titunik. Translator’s Preface. Cambridge: Harvard University Press, 1986.

²⁰ For reference, see footnote 19.

²¹ For reference, see footnote 19.

²² For reference, see footnote 19.

²³ For reference, see footnote 19.

According to the author, the “sign is a phenomenon of the external world,”²⁴ which derives from interindividual relations; it may generate a multiplicity of signs and new signs based on those, being:

Both the sign itself and all the effects it produces (all those actions, reactions, and new signs it elicits in the surrounding social milieu) occur in outer experience (Vološinov, 1986, p.11).²⁵

The nursing work may acquire an ideology or the evaluative indexes that not only refer to caring for the other but also to death as a result of the connection between the sign and its ideology in the area they occur. In accordance with Vološinov (1986, p.23),²⁶ “this social multiaccentuality of the ideological sign is a very crucial aspect. By and large, it is thanks to this intersecting of accents that a sign maintains its vitality and dynamism and the capacity for further development.”²⁷

Moreover, Vološinov (1986, p.22; emphasis in the original) considers that “*only that which has acquired social value can enter the world of ideology, take shape, and establish itself there.*”²⁸ In the case of the nurse’s report under analysis, when the constitutive feature between ideology and sign/language is established in the evaluative dimension that is present in the chain of speech communion about the coronavirus, the multiaccentuality can be noticed as it is present in the linguistic choices that evaluate the nurse’s night shift. We can consider that “[a]ssumed value judgments are, therefore, not individual emotions but regular and essential social acts” (Vološinov, 1976, p.100),²⁹ which, in this case, may be inferred from the offline universe, constituted by Taísa Land’s professional and personal experiences.

We must take into account that it is through the expressive intonation that the verbal is connected to the extraverbal present in the health professional’s authorial lexical choices. She uses social media to express her frustration regarding the current situation, and it is its contextual and ideological concreteness that will allow certain utterances to

²⁴ For reference, see footnote 19.

²⁵ For reference, see footnote 19.

²⁶ For reference, see footnote 19.

²⁷ For reference, see footnote 19.

²⁸ For reference, see footnote 19.

²⁹ VOLOŠINOV, V. Discourse in Life and Discourse in Art. Concerning Sociological Poetics. In: VOLOŠINOV, V. *Freudianism: A Marxist Critique*. Translated by Irwin R. Titunik, New York: Academic Press, 1976.

exist. According to Vološinov (1986),³⁰ we may state that those utterances will be representative of specific work and social life phenomena, as is the case of the new pandemic caused by the coronavirus.

2 The Pandemic and Nursing in Perspective

The disease caused by the coronavirus (covid-19) was not the first health problem caused by viruses to become a world pandemic, but it is the one with the fastest due to the various means of popularization. In fact, it is as fast among people as the virus dissemination itself. For instance, according to Oswaldo Cruz Foundation – Fiocruz’s data (Rocha, 2020), the Spanish flu, in 1918, decimated World War I troops and spread worldwide. At the time, because of political reason, it was not allowed to popularize information in several countries affected by the disease. As the pieces of news about that flu were popularized worldwide by Spain, the 1918 pandemic became known as the Spanish flu. That means that it did not really originated in Spain as many people might have believed. At that time, the world was going through a chaotic social and political crisis caused by a post-war scenario. Now, the crisis we are going through has to do with governmental instances.

World War I brought along the first official records of nursing basic cares, because there should be a protocol for caring for soldiers that needed intensive therapeutic treatment due to the severity of their injuries. At that time, several women were trained and sent to war.

When searching for records of the history of nursing and nursing intensive cares, it is impossible not to mention the names of two pioneer women that changed the international scenario in this field of work: Florence Nightingale, who acted in the Crimean War, and Ana Nery, who acted in the Paraguay War. Besides Nightingale and Nery, a Brazilian woman, called Edith Fraenkel, appears in the records related to the caring for people with the Spanish flu in Brazil with an outstanding position in the history of nursing in this country (Furukawa, 2009).

³⁰ For reference, see footnote 19.

In view of all this, let us consider that the subjects that are facing pandemics, wars, disasters, and other life-threatening situations understand the real value of their work as an answerable deed in relation to their own lives and to the lives of others. This activity does not tolerate abstractions regarding life. Bakhtin (1993, p.18) states that:

To understand an object is to understand my ought in relation to it (the attitude or position I ought to take in relation to it), that is, to understand it in relation to me myself in once-occurrent Being-as-event, and that presupposes my answerable participation, and not an abstracting from myself.³¹

The hospital is a scenario historically known for following rules and prescriptions in the development of the work that takes place there. The subject inserted in this space knows that every movement, every activity must be infallible. In the everyday work, considering what is prescribed for the patient, the nursing activity may go over what is prescribed as the ordinary execution of tasks.

On reflecting upon the nursing work, we highlight the importance of acknowledging the memory of those precursor women's activities. They did their work in times when technology was scarce, diagnostics were hard to make, materials and care were difficult to get. For this reason, those women contributed to the tension in the debates regarding rules and prescriptions at the time. The nursing activities done during their nursing work still reverberate nowadays and help establish connections with the present of this activity. In other words, permeated by the human contact relating to soothing pain, nursing activity over time has continued connected to its origins. And that can be described as a means to reestablish the health of individuals, promote their physical integrity in face of comorbidities, and facilitate their safe and sound return to society.

In the past, during the Spanish flu period, there were no social media networks or other channels that could report to the world the sufferings and anxieties regarding life and work if compared to today. People could only record their sad memories in diaries, daybooks, and journals. Records from that time show that nursing reports regarded only patients. A pioneer in the history of nursing notes, we must highlight, is Florence Nightingale (Lyer; Camp, 1995). Nowadays, due to the Internet in contemporaneity and

³¹ BAKHTIN, M. *Toward a Philosophy of the Act*. Translated by Vadim Liapunov. Austin: University of Texas Press, 1993.

the consequent communication possibilities, it is possible for professionals, as is the case of the nurse in focus, to write a private-natured testimonial on a Facebook page, a social media in essence. When she describes her deeds in a certain shift, through a symbiosis of herself with the work and with the other, we are able to understand, according to Schwartz (2002, p.113, our translation), “how work activities continuously transform the life spaces, the ways to conceive social life.”³² We also face the fact, observed by Vološinov (1986, p.95, emphasis in the original), that “[v]erbal communication can never be understood and explained outside of this connection with a concrete situation,”³³ which presupposes, as utterances are concerned, the relationship between language and life, language activity and nursing activity.

The nursing work shift, materialized by the topic “night shift,” produces elements that constitute the verbal communication. When that is associated to Volóchinov’s view (1983)³⁴, we can understand that verbal communication “is always linked to real life conditions, to man’s real actions (acts): work, religion (rituals), leisure and other types.”³⁵ During the shift period, beginning and ending of her work shift, the work done and the real human activity are tested all the time, via prescriptions, rules and laws, which provokes inside every professional an “everlasting debate of rules, which puts the dialectics between prior rules and renormalizations into play” (Di Fanti, 2014, p.255; our translation).³⁶

According to Di Fanti and Machado (2012), we see that the ergological approach reveals work as an enigmatic and industrious activity, which we presuppose to be permanently linked to language. Through language, we unveil “all expressions of an ‘experience’, it is ‘the document of a social happening’, produced by the subject who does the work” (Di Fanti; Machado, 2012, p.22; our translation).³⁷ Understanding language in a broader sense as an inner and outer discourse, there is no way to conceive it “without a definite verbal, or at least a gesticulatory utterance, there is no expression, just as there is

³² In Portuguese: “como as atividades de trabalho transformam continuamente os espaços da vida, as maneiras de conceber a vida social.”

³³ For reference, see footnote 19.

³⁴ For reference, see footnote 8.

³⁵ In Portuguese: “sempre está ligada às condições de vida real, às ações (atos) reais do homem: de trabalho, de culto (rituais), lúdicos e de outros tipos.”

³⁶ In Portuguese: “permanente debate de normas, que põe em jogo a dialética entre as normas antecedentes e as renormalizações.”

³⁷ In Portuguese: “toda a expressão de uma ‘vivência’, ela é ‘o documento de um acontecimento social’ do sujeito que executa o trabalho.”

none without actual social circumstances or real participants” (Volóchinov, 1983, p.107, our translation).³⁸

As we relate the work and language perspectives, we find an unfinalized dialogical subject in the dialogical interface of language. This subject is marked by endless incompleteness because this subject does not go unchanged in face of reality. The subject transmutes, becomes the “I [that] lives in a world of others’ words. And [his] entire life is an orientation in this world, a reaction to others’ words” (Bakhtin, 1986, p.143).³⁹ Considering the ergological interface of the work, we must assume that every work deed is unique. For that reason, we understand that every human work does not allow for repetition. So in an undefined alchemy (Di Fanti; Machado, 2012), to problematize human work is to call upon reflections on professional activities, constituted by tensions between the visible and the invisible (Schwartz, 2011) in the singularity of each one of the subject’s deed.

Disregarding the abstract aspect of the words chosen by the nurse and looking at the nature of utterances, we observe the semantic potentiality in the materiality of language as an actual, live object that is constructed on the work activity of caring. In the Bakhtin Circle’s studies, the word is considered the purest form of social relation, since it is in language that the forms of social communication are materialized. The chaining of words shows the consciousness of the self, regarding the importance the work done. At the same time, it is possible to observe how much of the self is put into action in the performance of the work, seen as human activity.

Considering the dynamics of otherness, we may reflect upon the manifestation of the relationship that the nurse establishes with her interlocutors in social media, because we can observe the responsivenesses that are produced involving the covid-19 in the workspace in the hospital. This makes it possible for us to observe not only how the nurse sees herself – her own image in discourse, but also the projections of the others in her discourse, and how she wants to project herself so that the others can see her and her lived experiences, as well. Schwartz’s states that (2014, p.261; our translation) “a person in focus makes work choices about their work activities which makes it impossible to

³⁸ For reference, see footnote 14.

³⁹ BAKHTIN, M. From Notes Made in 1970. In: BAKHTIN, M. *Speech Genres & Other Late Essays*. Translated by Vern W. McGee and Edited by Caryl Emerson and Michael Holquist. Austin: University of Texas Press, 1986, pp.132-158.

exclude the incidence modalities of a universe of values over that person, which also integrate the others in various ways in a hypothetical common world.”⁴⁰

We can now say that the dialogic perspective goes together with the ergological point of view in order for the researcher to understand complex characteristics regarding every human work, more specifically in a work activity. This point of view is opposite to the idea about a work being mechanic conceiving the human as a simple task executor.

3 Methodological Aspects

In face of the theoretical framework exposed above, we briefly present the methodological aspects that support our study. The theoretical and discursive reflections proposed here are based on the analysis of the following materiality: the heartfelt report (via Facebook post) of a 37-year-old professional from the nursing area, Taísa Land, about the routine on shifts caring for patients infected with covid-19 posted on her page on May 28th, 2020. Based on this spontaneous exposition that demands facts, acts and emotions in the nursing work activity, we verified the relevance of studying utterances from this sphere of labor, in the unique social context in which we find ourselves, as an important contribution for studies in the areas of linguistics and ergology. That is, we understand this report as a dialogical discourse, which, in social media, with a public and digital character, not only responds to past discourses, but also elicits responses from the media users, her interlocutors. It is expected on the part of her interlocutors an active, responsive, even immediate understanding in a certain way, as they are situated in the temporality of the event.

This paper also approximates the dialogical perspective and the ergological approach, discussing the importance of the worker’s verbalization in face of a labor activity performed in centers of high complexity regarding life care. To produce the analysis, we followed the grounds of the Bakhtin Circle’s dialogism and Schwartz’s ergological theories (2002; 2011; 2014).

⁴⁰ In Portuguese: “a pessoa em questão faz uma escolha de ato de trabalho de que não se podem excluir as modalidades da incidência sobre ela de um universo de valores que integram de maneiras variáveis a outra num hipotético mundo comum.”

For the analysis, we will only observe the nurse's post on her public profile. Therefore, we will not consider any implicated comments, replicas and so on, as we understand that the original text contains enough linguistic clues to compose the database that will feed this analysis. The report was enumerated in a sequence of paragraphs from 1 to 16, which we will call excerpt 1, excerpt 2,⁴¹ subsequently, according to the exposition below.

4 Dialogical and Ergological Structures

Report of a shift that broke my heart 😭

1 The patient has been with us for some days, always nice and fighting against covid. She lost her husband last week, who had also been hospitalized with us. She couldn't even say goodbye...

2 Yesterday her condition got worse, she was very tired and when she was told she would be intubated, she begged the doctor: No, doctor, please! Don't do that! I know I won't come back from that.

3 At that moment, I was thankful for wearing a mask and face shield. That way, nobody could see the tears streaming.

4 I had to leave, wander through the corridors, take a breath and go back.

5 I think one of the worst things must be the awareness that soon you may die and you will not be able to be around those you love. I really fear that.

6 I returned...

7 The patient next to her cried.

8 She asked for the phone to call her daughter. She called using the speaker mode. On the other end of the line, her daughter, desperate, was praying, asking God with all her strength for her mother's life. Once again I couldn't take it...

9 It might have been the last 'encounter' between this mom and this daughter, no hugs, no comfort on being with the one you love.

10 We held her hand, I prayed in silence, we asked her to trust us because we would do our best.

11 Later... the patient from the same ward, also hospitalized for a few days, got worse. We were by his side, doing all we could to stabilize his blood pressure.

12 Still conscious, he asked: Can I sleep? I'm afraid I'll sleep and never wake up.

13 I answered: You can relax, we will be here taking care of you.

14 He said: I know I'll die tonight! Indeed, he knew.

15 The patient who cried for the woman next to him, now closed his eyes not to see the one in front of him. And he was certainly praying to God that he was not next.

16 It is inexplicable what we are living. We will never be the same. What a cursed virus!

Schwartz (2002; 2011; 2014) understands that the *use of the self* requires that language observation should be focused on: (i) everyday work language, taken on the

⁴¹ The report in full is attached to this paper.

horizontality of the activity, where the worker uses it to regulate an activity, (ii) a more distanced dimension in relation to history and activity. In regard to the dialogical perspective, we seek the unveiling of human activity reflected and refracted in the form of signs and ideological positions (Vološinov, 1976).⁴²

Associated to the debate on the rules and values that guard the nursing activity, this study focuses on the analysis of a nurse's *drama of herself*, as she shares her frustrations about a work shift during the pandemic via a Facebook post. In search on the web, via Google, the online platform Facebook for news on work during the pandemic due to the coronavirus, a post from May 28th, 2020 called our attention. It was a nurse's report attending patients with covid-19, who works in the frontline of an Intensive Treatment Center (ITC) hospital in Rio the Janeiro. This report was broadly commented not only on social media, shared by users from Facebook itself, but also in news platforms.⁴³

On starting our analysis by the title *A shift that broke my heart*, we must say that the nurse potentializes what Vološinov (1976, p.109) proposes, when he states that “[v]erbal discourse is the skeleton that takes on living flesh only in the process of creative perception - consequently, only in the process of living social communication.”⁴⁴ Given the relevance of the title of the post, we start our analysis with clear evidence from the theories that support this study's proposal, because, in *Art and Answerability*, we find a section entitled *The Value of the Human Body in History*⁴⁵ dealing with the emotional and volitional tones related to the sphere to which the nurse is implicated, the Intensive Treatment Center at the hospital.

When referring to patients, she exceeds the ‘I/other’ relationship on what we call nursing work, which consists of assisting the other, caring. In this regard, by exposing herself on the Internet page, the nurse creates another ‘I’ that arises from her excess of seeing, to whom she can expose her subjectivities. This way, she creates a mediator for

⁴² For reference, see footnote 29.

⁴³ An example of diffusion done by the BBC newspaper is available at: <https://www.bbc.com/portuguese/brasil-52974325?SThisFB&fbclid=IwAR0VDA6q1qQ4yvPTf0pvsvmIEDciaUFprn73zZK2IpgBp9Ciko9 KguyajRc>. Access on: 28th November 2020.

⁴⁴ For reference, see footnote 29.

⁴⁵ BAKHTIN, M. Author and Hero in Aesthetic Activity (ca. 1920-1923). In: BAKHTIN, M *Art and Answerability. Early Philosophical Essays* by M. M. Bakhtin. Translated by Vadim Liapunov. Austin: University of Texas Press, 1990, pp.4-256.

the emotional and volitional tones that inhabit her. According to Bakhtin (1990, p.47),⁴⁶ “I cannot react to my own outward body in an unmediated way: all of the immediate emotional-volitional tones that are associated for me with my body relate to its inner states and possibilities, such as suffering, pleasure, passion, gratification, and so forth.” The determination to produce such a heartfelt report helps her let out what is in her inner body in face of the other, one outside mediator, with whom the nurse may be in contact.

The discourse is constructed in relation with the interlocutor, and it arises from language’s live and concrete expressions. It is in this regard that we discursively consider the speaker as a producer of utterances either for oneself or in relation to the other. Following in this direction, the utterance’s title gives meaning to this analysis. On producing the utterance, *Report of a shift that broke my heart*, the nurse makes linguistic choices, uses ideological signs and establishes a path to the *uses of herself* that the profession requires. At the same time, she reflects upon her experience in that specific space (Intensive Treatment Center of a hospital) and work schedule (work shift).

The nurse’s words structure and frame the foundations of her speech. She imprints the linguistic elements with an expressive tone showing how she feels. In excerpt 1, we notice a general characteristic in nursing records, which is to place the patient in space and time. The moment of her report is as if she were registering her shift in the patient’s chart. We have *The patient has been with us for some days.* (our translation)⁴⁷ In the same excerpt, she proceeds to her axiological perceptions, *always nice and fighting against covid* (our translation).⁴⁸ In the utterances that follow and that will go on throughout the body of the text, she produces dialogical relationships constituted by utterances present in her report. Those relationships are directly connected to Faraco’s (2009) conceptualizations of subjectivity in language in the Bakhtin Circle, that the self does not exist without the other. Taísa’s utterances are permeated by the constitutive interaction between herself and the other. *She lost her husband last week, who had also been hospitalized with us. She couldn’t even say goodbye...* (our translation)⁴⁹ In the end of the excerpt 1, regarding responsiveness, we notice that the nurse’s discourse, directed to social media, dialogues not only with her interlocutors, but also with social voices that

⁴⁶ For reference, see footnote 44.

⁴⁷ In Portuguese: “Paciente internada conosco há alguns dias.”

⁴⁸ In Portuguese: “sempre simpática e lutando contra o covid.”

⁴⁹ In Portuguese: “Perdeu o marido semana passada, que também estava internado conosco. Nem pode [sic] se despedir...”

emerge from her interaction with the patients. There is some social expectation that people might get together and say goodbye to the departed ones. The context where utterances are produced is an environment that also generates social voices, which causes expectations about life and death, for there is the generalization that going to the Intensive Treatment Center is serious and, with that, there is the risk of not surviving.

For that reason, it is not possible to look at such a sequence of linguistic terms chained in the nurse's utterances without considering the whole, the extra-verbal situation in her contact with the experienced reality. This reality is constitutive and strengthens axiologically each word she chooses. According to Vološinov (1986, p.86), a "word is a two-sided act. It is determined equally by whose word it is and from whom it is meant. As word, it is precisely the product of the reciprocal relationship between speaker and listener, addresser and addressee."⁵⁰ In other words, it strengthens the direct relation with others' discourses and semantically determines the responsive position that the other locutor occupies.

In each deed of her nursing activity, it is possible to notice a feedback of feelings when her body gets in contact with another's body, as we see in excerpt 10: *We held her hand, I prayed in silence, we asked her to trust us because we would do our best* (our translation)⁵¹ As concerns the Bakhtinian theory, everyone produces responsive actions, that is, "actions that one performs in relation to oneself and that must be performed for the sake of the other. But it is out of the question to transpose one's inner (axiological) *self*-relationship to the *other*" (Bakhtin, 1990, p.48; emphasis in the original).⁵² Thus, even though the activity in focus requires an outside position, the nurse is not able to distance herself from the kinds of feelings she holds within herself. In the act and in the gesture with the outer body, she touches the hand. There is the axiological tone of the hand that extends to help, comfort, give affection and scare away the other's loneliness. Her deed reflects the sadness of that environment and refracts on the nurse's attitude. Her position is silenced within her. Still supported by Bakhtin (1990, p.48; emphasis in the original), we understand that these meanings regard "the creation of a completely new emotional-volitional relationship to the other *as other* — the relationship which we call

⁵⁰ For reference, see footnote 19.

⁵¹ In Portuguese: "Demos a mão pra ela, rezei em silêncio, pedimos para confiar pq faríamos o melhor."

⁵² For reference, see footnote 44.

‘love’ and which we are quite incapable of experiencing in relation to *ourselves*.⁵³ It was just in that moment of refraction of pain and suffering that the I/nurse and the other/patient felt their actual and strong singularities inhabiting in themselves.

Moving forward in our analysis, we verify that the nurse did not merely want to let those feelings out, she wanted to scream them out due to the pandemic and to the new forced conception of the term death – something common and natural in her everyday life. When she writes, she takes responsibility for the authorship, however, she does not write for herself, in individualization. She positions herself as representing a work class. By posting her report on social media, she re-accentuates her experience and dialogues with other voices; voices that link themselves to the exercise of caring and protecting lives: an image constituted by and in the nursing’s work activity. Externally, she relates to the other, to the institution’s rules and the prescribed work, all of that encompassed in a medical-social sphere, contextualized by rules and prescriptions, which generates an industrious activity producing a feeling of belonging to a class.

The activity performed inside the ITC is expected to be that of constant care for life and comfort to patients. This may be observed in excerpts 11, *We were by his side, doing all we could to stabilize his blood pressure* (our translation)⁵⁴ and 13, *I answered: You can relax, we will be here taking care of you* (our translation).⁵⁵ In these utterances, we still observe the valuative potential present in her mark. The actions verbalized characterize herself taking the responsibility for the other’s life within the disease’s unpredictability. However, a work that deals with subjectivities dialogues with the environment’s unpredictability that confronts the rules. As far as rules as concerned, Di Fanti and Machado (2012, p.33, emphasis in the original) state that “in each situation, the individual must renormalize them, that is, they must singularize their deeds, making *use of themselves*.”⁵⁶ The mediation between I and the other produced a kind of reworking on the prescribed renormalizations as regards the application of rules and prescriptions. Schwartz (2014) treats those as “arbitrariness” at work. In other words, they are decisions deviating from the general repetitive work rules. In excerpt 3, *At that moment, I was thankful for wearing a mask and face shield. That way, nobody could see the tears*

⁵³ For reference, see footnote 44.

⁵⁴ In Portuguese: “Estávamos ao lado dele, fazendo tudo que podíamos para estabilizar sua pressão.”

⁵⁵ In Portuguese: “Respondi: Pode relaxar, estaremos aqui cuidando de você.”

⁵⁶ In Portuguese: “em cada situação, o indivíduo precisa renormalizá-las, ou seja, singularizar seu modo de agir, fazendo uso de si.”

streaming (our translation),⁵⁷ and in excerpt 4, *I had to leave, wander the corridors, take a breath and go back* (our translation).⁵⁸ The professional transcends the rules that prescribe how to behave in the ITC environment and describes, via her choice of linguistic markers, which she uses to structure her utterance, the tension that exists within the profession. When she says, *nobody could see the tears streaming*, it becomes evident that the speaker, suffocated by the other's pain, which is refracted on herself, does not want to have her emotional involvement noticed. Her words reveal those professionals' involvement with the other, with the other's pain, which is mixed with their own anxieties, fears and tensions regarding life and death, difficult to keep in balance, and that are characteristic of such a profession. However, we understand there is a need for balance in the nursing activity's tensions, as we see in the meaning produced by the utterance in excerpt number 4. There she leaves her duty to wander the corridors in order to reorganize her inner and outer self, trying to empty herself of feelings that had invaded her at that moment. This definition opens a line of dialogue with what Di Fanti (2012, p.314, our translation) proposes when she states that:

the stance to associate both knowledges (the constituted and the invested one) 'consists of an ethical and deontological attitude, but is, above all, a scientific stance', in which the worker's experience in the activity's micromanagement, in the reworking of precedent rules, evidences the activity's characteristics.⁵⁹

We must point out that there is no separation between the act of developing tasks and the human act of feeling emotions, as they are intertwined. In the space constituted by tensions between those subjects who work and those ones who need care, lie the micro-choices, where the rules are renormalized. Those "renormalizations" constantly renew narratives in an endless movement: "something new continuously happens." (Schwartz, 2014, p.261; our translation)⁶⁰ Renormalizations force us to make choices, and on doing so they force us to make choices for ourselves for we are beings surrounded by a world

⁵⁷ In Portuguese: "Nesse momento, agradei por estar de máscara e face shield. Assim, ninguém pode ver as lágrimas que escorriam."

⁵⁸ In Portuguese: "Tive que sair, andar pelo corredor sem rumo, respirar e voltar."

⁵⁹ In Portuguese: "a postura de associar ambos os saberes (constituídos e investidos) 'consiste em uma atitude deontológica e ética, mas se trata, sobretudo, de uma postura científica', em que a experiência do trabalhador na microgestão da atividade, no retrabalho das normas antecedentes, põe em evidência características da atividade."

⁶⁰ In Portuguese: "ocorre continuamente algo novo."

of values. When the nurse chooses to *wander the corridor* (excerpt 4) while crying, she seeks to reallocate herself on what is recommended by the profession's regulations. The nurse renormalizes her activity in face of the problem as she is technically competent to make decisions in the specific scope: "autonomy and authority [...] the definition of ethical-professional and technical-scientific criteria that do not always prioritize meeting the needs" (Kirchhof, 2003, p.669; our translation).⁶¹ By renormalizing what was imposed on her by the mechanicalness of the techniques undertaken at the hospital, it is worth letting her emotions flow rather than turning herself into something mechanical, hardening herself in face of others' pain. According to the ergological approach, as discussed by Schwartz (2014), making these micro-choices is to give way for the *use of the self*, in an industrious daily drama of one's activity.

Still in Schwartz (2014, p.261 emphasis in the original, our translation), we understand that "this *use of the self* is a continuous imposition of those permanent micro-choices and from that arises the expression of work as the *drama of the self*."⁶² This *use of the self* aims at producing an attitude of completeness in the worker in relation to the activities performed while working. We observed, in excerpt 6, that, when she utters, *I returned...* (our translation),⁶³ she recentralizes herself back to the action of caring for the other. She goes back to following what is prescribed, although, right after, in excerpt 8, the nurse goes back to the depths of the *uses of herself*, when she says: *Once again I couldn't take it...* (our translation).⁶⁴ In this excerpt, it becomes clear the subjective strength that drives the profession regarding life preservation and care for the other. In fact, it is noticeable that the nurse does not refrain from doing the work. However, frequent exposure to pain provoked a self-protection movement away from what may cause suffering. In this case, the excerpt shows that there are no self-preservation traces on the nurse's part, since, according to Bakhtin (1990, p.48), "[s]elf-preservation is an emotional-volitional attitude that is cold and cruel: it is utterly devoid of any loving and cherishing elements."⁶⁵ On the contrary, the affective responsibility towards patients for

⁶¹ In Portuguese: "a autonomia e a autoridade [...] a definição de critérios técnico-científicos e ético-profissionais que nem sempre colocam como prioritários o atendimento de necessidades."

⁶² In Portuguese: "esse *uso de si* é uma imposição contínua dessas microescolhas permanentes e disso surge a expressão do trabalho como dramática do *uso de si*."

⁶³ In Portuguese: "Retornei..."

⁶⁴ In Portuguese: "Mais uma vez não aguentei..."

⁶⁵ For reference, see footnote 44.

whom she is caring creates an interrelation of feelings that stimulates awareness of herself and of herself to the other. According to Vološinov (1986, p.34), “[t]he individual, as possessor of the contents of his own consciousness, as author of his own thoughts, as the personality responsible for his thoughts and feelings”⁶⁶ moves in-between the relationships with the social other(s) that surround(s) oneself. In this movement of going and coming of someone who deals with life and death, “the industrious activity becomes more and more a dramatic encounter of dramas, that is, the encounter of the *use of selves* with the agent at work and the user, client, patient, student, etc.” (Schwartz, 2014, p.261, our translation).⁶⁷

According to the dialogical theory (Bakhtin, 1984),⁶⁸ we observe a tension of voices between the nurse and her interlocutors, the patients. The various expectations towards survival create possibilities of potential intonations. This is made evident by the speech communication as every speech is “filled with others' words, varying degrees of otherness or varying degrees of ‘our-own-ness’, varying degrees of awareness and detachment” (Bakhtin, 1986, p.89).⁶⁹ We observe, in the reproduction of excerpt 2, how much she emphasizes, through expressive intonations and the use of exclamation, what is said by the patient: *Yesterday her condition got worse, she was very tired and when she was told she would be intubated, she begged the doctor: No, doctor, please! Don't do that! I know I won't come back from that* (our translation).⁷⁰ In other parts of the report, such as in excerpt 12, the same strategy can be noticed: “*Still conscious, he asked: Can I sleep? I'm afraid I'll sleep and never wake up*” (our translation);⁷¹ and in excerpt 14, “*He said: I know I'll die tonight!*” (our translation).⁷² There is always the choice of the expressive tone in the speech, but, in the report's writing, it is characterized by the use of exclamation and interrogation marks that make evident the dramatic situation of what happens with the disease caused by covid-19 as seen by the extra-verbalities present in the patients' utterances. Those extra-verbalities constitute uncertainties regarding staying

⁶⁶ For reference, see footnote 20.

⁶⁷ In Portuguese: “a atividade industriosa se torna cada vez mais um encontro de dramáticas do uso de si, a de um agente no trabalho e a do usuário, do cliente, do paciente, do aluno etc.”

⁶⁸ For reference, see footnote 5.

⁶⁹ For reference, see footnote 16.

⁷⁰ In Portuguese: “Ontem o seu quadro piorou, estava muito cansada e ao ser comunicada que seria intubada, pediu ao médico: Não, doutor, por favor! Não faça isso! Eu sei que eu não voltarei.”

⁷¹ In Portuguese: “Ele ainda consciente, perguntou: Posso dormir? Estou com medo de dormir e não acordar.”

⁷² In Portuguese: “Ele disse: eu sei que eu vou morrer essa noite!”

alive that are incarnated in the fear of death. At the same time, the tensions deriving from the nursing activities increase as it is not up to the nurse to simply administer the medication, take care of the sick ones, or make patients comfortable. This professional is also expected to get involved in the emotional care provoked by the context of the decease and by the space where the hospitalization occurs. The meaning of the dialogical relations produced in the speech communication process, which occur inside the hospital space, point out to uncertainties, fears, dreading, among other feelings that are externalized to a support choir via social media. She is encompassed by the other's feelings, which, along with her own, axiologically make the utterances emerge from the offline universe into the online universe. The hospital is constituted by noises, apparatuses and procedures that may cause patients, entering that workspace, to feel uncomfortable or afraid of what may come to them; for those who take hospital work as routine, it is a common place, though – noises are slowly muted by the lack of hearing awareness.

According to Bakhtin (1986, p.71),

Any utterance [...] has, so to speak, an absolute beginning and an absolute end: its beginning is preceded by the utterances of others, and its end is followed by the responsive utterances of others (or, although it may be silent, others' active responsive understanding, or, finally, a responsive action based on this understanding).⁷³

The utterances that arise based on what has already been said promote a speech chain that leads us to reflect on this responsive 'I/other' relationship in the hospital space. This work activity presupposes a latent expectation for the other's response, which leaves Taísa vulnerable in trying to position herself outside the situation. So, she gives in to the non-distancing of herself from the human, feeling the affection and the helplessness that this work situation causes. She does not let go of these speeches by the end of her work shift; they reverberate in her mind because she carries them within her consciousness live memories, like flashbacks from a night permeated with insecurity, physical, and emotional exhaustion.

In excerpts 5 and 9, the tension of these memories derived from the stress caused by suffering due to the other's pain is evident and that presupposes the imminent awareness of death. Let us see in 5: *I think one of the worst things must be the awareness*

⁷³ For reference, see footnote 16.

that soon you may die and you will not be able to be around those you love. I really fear that (our translation);⁷⁴ and, now, in excerpt 9, *It might have been the last 'encounter' between this mom and this daughter, no hugs, no comfort on being with the one you love* (our translation).⁷⁵ These ideas take Taísa to a motherly dimension, as she is a mother and a daughter herself and she values the ideological representations present in these relations that cannot be detached from affection and from the constant presence dictated by motherhood – once separated by the umbilical cord, now separated by the hospital's cold, hard walls. As in a game where you change positions, Taísa is sometimes a nurse; other times, she is a mother, a daughter, or a sister. There must be an immediate recentralization, as such values reveal *uses of herself* that must be managed immediately, among the unpredictability that this work sector offers. The Intensive Treatment Center is an environment where life and death, health and illness, pain and well-being are in constant tension,

becomes a space of problematic tensions, of negotiations of rules and values; thus, it is considered a drama for a body-self, an enigmatic entity that dissociates the physical body from the mind, encompassing social interactions, memory, emotions, posture position, etc. (Di Fanti; Machado, 2012, p.25; our translation)⁷⁶

It is inside this workspace that the nurse's heartfelt discourse is valued and, considering the meanings she gives the utterances, it is possible to notice that her work activity surpasses what she was prescribed to do. In that regard, according to Di Fanti (2014, p.255, our translation), "the emptiness of the rules imposes risking oneself at work by making use of the self."⁷⁷ The nurse resists limiting herself simply to the compliance of what is prescribed regarding the patient. In this perspective, we understand that the *dramas of the self* at work consist in the worker's creation of an "enigmatic entity that

⁷⁴ In Portuguese: "Penso que uma das piores coisas, deve ser ter consciência que em breve você poderá morrer e não poderá estar mais com quem ama. Como tenho medo disso."

⁷⁵ In Portuguese: "Pode ter sido o último 'encontro' dessa mãe com essa filha, sem um abraço, sem o conforto de estar com quem ama."

⁷⁶ In Portuguese: "torna-se então um espaço de tensões problemáticas, de negociações de normas e de valores, daí considerá-lo um drama para um *corpo-si*, uma entidade enigmática que indissocia o corpo físico e a mente, abrangendo interações sociais, memória, emoções, posição postural etc."

⁷⁷ In Portuguese: "o vazio das normas impõe arriscar-se no trabalho, ao fazer uso de si."

resists the attempts to be objectified” (Di Fanti, 2014, p.255; our translation),⁷⁸ which is known as *body-self*.

Excerpts 15 and 16 disclose conflict among the *uses of the other’s self* related to Taísa’s deeds, as they show an activity that deals with the other’s pain. At this point, we seek support in Schwartz’s theory (2014, p.262, our translation), as it is “precisely because it means a great weight for anyone to manage the dramas related to the activity in ‘service’ spaces, that it is not surprising that the service space is now a privileged locus that propagates ‘professional risks connected to psycho-social factors’.”⁷⁹ On this perspective pointed out by Schwartz (2014), it is considered that, when professionals become overloaded by the *use of the themselves* in one’s activities, they become ill because they are in constant contact with pain and suffering.

In that regard, in excerpt 15, it is mentioned: *The patient who cried for the woman next to him, now closed his eyes not to see the one in front of him. And he was certainly praying to God that he was not next* (our translation).⁸⁰ The nurse shows condescendence for the other’s consciousness, and, through her gestures, she understands and suffers due to and for the other’s pain. Excerpt 16, the last one, rounds up everything and gives off an ending energy. As Vološinov (1986, p.96) on the entirety of the utterances says, “[t]he process of speech, broadly understood as the process of inner and outer verbal life, goes on continuously. It knows neither beginning nor end.”⁸¹ When the nurse uses the utterance, *It is inexplicable what we are living. We will never be the same. What a cursed virus!* (our translation),⁸² she does not end the report; on the contrary, she seeks responsive action from her audience and, through expressiveness, she reverberates on the awareness of life and death materializations, which are constantly present in her work activity.

Taísa, by opening a space for reflection regarding her profession, herself and the other, “makes it clear that each person’s *use of the themselves* depends not only on individual characteristics or on the context in which one is inserted, but also on the use

⁷⁸ In Portuguese: “entidade enigmática que resiste às tentativas de ser objetivado.”

⁷⁹ In Portuguese: “justo por se levar em conta o peso da gestão das dramáticas da atividade nos ‘serviços’ é que não causa surpresa que eles sejam hoje um locus privilegiado de proliferação de ‘riscos profissionais vinculados com fatores psicossociais’.”

⁸⁰ In Portuguese: “Aquele que chorou pela paciente ao lado, agora fechou o olho para não ver o da frente. E com certeza estava pedindo a Deus para que não fosse o próximo.”

⁸¹ For reference, see footnote 20.

⁸² In Portuguese: “É inexplicável o que estamos vivendo. Jamais seremos os mesmos. Que vírus maldito!”

they make of the other (use of the other self)” (Di Fanti; Machado, 2012, p.33, emphasis in the original, our translation).⁸³ The nurse’s utterances about her routine work show tensions within the nursing profession, mainly in Intensive Treatment Centers, regarding the work done to care for high complexity patients. In the analyzed discourse, the nurse reveals, according to the dialogical theory (Bakhtin, 1986),⁸⁴ a discursive image of the other. On producing utterances, the nurse frames meanings producing evaluative tones in view of the expectations regarding the situation and her deeds. The enunciative power comes out of the dialogic relationships established in the process of meaning making.

Final Considerations

Taking into consideration the Internet as a discursive space in the social media sphere, we find a fertile field to investigate discourses of the ones who bring to the table utterances derived from work events in hospital contexts. Supported by the ergological and the dialogical theories, we analyze the life experiences of a nurse based on the emotional-volitional tone of the health professional on the online environment.

Thus, we highlight the relevance of developing studies in the language-work interface, especially with the great mass of professionals that make use of and produce posts on social media about their work, showing adversities, satisfactions, losses, and gains. Therefore, we chose a report produced by a health professional, who, after an emotionally and physically exhausting work shift, produced a heartfelt discourse with expressive intonation, which was used as object of reflection for this study.

On her Facebook profile, the online environment, the nurse published the following title: *Report of a shift that broke my heart* (our translation)⁸⁵ and, then, she talked about her work activity on that night shift, the offline environment. In fact, the nurse gives voice not only to the health professionals’ class, but also to everyone that is engaged in the fight against the virus dissemination, constituting, thus, what the

⁸³ In Portuguese: “deixa claro que o *uso de si por si* de cada um depende não apenas das características individuais e do contexto em que estão inseridos, como também do uso que fazem do outro (uso de si pelo outro).”

⁸⁴ For reference, see footnote 15.

⁸⁵ In Portuguese: *Relato de um plantão que partiu meu coração.*

Bakhtinian theory calls audience, whose discursive action becomes representative when it is uttered on social media.

Based on the verbalizations that constitute the report, we notice that the utterances were written with expressive intonation and emotional tone, filled with meanings constituted by two paradoxical elements from her work: life and death. According to Bakhtin, (1986, p.85), “[e]xpressive intonation is a constitutive marker of the utterance.”⁸⁶ This expressive intonation relates meanings that the speaker wants to convey to what is actually said; and within this perspective, the work is done. The reflections we made following the Bakhtinian theory explore the values within the utterances posted on the Internet, which reveal axiological positions which subjectively reveal the performed nursing activity. At the same time, the meanings attributed to the utterances denounce the work performed within the Intensive Treatment Center. The meanings show the nursing work in an arena where the nurses’ *uses of themselves* get in tension and confront each other regarding the new routine provided by the coronavirus.

Through the *dramas of herself*, according to Ergology, the nurse reveals herself emotionally touched by the suffering caused by the hospitalized patient who is infected with coronavirus. The manifestation on social media also shows a professional potentially touched by actions and utterances circulating outside the hospital in relation to the facing of the pandemic, be it by legal bodies that should support the fight against this disease or by the society that challenges the virus, minimizing it as it expands and aggravates the public health situation.

In face of the complexity of both revealing herself by means of a heartfelt discourse in the form of a text and being affected by all contexts that imply the doing of her work, the nurse seems aware of her fights and acts to persuade the reading mass on social media. By investing on her support choir, her interlocutors on social media, when she posts the text, she does so within the singularity of being a worker in the health area, within the unrepeatable time of the performed deeds in a time frame she calls after work shift. Thus, she appropriates the interconnected environment to relieve the tension not only from her labor activity by making *use of herself* in face of the other, but also from the constant risk of infection by the coronavirus and from the daily challenges the profession poses, as well.

⁸⁶ For reference, see footnote 16.

Through intonations and given meanings that she verbalizes on the network, Taísa shows the deep emotional charge contained within herself, be it due to the death of patients, profession colleagues, or even the virus's unrestrained dissemination, which, in May 2020 during the writing of this paper, reached extremely high numbers in the country.

Reiterating the relevance of this investigation regarding work activity, studies with the ergological approach map out the nurses's psychological and human exhaustion towards her work with covid-19. From this point of view, this study focuses on the *uses of the selves*, both the *use of her own self* and the *use of the others selves*. In this perspective, tensions are evidenced among knowledges acquired in the daily work activities related to the institution's rules and prescriptions. Knowledge acquired in dialogue (through daily experience), along with the theoretical knowledge (from academic education, rules, and prescriptions), in order to get to invested knowledge (the *uses of the self*) can only take place in the actual performance of an activity. By producing utterances on Facebook, the nurse exceeds the work's formal spaces and expands herself onto the online virtual universe: the report as a voice to the voices that keep quiet in the Intensive Treatment Center, an axiological plead related to the experiences it illustrates: the hardship of a nurse's activity on duty fighting the pandemic caused by the new coronavirus.

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