

Occupational Therapy in the time of Covid-19: challenges to the care of health workers working in a hospital context

Terapia Ocupacional nos tempos da Covid-19: desafios para o cuidado aos trabalhadores do contexto hospitalar

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Earlier this year, the World Health Organization (WHO, 2020^a) recognized the outbreak of a new coronavirus (COVID-19) and, in March, characterized this situation as a pandemic. COVID-19 is a health emergency that is affecting people, families, and communities with different social conditions and nationalities on all continents.

This scenario has imposed the need for social distancing and has been causing psychological distress, anxiety and other feelings associated with fear of contagion, socioeconomic uncertainties, ignorance about COVID-19, and interruption of our routines and life plans.

For health workers, including those who are directly caring for people who have COVID-19 or in other activities, a unique and unprecedented situation has been established. In addition to all the feelings experienced by the population, these professionals are more exposed to hazards that put them at risk of infection and death, deal with the population's suffering and grief on a daily basis, are subjected to long working hours, fatigue, occupational burnout, stigma, and physical and psychological violence². Health workers are also afraid of contaminating their families and communities and experience the distancing of close people, which leads to weakened bonds and social support¹.

In this context, hospitals and other health services have made a combined effort to create the necessary conditions to protect their workers. Therefore, the "Faculdade de Medicina" of the "Universidade de São Paulo" (FM-USP), responsible for two public university hospitals – "Hospital das Clínicas" and "Hospital Universitário", have reorganized the assistance, teaching and research activities and the work of various professionals to enable care for people who have COVID-19.

It should be noted that all workers were directly affected by the need to cope with greater risks of infection and consequent changes in work locations and dynamics, increased demand, and greater overload. In addition, work teams have been disrupted due to the increased number of absences due to suspicion, confirmed infection, or belonging to a risk group, and the necessary hiring of new workers.

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The Laboratory for Research and Intervention in Health and Work (*Laboratório de Investigação e Intervenção em Saúde e Trabalho* - LIIST) linked to the Occupational Therapy Course at FM-USP, which already developed occupational health actions in the scope of the aforementioned hospitals, took on the challenge of redesigning its actions to meet the demands of the current context. Initially, a group of professors, residents and occupational therapists designed guidelines for care actions for health workers as follows:

1. *Monitoring of workers to support permanence at work.* This guideline is related to the construction of strategies to reconcile work conditions and organization and the demands, possibilities and limits of workers, respecting the pre-existing restrictions and comorbidities. It also includes support for workers in the reorganization of care and routine at home, aiming to make work in the hospital and family life compatible;
2. *Monitoring of absences to map work situations with greater risks of infection and overload to workers.* This guideline involves the preparation of strategies together with the workers to prevent illnesses and leave of absence considering the need to reorganize work activities and conditions. In addition, it includes remote monitoring of workers during their periods of absence;
3. *Contribution to the organization of everyday life during the leave of absence period.* This guideline involves offering support for the construction of strategies to perform activities of daily living in this new routine, as well as to favor family life during these periods, in particular, for the time the social distancing measures remain;
4. *Development of strategies to facilitate return to work.* This guideline concerns the monitoring of workers to facilitate their return to work. This welcoming of the workers occurs at the effective moment of their return to work through the evaluation of the conditions of the workers and work, construction of strategies with the workers and managers to adapt work dynamic, and their eventual relocation to other positions and situations to enable their return-to-work and permanence process.

Based on these guidelines, the Occupational Therapy teams working in each of the university hospitals prepared protocols in order to establish the actions that would be developed according to the context of each service, the procedures to be adopted, and the parameters for evaluating the interventions. It is worth mentioning that these protocols were aligned with the different actions proposed in this pandemic period by the human resources departments, hospital humanization services, health care and safety services for workers, hospital infection control commissions, teaching and quality services, management of the various clinical and surgical sectors of these hospitals, as well as other Education and Research Units of FM-USP. The actions, which were implemented in each of the hospitals, are presented ahead.

“Hospital das Clínicas” is the largest tertiary hospital complex in Latin America, with approximately 20,000 workers. With the advent of the pandemic, it has become a reference center for the treatment of people who have COVID-19 of medium and high complexity. The Central Institute of the hospital, one of the eight Institutes of the Complex, was reserved exclusively for COVID-19 care. It has a total 900 beds, 300 of which intended for intensive care. To this end, patients were redistributed to the other institutes. This new context implied the need to redirect and train different teams, impacting the other Institutes, which were overloaded and had to be reorganized to care for patients with other health conditions.

In this hospital, Occupational Therapy has directed its actions on several fronts. In relation to workers, they aim to monitor emerging situations of different orders and create conditions that facilitate work and, above all, the permanence of workers in different locations.

In addition, considering the large number of workers who were on leave of absence because they tested positive for COVID-19, as well as due to issues related to mental health, actions were initiated to coordinate the return-to-work process. In April 2020 alone, in the entire hospital, approximately 1000 workers experienced this situation, and needed to be replaced and monitored in the process of leave and return to work. The actions included care for workers, monitoring of processes, and rearrangements linked to each context. These actions have enabled the understanding of organizational problems and detection of risk situations for further leaves of absence.

Workers are also supported in the construction of strategies that favor occupational performance in activities of daily living and work. In view of the high risk of contagion in this hospital complex, Occupational Therapy has prioritized the implementation of actions remotely, using communication through the telephone or electronic messages and videos.

“Hospital Universitário”, which is linked to USP, is a secondary hospital and serves the community of a circumscribed region of the municipality of São Paulo, where the University Campus is located. Despite not being exclusively dedicated to people being treated for COVID-19, this hospital is responsible for the initial care of cases that arrive at the emergency room, for carrying out the necessary referrals to other services, and ensuring continuity of care for cases that, perhaps, have not been transferred. In addition, it has received patients from the gynecology and obstetrics, pediatrics, ophthalmology and otorhinolaryngology clinics who were transferred from “Hospital das Clínicas”.

In this hospital, Occupational Therapy actions with the workers are directed, mainly, to support their permanence at work. To this end, *in loco* visits to the assistance and administrative sectors are being made in order to assist with developing collective care strategies in the context of work and personal life.

These strategies seek to contribute to the accomplishment of the practices necessary to the current context through discussion of guidelines regarding the reduction of infection risks within each sector and strengthening of the role played by workers in the process of transforming work situations in order to contemplate the safety of both workers and patients, in addition to clearing doubts and assisting with anxieties. An individual reception shift is also being carried out for professionals who want to talk about the information shared in the actions conducted in the sectors or show signs of suffering, so that they can benefit from qualified listening and referrals to other free online care actions that are being offered by USP.

In addition, actions aimed at facilitating the return to work of health professionals after their leave of absence period are being developed. To this end, the health professionals are being welcomed in their return to work and monitored in this process alongside their managers and work peers through guidelines related to the necessary rearrangements in the activities.

The guidelines initially planned to conduct the care actions for workers by the Occupational Therapy teams unfolded actions articulated with the particularities of each hospital and integrated with other sectors involved. However, some challenges to the implementation of these interventions are shared. In both hospitals, for example, the teams have observed that the receptivity of managers and workers and the availability to talk about the work vary according to the sector.

Another challenge refers to the precariousness previously existing in work situations, and which are becoming more alarming at the present time. These are associated not only with the environment, e.g., the existence of work spaces without natural ventilation, but also with conflicting hierarchical relationships and resource limitations in public health services, which have led to the rationing of distribution of personal protective equipment. It is worth mentioning that the Occupational Therapy team is also affected by these conditions while seeking to develop collective care strategies for workers in hospitals.

Also noteworthy are the invisibilities of the content and dynamic of work and the minimization of risks when it comes to workers who are not directly assisting people who are recovering from COVID-19. In addition, it is challenging to cope with the breakdown of teams in a time of crisis that requires cooperation, as well as with the prejudice of peers in the return-to-work processes due to fear of infection.

In contrast, it is worth noting that the crisis has also expanded the opportunities for occupational therapists to work in occupational health in the hospital context. The situation imposed by COVID-19 has mobilized us to rethink the interventions offered, favored the establishment of new partnerships with different sectors of the hospitals, and provided greater approximation of Occupational Therapy in relation to workers. Moreover, it is enabling the opening of listening spaces, the strengthening of support networks in work groups, and the creation of more collaborative work environments.

In addition to caring for workers, other challenges are posed to occupational therapists during the pandemic. These are related, in particular, to the interruption or non-prioritization of care for patients with other health conditions usually assisted by services and to the support to family members of patients in isolation aiming to maintain contacts and bonds during the hospitalization period. This context requires innovation and promptness.

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