



Coping process of psychic disorders in times of pandemic in the HGPV

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1 INTRODUCTION

The year 2020 was marked by the pandemic caused by COVID-19. Because of this, as in all areas of Psychology, Neuropsychology professionals had to rethink their practice space and the social role of the profession at that time.

The world has suffered a health crisis originated by the circulation of the SARS-CoV-2 virus, resulting in a new global epidemiological picture of Covid-19. In Brazil, facing this context, there is an urgent need to implement innovative and resolute arrangements and strategies, through political, economic, and health decisions, to ensure the necessary conditions for the SUS to function properly at all levels of care.

In the pandemic scenario, health workers gain notoriety due to their preponderant role in the health care of the population and in the maintenance of the assistance network, even in the face of their own fears and uncertainties. Thus, managers and workers are faced with the challenges of establishing measures to prevent, control, and contain risks, damages, and injuries to public health, in such an adverse and atypical reality. The work in health was submitted to abrupt changes, which required systematic reorganization of the assistance network, of the work process, of science, and of the relationships produced in health care, demanded in the pandemic.

Such changes coincided with structural issues, such as the fragility of the worker's health actions, inappropriate working conditions, fragmented work processes, difficulty in workforce planning, hierarchical interpersonal relationships, added to multiple links and working hours, which contribute to worker's illness and the fragilization in the world of health work.

Mental health is conceived by the World Health Organization - WHO (2011) as a state of complete physical, mental, and social well-being and not only as the absence of disease. As for workers' health, it is understood as the set of surveillance and assistance actions aimed at the



promotion, protection, recovery and rehabilitation of the health of workers subjected to risks and injuries arising from work processes.

With the emergence of the pandemic it was possible to observe that the world was not prepared to deal with the greatness and specificity of the disease, thus, issues of planning, preparation of health teams, organization of public policies and, especially, aspects of protection of professionals. With the representativeness of these problems, many health professionals were exposed to the risk of infection and began to present anxiety crises and panic disorder (MERMÍKIDES A, 2020; HOU YJ, et al., 2020).

2 OBJECTIVE

To report the experience of health professionals working in a public hospital in the fight against COVID-19 through a descriptive study, type experience report. Highlighting the psychological welcoming as a strategy of humanization to the collaborators and confrontation of the psychic data caused by the impact of the pandemic.

3 METHODOLOGY

This is an experience report, of exploratory descriptive qualitative approach, with the objective of describing the humanization network work to the psychological support service to employees in time of pandemic, helping in the process of coping with mental disorders caused by Covid-19. Sesab prepared the Contingency Plan for the workers of the Bahia State Health Department, with the purpose of proposing strategies and actions to prevent risks and protect the health of its workers, contemplating services, measures, and reception and care flows for physical and mental health to face Covid-19.

As an intervention to promote the mental health of the employees of Hospital Geral Prado Valadares, located in the city of Jequié - BA, in the period from March to December 2020. In the qualitative approach, the researcher must participate, understand, and interpret the social events of his research, considering the subject of the study, in a certain social condition, belonging to a certain group or social class with its beliefs, values, and meanings (MINAYO, 2004).

According to GIL (2000), the descriptive study aims to characterize a given population or social intervention, through the use of standardized techniques of data collection and systematic observation. In turn, the qualitative approach answers particular research questions and is appropriate for exploring the perception of a given social agent, as here will be taken the universe of workers. The description made about the service provided with the Psychological Reception provided a qualitative evaluation that involved a reflexive analysis of the assistance given to HGPV's employees.



4 DEVELOPMENT - EXPERIENCE REPORT

There is a consensus among specialists that health systems and services need to create alternatives and intensify existing measures for the protection and prevention of disease among health workers, maintaining the availability of this workforce in adequate numbers and distribution. In this way, the Secretary of Health of the State of Bahia - SESAB, prepared the contingency plan for workers, with the purpose of proposing strategies and actions to prevent risks and protect the health of its workers, including services, measures, and flows of reception and care for physical and mental health to face Covid-19. The state humanization network was active in the fight against the Covid-19 pandemic, strengthening humanization actions in the care of both workers and users in SESAB's units. Among the actions taken, the humanization and GTH supporters, in partnership with the SIAST, initially prioritized investing in worker health, such as the safe use of Personal Protection Equipment (PPE). The purpose was to promote an update for health professionals about the essential concepts in this area of knowledge, in view of the Covid-19 pandemic and the need for the safe use of PPE, with a focus on dressing, de-parenting, and prevention of pressure injury, associated with the use of the N95 mask or equivalent, and the face shield by the health professional.

Another strategy carried out through the articulation of the internal network of services was the implementation of welcoming actions, with a view to promoting the mental health of the workers. The practice of conversation rounds and psychological welcoming services, with the articulation of the psychology services of the health units, have become primordial to the SHG.

During this moment of physical isolation, welcoming actions through virtual means were fundamental, as they sought to comfort and welcome workers. The SHGs established a partnership with the SIAST for the development of shelters during the social isolation due to Covid-19. Thus, projects with this perspective were executed in Hospital Geral Prado Valadares (HGPDV) aiming at the emotional support in this difficult moment.

Thus, the commission of the GTH sector established a partnership with the SIAST of Prado Valadares General Hospital along with the direction, held a meeting to discuss institutional demands and the schedule of actions aimed at promoting the care of the server. In this meeting, a project was established aiming to offer an emergency shelter for the suffering and make possible a place to listen (and the necessary referrals) to relieve the recurrent tensions of this moment, being offered by the service of three psychologists from the staff, because they have working experience in urgency and emergency demands. As the number of available psychology professionals was limited at the time, and as the unit went through an atypical demand, with a large volume of assistance needed by both users and employees, the team was finally staggered by demand and sector in the hospital environment.

For the success of the psychological support service, an agenda was established with the days of the week and times available in the morning, afternoon, and evening shifts, proposing a time of 40 to



50 minutes for each reception, requiring prior scheduling. The service schedule was made through the availability of three psychologists from the hospital unit. The client (here being the HGPV employee) used the service throughout the period whenever necessary.

Certainly, the scenario of the Covid-19 pandemic involves stressors and unpredictability in health work, in which the demands on workers increase progressively, especially considering the crisis management of users and family members affected by the virus, overflowing uncertainties and fears. In this sense, the welcoming is preponderant in the production of health, because it promotes the encounter between subjects through qualified listening, establishing bonds of trust, affection, and solidarity, in order to provide resoluteness to the needs. Welcoming, at this moment, becomes a circular and spiral process by opening to the new, since the shared experience concretely permeates our efforts and our existence in the face of the pandemic.

In welcoming, uncertainty fits and the word is promoted. The word as a possibility of creation, of inventing oneself, of building paths, dismissing them, inventing others. The word of one who needs to speak, and the word of one who is willing to listen. And a speech that, despite being singular, is not solitary, nor isolated, a characteristic that physically describes us at this moment (QUADROS, CUNHA, 2020).

The reception can be seen as a moment of pause, a dwelling on some point, some trace, some question, a pause to name the chaos that originates in thought (Deleuze & Guattari, 1992). The chaos that is crisis, but is potency of life. The notion of welcoming is not new in our practices. Especially, since 2004, the Ministry of Health recognizes the practice of the reception as a reception strategy in the SUS (Unified Health System), in search of a more humanized care to the user. This even generated a specific publication by the Ministry of Health, "Reception in health production practices" (Ministério da Saúde, 2010), where the reception is understood as an intervention tool, a "technology of encounter", where listening and bonding constitute a health promotion process in public services.

And how can we understand or rescue this process of welcoming beyond the routine of the health equipment? And when, in an unusual situation like the one we have experienced in this pandemic, our intervention tools become restricted, limited to listening and seeing through a screen, without a face-to-face meeting? To rescue the welcoming in its essential proposition is an ethical-political bet, leading us, even, to recognize important gaps in our training that, historically, prioritizes the great interventions based on diagnosis, in the power of the psychotherapist to act in a hierarchical way reproducing the classic medical model. Or even, the valorization of extensive processes evaluated by their duration in time.

Founded on the experience of being in this project of non-face-to-face welcoming in times of pandemic, the act of welcoming - sometimes only through listening, or listening and watching on the



screen, or even by writing through emails or apps - we realize the need to rethink the device and recreate the form.

Since we are interested in dominating this field, and much less in welcoming it to forge any mode of submission, attention calls us to creation, to invent forms that do not exclude events and allow us the surprises of encounters. Without previous scripts, without plastering instructions, calling the clinic to life. We are living this process collectively, and our practice of welcoming helps us to redefine our ways of intervening as psychologists.

During the service routine we noticed that the professionals manifested their reports right after the contact and the several feelings involved during the approach (fear, anxiety, and concern) were perceived. Anxiety is a state of absolute fear that paralyzes the subject in an extraordinary way. Most of the time the person loses control of emotions, feelings and behavior, and may have an accelerated perception of life, but, at the same time, cannot go anywhere, since what accelerates the life of the person with anxiety are his thoughts about the future, having unbearable moments.

However, anxiety, one of the basic human emotions, is a reaction that is part of the human emotional and physiological state responsible for alerting, through the body, when there is imminent danger, propelling and motivating it to defend itself (Dourado et al., 2018). According to the DSM-5 anxiety is a Mental Disorder, that is, a disease. It is associated with fear in extreme, excessive anxious moments, and behavioral disturbances. The [...] "Fear is the emotional response to real or perceived imminent threat, while anxiety is the anticipation of future threat" [...]. Fear can be related to a traumatic experience that the individual has experienced or has been reported to them, this fear can be real or unreal (American Psychiatric Association, 2014).

Even with the circumstantial time of professional practice in the hospital, these professionals reported that the new pandemic was different from any other disease already faced by them in their professional lives, because according to their reports, they realized that the public and private health systems were not prepared for the grandiosity of the biological, social and mental aspects of the disease. All professionals heard, regardless of their areas of work in the hospital, reported that fear was the most present and the most worrying feeling during their professional practice, mainly because of the possibility of transmitting the virus to close family members.

This situation caused these professionals to isolate themselves in hotels and in the hospital itself to reduce the possibilities of transmission. With the isolation, the concern with the family, with the patients, and with their own well-being became more intense and continuous. The professionals involved reported that the amount of information about the disease and the number of deaths in Brazil generated a feeling of fragility and often caused psychosomatic reactions that were assimilated with the signs and symptoms of COVID-19, such fact, generated anxiety crises that sometimes directly interfered with the practice of patient care.



After the scientific evidence demonstrating that the health care team has experienced psychological suffering with the pandemic of COVID-19, the importance of psychological or psychiatric treatment to this population was realized, since, the mental health care favors the performance of the professional in their workplace, and the absence of this will reduce their care potential, increase the chances of withdrawals, disseminations, deaths and consequences after the crisis of this pandemic (LAI J, et al, 2020; LU W, et al., 2020).

Emergency situations, such as the one we are experiencing with the Covid-19 pandemic, seem to put back the terms of this equation in relation to the psychological care device, raising it to a place of greater importance and value, including institutional. The need for immediate action, the demand for a speedy organization of institutional structures and human resources, never before thought of for meeting the demands of psychological suffering, are some of the factors that contribute to the reconfiguration of the sheltering system.

In addition, the reinvention of ways of thinking and practicing welcoming, of creating supervision spaces that also consider the suffering of those who receive, of forms of daily recording of an action in constant flux and movement, are challenges and possibilities that are posed in the (re)construction of this care device.

5 CONCLUDING REMARKS

This study allowed us to observe the great influence of the pandemic context in the development and worsening of psychological disorders, especially anxiety disorders. According to PAHO (2020), the intervention in this moment of crisis should be based on welcoming the subject and his emotions, in a sensitive and empathetic way, through active and qualified listening, which is the basis of therapeutic communication. Interventions should focus on effective coping, problem solving, hope, and positive thinking in order to provoke adaptive and healthy psycho-emotional responses.

With the pandemic of COVID-19 it was observed that increased workload, physical exhaustion, inadequate personal equipment, hospital transmission, and the need to make ethically difficult decisions about rationing care can have dramatic effects on the physical and mental well-being of health care workers. Such a statement corroborates the study by Neto ML and Silva FC (2021), who pointed out that in long work shifts, the risk of becoming infected with a highly infectious disease along with the lack of sufficient biological protection measures would potentiate mental distress among health care workers, thus leading to sleep disorders, anxiety, and depression.

The participation of this strategy, constructed and promoted by psychology professionals, enriches the experience of possible care alternatives during moments of crisis, as well as provokes new perspectives on the repercussion of this pandemic on the subjectivity of each individual.



Strategies such as: searching for truthful, evidence-based information; planning actions to deal with the new reality and preparing for the possible demands that may arise; and organizing routines and tasks with rules and also with flexibility to facilitate adaptation to the new scenario. These strategies promote a feeling of self-efficacy and prevent the individual from feeling helpless in the face of a chaotic situation that is usually accompanied by emotions such as fear, pessimism, and panic. These feelings arise when the individual is faced with the perception that nothing can be done, that he is powerless in relation to the problem that the world faces and this can lead to procrastinating behavior to make decisions, besides discouragement, with the risk of developing a depressive condition if it lasts for a long time (LINHARES; ENUMO, 2020). Self-regulation is associated with executive function, which consists of processes related to the ability to plan, focus attention, remember instructions and perform multiple tasks (LINHARES, MARTINS, 2015). The executive functions are essential for the execution of several day-to-day activities such as reaching goals, making choices, making decisions, and also controlling one's own impulses. Thus, the executive function becomes essential to work in times of pandemic.

Engagement, affection, and support are also instruments of intervention, of support with a reflexive action where supporting and welcoming the other leads us to seek our own support network, transforming our practice into a collectivized movement, even though heterogeneous and multiple. It is also important that new studies be carried out analyzing the medium and long term impacts of the morbidities acquired in this period.



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