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From institutional diagnosis to interdisciplinary support: Hospital psychology during the Covid-19

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Abstract

The crisis generated by the coronavirus disease 2019 (Covid-19) pandemic changed health care routines and the dynamics of hospitals and impacted health professionals. This experience report presents an interdisciplinary institutional support intervention, led by the psychology service of a pediatric hospital. Based on the hospital management's demand for the care of the employees' mental health, an institutional diagnosis was made and an interdisciplinary action of guidance, support and reception to employees was structured, which collected and organized into 11 categories concerns and obstacles to the functioning of the hospital during the pandemic. Hence, it was possible to realign care flows and offer psychological support to professionals, highlighting the interdisciplinary quality of mental health care. We verified emotional rebalancing, strengthening of professional identity, and better occupational performance. The transformation process that was fostered helped to overcome difficulties and promote an environment of resilience and better coping with the situation, indicating the need to maintain the attention that the crisis demanded.

Keywords: psychology, interdisciplinary practices, hospital services, pandemics, coronavirus

DO DIAGNÓSTICO INSTITUCIONAL AO APOIO INTERDISCIPLINAR: A PSICOLOGIA HOSPITALAR DURANTE A COVID-19

Resumo

A pandemia provocada pela Covid-19 alterou as rotinas assistenciais hospitalares e impactou os profissionais de saúde. Este relato de experiência apresenta uma intervenção interdisciplinar de apoio institucional, liderada pelo Serviço de Psicologia de um hospital pediátrico, e a constatação da possibilidade de encontrar soluções inovadoras, sistematizadas e fundamentadas para novos problemas. A partir da demanda da direção da instituição de cuidado destinado à saúde mental dos colaboradores, realizou-se um diagnóstico institucional e estruturou-se a ação interdisciplinar de orientação, apoio e acolhimento aos colaboradores, revelando preocupações e entraves do hospital durante a pandemia. A partir daí, foi possível realinhar a ação, ressaltando a qualidade interdisciplinar do cuidado com a saúde mental. Constataram-se reequilíbrio emocional, fortalecimento da identidade profissional e melhor desempenho ocupacional. Esse resgate fomentou um processo de transformação que consistiu em colaborar para a superação de dificuldades, promover um ambiente de resiliência e melhor enfrentamento da situação, e indicar a necessidade de manutenção da atenção que a crise oportunizou.

Palavras-chave: psicologia, práticas interdisciplinares, serviços hospitalares, pandemia, coronavírus

DEL DIAGNÓSTICO INSTITUCIONAL AL APOYO INTERDISCIPLINARIO: LA PSICOLOGÍA HOSPITALARIA DURANTE LA COVID-19

Resumen

La crisis generada por la pandemia de la *coronavirus disease 2019* (Covid-19) cambió las rutinas de atención médica y la dinámica de los hospitales y impactó los profesionales de la salud. Presenta-se una

intervención interdisciplinaria de apoyo institucional, dirigida por el servicio de psicología de un hospital pediátrico. Con base en las demandas de la administración del hospital para el cuidado de la salud de los empleados, se realizó un diagnóstico institucional y se estructuró una acción interdisciplinaria de orientación, apoyo y acogida a los empleados que recopiló y organizó en 11 categorías inquietudes y obstáculos para el funcionamiento del hospital durante la pandemia. Los flujos de atención han sido reordenados, destacando la calidad interdisciplinaria de la atención en salud mental. Verificamos reequilibrio emocional, fortalecimiento de la identidad profesional y mejor desempeño ocupacional. El proceso de transformación que se impulsó ayudó a superar las dificultades y promover un ambiente de resiliencia y mejor enfrentamiento a la situación, indicando la necesidad de mantener la atención que demandaba la crisis.

Palabras clave: psicología, prácticas interdisciplinarias, servicios hospitalarios, pandemia, coronavirus

The outbreak of the coronavirus disease 2019 (Covid-19) was declared a public health emergency of international importance in January 2020 by the World Health Organization (WHO). This alert is considered "an extraordinary event that may pose a public health risk to other countries due to the international spread of disease; it requires a coordinated and immediate international response" (Pan American Health Organization [PAHO] & World Health Organization [WHO], 2020).

In March 2020, Covid-19 was considered by the WHO a pandemic. For the Organization, a pandemic refers to the breadth of the geographic distribution of a disease, when it is recognized that there are outbreaks in different regions of the world (PAHO & WHO, 2020).

The pandemic context, according to Legido-Quigley et al. (2020), put under pressure all components of health systems, presenting itself as a public health emergency of global concern. The increase in the number of patients suspected or affected by the pathology being treated in hospitals significantly changed the work routine of health professionals.

As this sudden break in routine caused a rupture in the linearity of life, it required the development of coping strategies, in addition to acceptance and subsequent overcoming, it can be considered a crisis (Millán, 2013). A crisis can be defined as "a temporary stage of disorganization due to the inability to deal with a situation using known methods to solve problems. As it is an unexpected situation, although temporary, it causes suffering and behavioral, cognitive, and emotional changes" (Almondes & Teodoro, 2020, p. 1).

As a result of this new reality, it was necessary for health institutions and professionals in the area to adapt to the new working conditions (Bizarro et al., 2020). This adaptation effort – added to other factors triggered by the pandemic, such as changes in family routines, economic situation, and supportive relationships – can lead to psychological and emotional issues. It is possible, therefore, to consider that there has been an increase in the perception of pressure by health staff, increasing their responses of stress and exhaustion (Almondes & Teodoro, 2020).

Faced with this new scenario, the professionals needed to deal with the weaknesses of the health system, such as lack of staff and increased workload, as well as the psychological aspects triggered by working in this context (Psychology Committee of the National Academy of Palliative Care [Comitê de Psicologia da Academia Nacional de Cuidados Paliativos – ANCP], 2020). The consequences of the crisis caused by the new coronavirus could impact the mental health and psychological well-being of health professionals, who, positioned on the front line in this emergency order, had different experiences in this scenario.

The work context of these professionals that deal with human life, which involves some degree of unpredictability, implies a high level of concentration and demands (Dias et al., 2016). Based on the premise that health professionals are constantly exposed to biological/physical/psychological risk situations, the challenges they face can be a trigger for starting or intensifying symptoms of anxiety, depression, and stress during the pandemic. Besides the

professional role they play, they are part of a society affected by the pandemic and are, above all, human beings subject to the same risks (Schmidt et al., 2020).

Health institutions, as providers of this specific work, needed to develop support strategies for their professionals (Legido-Quigley et al., 2020). After all, if, on the one hand, they take care of sick people, on the other one, they need to offer safe conditions to their professionals. In addition to the provision of personal protective equipment (PPE) and care protocols, there was a need to take a comprehensive look at professionals, taking care of their mental conditions for better patient care (Bizarro et al., 2020).

In this sense, concrete action strategies are welcome at any time, but especially at times such as the Covid-19 pandemic, when the usual structures are shaken (Xiang et al., 2020).

Integral support actions for professionals find support within the framework of hospital psychology and the National Humanization Policy. Several descriptions and delimitations regarding the field of hospital psychology primarily lead to care aimed at the mental health of patients and their families, in a context of emergency, hospitalization, and hospital outpatient clinics.

The work of hospital psychologists is focused on the mitigation of the psychological suffering of the patients and their family. Concomitantly, it intervenes with the health teams, contributing to the promotion of humanized care. Through participation in team meetings, observations, and medical interconsultations, hospital psychologists perform multi-, inter-, or transdisciplinary work, favoring communication and mediating the interrelationships between health professionals, patients, and family members (Reis et al., 2016).

The impact of Covid-19 pandemic caused a disruption in hospital routines, which ranged from the particular experience of each staff member to the collective process of the hospital universe, demanding that psychologists digress from the primacy of psychological support to the patient. There are previous experiences of services and institutions in which psychologists provided help or support to the health team. The study of Kovács (2010) stands out, in which, when describing his work with the nursing team in a public hospital, he addressed the importance of studies aimed at health professionals, primarily those who are in direct contact with the patient suffering as, by taking care of themselves, it is easier to understand others' suffering. The author discusses the positive effects of group reports in which the participants can be heard when expressing themselves without criticism or judgment and points out the benefits of a psychologist on duty which, in times of crisis, anguish, and confusion, enables contact with internal and external resources.

This article discusses an interdisciplinary action that provided guidance, care, and support for health professionals during the Covid-19 pandemic. Occurring at the Pequeno Príncipe Hospital, the largest exclusively pediatric hospital in Brazil, located in the city of Curitiba, it was started by the Psychology Service and built with the assistance of several sectors. The proposal of this article as an experience report and not an empirical research

report is justified by the possibility that care work has to find innovative, systematized, and grounded solutions for problems not yet faced in the academy.

Thus, by presenting an action based on institutional intervention and diagnosis, this article problematizes the psychological effects of the Covid-19 pandemic on health professionals, discusses interventions that mitigate these effects by promoting mental health and develops, in addition to patient care, the interdisciplinary function of hospital psychology.

Method

This study was structured in the experience report format, the chosen method to carry out a discussion of professional practice. Despite having limitations, if performed critically, the experience report offers a repertoire and example to other professionals who go through similar situations (Tosta et al., 2016).

The limitations of an experience report are related to the generalization of results, that is, it does not present evidence for the practice to be widely disseminated. This model of scientific communication is criticized for the absence of clear and objective characteristics of its structure. Finally, criticism points to the credibility of data collection and the superficiality of the description (Tosta et al., 2016).

However, scientific and professional advancement does not happen only through controlled studies. Although it does not present the methodological rigor of empirical research, the experience report encourages the discussion of professional potential and provides a technical debate on novelties in the care arrangement of known practices. It is a way of discussing through the example of a particular case (Tosta et al., 2016).

Thus, we understand that this study provides an innovative way of systematizing a practice. To structure the paper as an experience report, we decided to present the description of the action in the "Results" section and discuss its effects and consequences in the "Discussion" section.

This article was built while the practice herein presented was ongoing. Each stage of this study (such as institutional diagnosis, interviews, and support actions) was discussed by the authors in meetings concomitant with the construction of the support action for the staff members. The development of this study, therefore, served as an opportunity for reflection, deepening, and guidance, and, articulated with a concrete action to promote mental health, with an interdisciplinary character, it was a true praxis.

Results

Institutional diagnosis

With the arrival of the pandemic in Brazil and in the state of Paraná, it was expected that every hospital would have its routine affected. Hospitals needed to prepare for the coming

crisis. The Pequeno Príncipe Hospital prepared technical and material support on the one hand, and, on the other, looked for ways to provide human support.

In times of crisis, professionals are expected to show behavioral changes or stress responses. After all, changes in the form of care work, uncertainties about the manifestation of the disease, tension, and fear related to self-care become part of a scenario, in which there was some stability before.

At the request of the hospital's management, the Psychology Service was responsible for finding a way to support the staff of the institution. Initially, a meeting was held with epidemiologists to clarify and provide information on the scale of the crisis, its effects on the hospital, and the way the institution planned to deal with the situation.

For support to be offered, it was necessary to know the problem. Borrowing the knowledge and techniques of institutional psychology, which, according to Bleger (1984), indicates the path to health promotion among the members of an institution, it was defined that the best alternative would be an institutional diagnosis to identify the institution's vulnerabilities and strengths.

In this form of action, the psychologist is an agent of change, a receptor, and a catalyst for conflicts: "the psychologist helps to understand the problems and all its variables, he/she does not solve nor execute them, but promotes the explicitation of the implicit" (Bleger, 1984, p. 43, our translation). Through observations, groups, meetings, and individual interviews, it is possible to outline various aspects of the problem and suffering in the institution and define an action plan that enables individual and collective manifestation, in an interdependent movement of transformation.

The hospital was mapped by sectors, identifying and defining strategic spaces for action. It focused on the approach to sectors that would have the possibility of direct contact with patients, such as inpatient units and care services. Administrative and financial services, with institutional relevance, had not been included in the action at this stage.

For Bleger (1984), the operative inquiry in the diagnostic phase is a time for data collection and evaluation. Through the technical resources to carry out the proposed task – groups, observations, individual interviews, etc. –, the circulation of words is promoted, whether through information seeking/disclosure, doubts, expressions of ideas, expressions of affection, guidance, and clarification.

Following this methodological orientation, the Psychology Service organized the coverage of 31 sectors, and all contacts were carried out within three days. We visited most of the units on two occasions to approach staff members who work on alternate days, gather information and identify issues about new work demands resulting from the pandemic. The interviews could be carried out with one or more staff members, individually or simultaneously.

The most contacted professional categories were nursing technicians, nurses, and physicians, and, to a lesser extent, security guards, cleaning staff, among others. In an

institutional diagnosis, the collection of information does not follow the patterns, as in academic research, of "a careful, detailed and complete recording of events, but rather an *operative inquiry*" (Bleger, 1984, emphasis added by the author). Thus, psychologists prioritized a spontaneous dialogue, taking notes of important contents after the meetings.

The completion of the diagnosis allowed us to know the main concerns of the staff members. According to Bleger (1984), understanding the meanings would be the next step in data collection, and it is, in turn, followed by their interpretation, remarks, and reflections. Trying to identify the similarities and differences in staff concerns, the Psychology Service was able to reach a concatenated result to discuss with the institution.

Table 1 presents the institutional diagnosis, systematized into six analysis categories and eight subcategories. From these data, the Psychology Service constructed a proposal for an action plan, with interventions aimed at meeting the categorized demands.

Table 1

Institutional diagnosis

Category	Subcategory	Brief description
Communication and information	Access to information and personal protective equipment (PPE)	Personal safety concerns.
	Horizontal communication	Psychological care information exchanged between staff members.
	Vertical communication	Psychological care information exchanged between staff members and their supervisors.
	Institutional information	Information provided by the institution.
Flows	Assistance flow	Knowledge of staff members about the offer of psychological care.
	Flow of attention to the staff member	Knowledge of the staff members about being able to get professional care.
Psychological consequences of the pandemic	Work relationships	Affects and suffering caused by the pandemic situation.
	Family relationships	Affects and suffering caused by the change in the family routine.
Work conditions	–	Concern about work organization.
Patient companion	–	Concern about dealing with the patient's companion.
Positive initiatives	–	Identification of successful actions.

The institutional diagnosis and the action plan were presented at a meeting with the hospital management and representatives from other sectors of the institution, members of a crisis management group. At this meeting, with the contribution of all those present, the actions and actors of each intervention were defined. Established in an action plan, the proposed actions were divided into two major categories, as shown in Table 2. Regarding the institutional actions, two subdivisions were elected: the establishment of protocols and interventions in the physical space. The actions aimed at staff members was subdivided into

five groups of interventions: institutional communication campaign of mutual support; personal guidance (in person and/or remote); actions with coordinators; psychological attention; and referral of staff members with symptoms.

Table 2

Action plan

	Institutional actions
Establishment of protocols	Establish guidelines (norms and information) regarding PPE, technical conduct, management of patients, and families.
	Develop care protocols with suspected and confirmed cases of Covid-19 among patients (diagnosis, prognosis, discharge, death).
	Establish the flow of professionals, patients, and patient's companion within the institution (entry, exit, circulation).
	Define the flow of each sector (psychological care, support, sanitation, among others).
	Align information and the flows of every sector.
	Enable different categories to deal with suspected and confirmed patients.
Physical interventions	Check the protection (physical barriers) for inpatient professionals.
	Place safe distancing strips where lines form (entrances and cafeteria, for instance).
	Actions aimed at staff members
Institutional mutual support campaign	Facilitate access to accurate care information.
	Carry out actions so that information reaches all professionals.
	Aim to motivate and strengthen professional identity.
	Raise awareness in the external community of the importance of the health professional.
	Structuring support alternatives without face-to-face action (text and video messages).
Personal guidance (in person and/or remote)	Replicate institutional information for all levels of care.
	List and train the professionals who spread information and are responsible for welcoming people.
	Conduct periodic approaches to different sectors and professionals.
	Offer listening and reception for problem-solving.
	Offer an open channel of guidance for staff members with questions.
	Clarify the criteria for being excluded from the risk group.
	Establish a communication channel between the human resources (HR) department and other sectors and staff members.

Table 2

Action plan (continuation)

Actions aimed at staff members	
Actions with coordinators	Direct the action to their colleagues, without a hierarchically superior professional.
	Guide how to deal with stressed staff members and emotional issues.
	Guide the flow to be able to access psychological support.
Psychological attention	Offer a psychologist on duty to the staff members.
	Provide spontaneous access to all staff members.
	Develop remote care strategies.
	Ensure the confidentiality of information and content brought by staff members.
	Elaborate an individualized plan to face the crisis situation.
Symptomatic staff members	Define which unit staff members who present respiratory symptoms should be referred to.
	Define the reference unit for staff members with psychological issues that stop them from working.

Active search

Once the action plan was established, the intervention began to be built and partners were sought. Thus, for direct support action, the Psychology Service, the Humanization Center, and the Staff Member Reception Center (*Central de Atendimento ao Colaborador* [CAC]), which is linked to the institution's human resources (HR) sector, joined forces.

Named Active Search for Guidance Based on Support and Reception (*Busca Ativa para Orientação Baseada em Apoio e Acolhimento* [BAOBA]), this action was focused on meeting staff members in their workplaces to check possible issues related to the pandemic and emotional complaints. Thus, not only the inpatient units were visited (where health professionals are allocated), but all sectors that had some contact with patients and families (such as security, laundry, pantry, lactation staff, among others). During the process, other sectors, such as billing and finance, promptly requested this support.

For these visits, the general objective of promoting mental health among staff members was outlined – more specifically, from a welcoming attitude, providing information and listening to issues related to the pandemic and identifying risk factors for the mental health of staff members. Hence, the action should occur in an interdisciplinary way, mediating the issues identified with the sectors of the hospital capable of solving the demands.

The BAOBA action was held twice a day, in the morning and in the afternoon, followed by an articulation meeting with representatives from other sectors of the hospital that are part of the action – such as the Hospital Infection Control Service (*Serviço de Controle de Infecção Hospitalar* [Secih]), the Quality Sector, the Security and Occupational Medicine Sector (*Setor de*

Segurança e Medicina do Trabalho [SESMT]), the Communication Sector, and the professionals from the Humanization Center. Thus, each of the demands was discussed and forwarded. As a way of attributing credibility to the staff members, feedback was provided to the visited sectors. Both demands and resolutions were registered in a spreadsheet in order to create a reference database.

This action was extended to the night shift, however, intermittently, prioritizing the inpatient units and places with higher infectious risk. The discussion of the issues took place in next-day meetings, as well as the activation of the related sectors. Feedback interviews were made on the next night shift of the requesting staff member.

BAOBA started in the second half of April 2020. Two weeks after its beginning, an evaluation meeting was held, in which it was observed that there was little appearance of new questions and recurrence of the doubts raised by staff members in the institutional diagnosis. However, there was greater confidence in the answers by the participants and prevalence of emotional and behavioral issues and the identification of critical places – such as emergency care and intensive care unit (ICU), those in which there was a greater probability of contact with patients with suspected or confirmed Covid-19.

Considering these facts, the team observed that a first objective had been achieved: staff members were safer and better oriented to deal with the pandemic. In this way, the study was redefined to adapt to the demands of the moment and, from the third week onwards, daily searches were carried out in the places identified as critical, such as emergency and inpatient units and specific ICUs for patients with suspected or confirmed Covid-19. In the other locations, searches were performed twice a week, contemplating the different medical duties. At the end of June, we evaluated which action had fulfilled the main objectives. From July onwards, the continuation of support was planned with a monthly visit to each shift and weekly visits to the reference units for Covid-19. The BAOBA action, between April and June, carried out 802 active searches and 104 meetings for articulating demands, in 52 business days.

Both demands and resolutions were registered in a spreadsheet in order to create a database for consultation, which served as support for issues already articulated, and monitor changes in regulations. For the purpose of presenting this article, we have listed all demands and organized them into 11 analysis categories. These are 1. self-care, 2. institutional guidelines and prevailing questions about Covid-19, 3. risk group, 4. PPE, 5. hospital structure and physical space, 6. internal communication, 7. institutional protocols and flows, 8. patient's companion and family members, 9. physicians and residents, 10. labor and financial issues, and 11. emotional and psychological issues.

The *self-care* category refers to the staff members' concern with practical self-care, seeking to improve their lifestyle, avoiding habits that are harmful to physical and mental health, adopting disease prevention measures, and avoiding risky situations. Doubts related to

the effective way of performing personal hygiene, disinfection of clothes, shoes, and objects of daily activities were prevalent.

In the *institutional guidelines and prevailing questions about Covid-19* category, doubts related to the origin of the new coronavirus, forms of infection, risk of reinfection, and the global situation regarding research or testing possible vaccines against the disease were clarified with the support of specialized professionals. The Security and Occupational Medicine and Human Resources sectors provided guidance on the symptoms that must require taking a medical leave, the place for consultation, deadline, and type of exam offered to test the symptomatic staff member.

The concern with defining the criteria and symptoms that would classify staff members part of the "risk group" was quite prevalent and, therefore, it was classified as a category. After all, the risk group referred to the population most susceptible to injuries, morbidity, and mortality in case of infection by Covid-19.

The use of *PPE* and ways to mitigate risks to health or safety during the performance of professional activities were present in questions related to availability, form of use, and disposal. Dressing and undressing procedures caused concern, especially in professionals at specific posts for Covid-19. In addition, issues related to particularities in PPE for different functions were clarified.

Defined by the WHO as an integral part of a coordinated health system, the *hospital structure and its physical space* were frequently addressed in the first weeks of the action. The agglomeration of people in the cafeteria, dressing rooms, and break rooms was solved by expanding the spaces and extending break periods. Physical adaptations and flows were created for the circulation and services to patients with suspected or confirmed Covid-19. In addition, structural adjustments were made, such as moving rooms in critical locations and installing telephone lines.

Internal communication was one of the greatest challenges of the action due to the fact that there was no sector exclusively responsible for its execution since it is a common responsibility of all the staff. Thus, there was divergent information among staff members. Precise information on flows and protocols of the institution concerning Covid-19, institutional resolutions related to equipment and procedures, and the number of staff members who tested positive for Covid-19 was articulated between various sectors. In this same direction, *institutional protocols and flows* were created to deal with practical issues such as internal transport and disinfection of stretchers of suspected or confirmed patients with Covid-19; the care of suspected or confirmed patients in cardiorespiratory arrest; death of patients affected by the disease; visits and feeding of patients and their accompanying people of the Health Insurance Units for the care of infected patients and screening of patients during hospitalization and emergencies.

The permanence of *patient's companion and family members* during the entire hospitalization is a right guaranteed by the Child and Adolescent Statute. The feasibility of this right

generated doubts about the patient companion's behavior, especially in relation to wearing masks and hand hygiene. To reduce the risk of infection, the change of the patient's companion was reduced to one every 24 hours, which caused empathy and compassion from staff members based on the expression of tiredness of parents or family members who spent many hours in the hospital.

Despite being health professionals like any other, there are specific issues related to *physicians and residents*, which justify them being in a separate category. One of the effects of social isolation was the reduction in elective surgeries and outpatient and emergency care, strongly impacting the workload and financial support of physicians. In addition, the feeling of insecurity about the care of patients with suspected or confirmed Covid-19 highlighted the need for training and instrumentalization for care, especially for resident physicians. In another direction, professionals from other categories complained about the medical posture in relation to non-compliance with safety rules and delay in establishing the diagnostic hypothesis of Covid-19 in suspected cases. These issues were worked on by the technical direction and the SECIH.

Due to the economic impacts of the pandemic, the federal government took a series of measures to ease labor regulations, which raised doubts about *labor and financial issues*. Concerns about the right to health hazard allowance – especially for staff members who would work with cases of Covid-19 –, changes in workload and wages, as well as the financial situation of the institution, due to a decrease in consultations and hospitalizations, were common issues. The specific directors and the HR sector were partners in the clarification of them.

Emotional and psychological issues, such as feelings of fear, anxiety, insecurity, anguish, and lack of motivation, were expressed by most of the staff members. These expressions were conveyed not only discursively but observed in their face expressions, body postures, and voice tones. The concerns and repercussions on staff members' families were quite common. Because they work at a hospital and are more susceptible to having contact with the coronavirus, the staff members were concerned about how to take care of their family members and, in some cases, they felt their family members resistant and distant. Some staff members felt unappreciated (especially those from the hygiene sector) and stressed due to organizational difficulties in the work routine. These questions were accepted and worked on by psychologists as soon as they were demonstrated, favoring the feeling of belonging and validation of the difficulties. When there was a need for private attention and privacy, staff members were referred to the psychologist on duty.

Psychologist on duty

In the institutional diagnosis stage, one of the points identified as demand for psychological intervention was the emotional state of the staff. After all, psychological

symptoms (such as stress, anxiety, sleep disorders, and generalized fear) and psychosomatic symptoms (such as headaches and body and stomach pains) were reported by them.

To face these issues, the Psychology Service established a psychologist on duty as a strategy. This intervention aimed to provide psychological support and aid to hospital staff, meeting the demands of emotional difficulties identified in the institutional diagnosis.

This was configured as a psychological care strategy, that is, the services were designed to act on time, with the objective of offering support during the psychological crisis the staff member was in. Using brief psychotherapy techniques, clinical listening aimed at the crisis focus; embracement strategy, support, and humanized emotional support; mental health guidance; psychoeducation; and elaboration of an individual strategy to face the crisis were provided.

If demand for continuous psychotherapeutic care was identified, the staff member was referred to the CAC, which traditionally offers this type of support. For this action, the Psychology Service organized the 12 available psychologists in shifts, so that there would always be someone available to assist the staff.

The dissemination of this service was carried out personally in active search actions and through institutional communication (hotsite and physical newsletters spread throughout the hospital). The service was structured so that staff members could feel free to spontaneously look for the psychologist on duty (via phone call or go to the Psychology Service in person) at any time during the shift (8 am to 6 pm). Staff members who worked during the night could access the service via telephone, video calls, or personally (before or after starting their shift).

The main complaints that appeared during these visits were the difficulty in dealing with the fear of getting infected or infecting family members; the distance from family and friends due to the risk of being spreaders of the virus because they work at a hospital; bullying, hostility, and stigma suffered inside and outside the hospital for the same reason. Difficulties related to work productivity, as they began to be affected by the emotional symptoms described above; difficulties in dealing with the changes in the sector that occurred due to the relocation of professionals caused by the Covid-19 medical leaves; and complaints related to the adversities found in the care of these professionals to cases of suspected or confirmed patients with the virus were also reported.

After two weeks in this shift operation, it was identified that the number of professionals who sought support was lower than expected. After all, with an availability of 100 hours for psychological care, only 11 staff members sought support.

We raised three possible explanations to understand the low demand. The first is related to the professional routine of the health care sector, which hardly allows time to get psychological care. In addition, as it is common to psychotherapeutic processes, there is personal resistance to the recognition of psychological weaknesses and the search for help.

Besides, this welcoming space especially aimed at health professionals did not exist before this intervention.

Finally, it is possible to consider the hypothesis that the collective actions carried out by BAOBA have achieved their objectives and may have largely met the psychological care needs of staff members, reducing anxieties through concise and secure information. Thus, when low adherence was identified, the strategy was changed, maintaining the offer of psychological care.

Discussion

The analysis of the results of the institutional diagnosis, as well as the results of the execution of the action by the Psychology Service of the Pequeno Príncipe Hospital, indicates that they are in line with the emotional, social, economic, and institutional effects of the pandemic presented in the literature. Through BAOBA, it was possible to verify that fear, insecurity, ignorance, concerns, anxieties, and stress then prevailed in the staff members' minds with a great intensity, potentiating conflicts and triggering pre-existing crises in both the personal and social/institutional dimensions. These manifestations, verified in the action, are in line with the Comitê Permanente Interagências (Inter-Agency Standing Committee [IASC], 2020) when it points out that occasional symptoms previously presented by the professionals become even more constant and intense amidst the Covid-19 pandemic since the uncertainties represent an additional stressor. As it is a disease that has serious or fatal consequences and, therefore, is associated with death, it increases the professionals' fear of being possible transmitters of the virus, thus representing a risk to the people they live with.

The professionals' work routine requires constant exposure and coping with situations that trigger emotional overload. Prior to the emergence of the Covid-19, these professionals were already experiencing the emotional effects of disease proximity, the death of patients, and the suffering of family members. The psychological aspects identified in BAOBA are similar to what Bizarro et al. (2020) mention, that the symptoms of anxiety and feelings of loneliness, abandonment, and fear of getting infected or transmitting the virus to their families are present. In addition, there is still pressure to choose which patients to save, given the limited therapeutic resources. In this sense, Xiang et al. (2020) point out that hospital health professionals, especially those who directly treat patients who got infected by Covid-19, are those who are more exposed to the possibility of infection and transmission and, therefore, experiencing these fears.

Fear and anxiety about a certain disease can be devastating and have a major impact on people's mental health. As stated by Baptista et al. (2005), fear can be considered a basic emotion that is present in all human beings, while anxiety is a mixture of emotions. These emotions are part of the defensive system and are activated by threatening situations or real dangers and, similarly to any other emotion, they vary according to each person. Although the

function of fear is understood as a primitive defense mechanism that was necessary for the survival of animals, it is known that, when it gets disproportionate, it becomes a symptom of anxiety and stress, intensifying psychiatric conditions (Ornell et al., 2020).

According to the IASC (2020), in pandemic situations, it is common for individuals to feel fear and anxiety and perceive themselves with a higher level of stress, common reactions to people directly and/or indirectly affected. In addition, frontline staff members (physicians, nurses, hospital staff in general, among others) may suffer from fear of falling ill and dying; stigma, hostility, and avoidance by their community, colleagues, and family members; physical restriction of movement due to the PPE; fear of lack or inappropriate use of them; constant alertness and hypervigilance; need to adapt to new ways of working; irritability in the face of increased stress and the specifics of work; lack of information about long-term exposure to individuals with Covid-19; exposure to excessive news (whether true or fake); fear of transmitting the virus to friends and family; insecurity about the information provided by the government and other authorities; feelings of helplessness, boredom, loneliness, and depression due to isolation; fears related to the financial issues, such as not being able to work when in isolation and fired. In addition to these, other frames can be affected by the fear of speaking.

A pandemic is an atypical situation in which the reactions most frequently identified – such as intense collective stress – must be observed and managed. The acute stress reactions, which are characterized by feelings of confusion, anger, sadness, despair, among others that start right after the traumatic event and are transitory, are very common in these cases. Adjustment and post-traumatic stress disorders (IASC, 2020) can be added to the list of consequences. However, some people have resources the to cope with great pressure and stress, without causing disruption or serious psychopathological conditions. The expression of unease usually reveals the possibility that the subject is experiencing emotional commotion. This demonstrates that the person has a psychic resource to support the burden of anguish experienced and the flexibility to face it.

With the global crisis of the Covid-19 pandemic, health institutions, as it seems, have started to value the mental health of their professionals even more. These professionals, in addition to physical risks, are exposed to psychological distress. In this sense, the ANCP (Comitê de Psicologia da ANCP, 2020) suggests that health institutions elaborate a care plan that goes beyond the patient affected by Covid-19, looking at the professionals who provide their health care, understanding that they can succumb to their exhausting routine. The Committee reminds us that care must also be offered to those who are caregivers, providing conditions for them to carry out their functions. Among these, there is the mental health care of the teams, which may include promoting moments of decompression, education regarding the new situation, and acceptance of doubts and concerns. The importance of multidisciplinary work and actions aimed at the mental health care of these professionals has been highlighted (Xiang et al., 2020).

The need to face a highly dangerous pandemic confronted the hospital with the urgent need to readjust measures, flows, and protocols, as it triggered new difficulties or enhanced pre-existing dysfunctions in the institution. As well as the concern with medical supplies, the personal aspect of the human resource arouses particular attention from the hospital management. The psychological cost experienced by health professionals in their work routine gained a status that, if previously withheld, has a prominent place in the current context. Subjectivity becomes the object of attention and psychological knowledge presents a theoretical/technical resource for institutional action, turning the focus of care to staff members. At this point, concerning the BAOBA action, it moves from working with the team to working with the health team.

The action of hospital psychology is part of multi-, inter-, or transdisciplinary work. Tonetto and Gomes (2007) differentiate these forms of teamwork, indicating that interdisciplinarity occurs when specialists discuss "a patient's situation about aspects that are common to more than one specialty. It is multidisciplinary when there are several professionals independently assisting the same patient. It is transdisciplinary when actions are defined and planned together" (p. 90). The authors point out that interdisciplinary action is rare among health teams.

The crisis triggered by the new coronavirus demanded, at the Pequeno Príncipe Hospital, a collective action articulated between different sectors to face the difficulties that arose in the period. Both the planning and the execution of the BAOBA action emphasize the importance of interdisciplinarity to reach objectives and solve problems. Although aimed, interdisciplinarity is not spontaneous and does not equal the sum of specificities. The interdisciplinary action takes through interactions in which new knowledge, new know-how, is built by professionals.

Interdisciplinarity is done as a praxis, an action followed by reflection. The space and time for this reflection are often neglected by health institutions. Although informal contacts help to build health care, it is noted that for the performance of interdisciplinarity it is important to have formal meetings. It is necessary to ensure a space for dialogue between professionals so that this construction does not lost among so many institutional demands that arise in hospitals.

Psychological support in the context of the pandemic, precisely due to the exceptional nature of the situation, requires a broad articulation of disciplines and sectors for the construction of institutional action. Without prior structuring or protocol to be followed, the work planning involved constant review, seeking relevance, validity, and feasibility.

It is noteworthy that, at that time, there was no vaccine or antiviral drug that would prevent or treat Covid-19. The PAHO and WHO (2020) recommendation was centered on social isolation, wearing masks, and sanitizing hands. The imminent and partially known risk, as well as the initial lack of knowledge regarding attire, flows, and protocol, caused tensions and doubts.

In this sense, the first interventions of the active search point to the clarification of doubts, information, and guidance. The acquisition of knowledge and information presents itself as a primordial aspect for overcoming and personal and collective coping, denoting that information calms and organizes people in crisis situations. Bleger (1984), when discussing the effects of institutional diagnosis, points out that there must be a metalearning in which the subjects can observe and reflect on the situation they experience and find its meaning, effects, and integrations.

In this way, concomitant with institutional measures of clarification and guidance for Covid-19, the deepening of emotional aspects in the psychological spaces offered, individually or in groups, for the free expression of ideas and feelings influence the mood and ability to cope, reflecting in a calmer and more organized environment.

In view of the psychosocial aspects observed in health professionals, Melo et al. (2020) argue that, if the team is protected against stress and emotional problems triggered by the pandemic, people will have a better capacity to perform their professional functions. It is considered that the interdisciplinary action promoted by BAOBA and the psychologist on duty to assist staff members worked in this line, arousing feelings of gratitude, recognition, and personal appreciation, which can contribute to a sense of belonging and engagement in the work process. It allowed the subversion of prejudice regarding emotional care while highlighting the importance of self-care by health professionals, positively re-signifying the ties with the institution.

Although the institutional demand for intervention with staff members by the Psychology Service is concerned with safeguarding productivity, the purpose of the action is focused on the perspective of the mental health of professionals. In this aspect, the action of psychology, by giving voice to staff members, enables expression, reflection, and change. This contributes both to alleviating anxiety and to a particular, social, and political positioning or repositioning. Through active searches, psychology provided a space for speech, giving voice to doubts and fears and promoting a dialogue with the management of the hospital, establishing dialogue and generating agility for the institutional reorganization.

Final considerations

As an anomalous situation, a pandemic can cause individual and collective stress and its psychosocial impact depends on its extent and the degree of vulnerability in which people find themselves. Regarding Covid-19, we observed that stressful experiences were configured in a peculiar way, which is inherent to the disease itself. On the one hand, it was presented as a disease of loneliness since it requires social isolation/distancing, and, consequently, a solitary physical and emotional coping; but, on the other one, it was shown to be a disease of the community since the behavior and reaction of each person can be characterized as a risk factor for the general population. The professionals who work at hospitals stood out from this context.

The vulnerability of these professionals is part of the reality of their work, however, daily exposure to risk comes at a high price both physically and psychologically, notably increasing in times of pandemic. It was made sure that these professionals were treated as citizens, considering their life stories and realities and that they are not immune to the doubts and feelings aroused by the situations they experience. Actually, they were concerned, with doubts, frightened, anxious, and insecure in face of the uncertainties experienced daily at the hospitals and the temporal unpredictability of the outcome and consequences of such an unprecedented situation. This reality could cause health problems for these professionals, but it could also have psychological and occupational impacts.

Hence, the need to shed light on the mental health of the staff was inferred. Professionals, in addition to being qualified, need to be available to provide comprehensive care to patients and their families.

In view of this unique and stressful context, through research, it is possible to identify the psychological fragilities of hospital staff and the repercussions of these, as well as offer important contributions to cope with the psychological implications arising from the pandemic. However, traditional interventions for mental health care no longer fit current needs. New interventions are required as crisis situations expose moments of uncertainty and increase periods of social vulnerability but also create opportunities for people to reinvent themselves.

In this case, the interventions were performed through institutional diagnosis, active search, and a psychologist on duty with the objective of welcoming, informing, and mitigating the negative psychological implications, and, ultimately, promoting mental health. At this moment, in which communication took place with physical distance and wearing masks, in addition to speech, the eyes could express smiles, emotions, and empathy, bringing those who welcomed closer to those who were welcomed. In this process, the doubts and psychological suffering expressed by the staff were addressed in the light of psychological interpretation with interdisciplinary contributions in line with the needs of the context.

It was noticed that interdisciplinarity contributed to the development of the study and facilitated the action performed. With the engagement of all sectors, there was a contribution to better management and adaptation of the Pequeno Príncipe Hospital in contingency and crisis situations, such as those evidenced by the Covid-19 pandemic.

The present study, as an experience report, is limited by the difficulty of generalizing its findings. In this way, it serves more as an example of successful practices than as a method to be replicated. On the other hand, the perceptions obtained from this study allowed us to consider how essential the attention and valuation of the mental health of staff are and the importance of reducing prejudice related to this aspect (mental health). It was found that this action provided emotional rebalancing and strengthening of professional identities, thus improving occupational performance. This intervention fostered a transformation process and

helped to overcome difficulties and, consequently, promoted an environment of resilience, favoring better coping with the crisis.

There was an imposition of additional challenges to the Psychology Service, whether related to a greater work demand, participation in meetings and multiprofessional consultations, conducting interconsultations, caring for the mental health of the hospital staff, or the laborious articulation with the other sectors involved. Nevertheless, the contributions arising from the preparation of this study with regard to reformulation of knowledge and practice, applicable in crisis situations, were undeniable.

It is hoped that this experience of the Psychology Service be a legacy for the institution in terms of valuing the mental health of the staff, as well as physical health and professional performance. Finally, it is hoped that it will not be just another instrument for data collection, but rather an incentive to delve deeper into the subject. To continue the theme, future studies can move towards new and effective interdisciplinary strategies for mental health care for health professionals.

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