



# Perception of professionals in a multidisciplinary team of the intensive care unit about their routine during the Covid-19 pandemic

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## ABSTRACT

### OBJECTIVE

To identify the perceptions of professionals from a multidisciplinary team working in the intensive care unit, about changes in care, professional performance, and daily life in the context of the Covid-19 pandemic.

### METHODS

A qualitative study was carried out, approved by the Ethics and Research Committee, under opinion 5,012,419 (CAAE: 51317521.3.0000.0073), using the methodological framework denominated Oral History. Seven health professionals who work at the Institution were selected and interviewed. The main criteria for sample selection were that these professionals worked in the intensive care unit; before the pandemic period and in the current pandemic scenario we are going through, and in the daytime. The key question of the interview was: What has changed in your routine during the Covid-19 pandemic? The interview was recorded and later transcribed. From this material, the content analysis was performed.

### RESULTS

When carrying out this research, it became clear that all professionals felt significant alterations in their routines, including work, mental health, and social interactions. In the reports we are able to understand and feel the anxieties, fears, and hopes for the future.

### CONCLUSIONS

This research provided the opportunity for professionals from the multidisciplinary team of the Intensive Care Unit to report their feelings and experiences during the pandemic. It brings relevant changes to their routines and the impacts generated.

### DESCRIPTORS

Perception, Work routine, Covid-19, Multidisciplinary team, Intensive care unit.

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## INTRODUCTION

The hospital is an environment that brings a very exhausting emotional and physical load to health professionals, as they are in this environment daily for most of their lives, which, in turn, can be very unhealthy, containing patients with various comorbidities that may or may not be contagious<sup>1</sup>.

Based on this, we have an environment of higher complexity in the hospital, where the greatest impairments and risks are found, which is the intensive care unit (ICU), where there are also several professionals; doctors, nurses, nursing technicians, speech therapists, physiotherapists, psychologists, nutritionists, and occupational therapists<sup>1,2</sup>.

Within the ICU, the multidisciplinary team has other stressors, in addition to biological factors, such as lack of equipment and supplies, lack of human resources to compose care, and repeatedly having to make decisions that directly involve patient care<sup>2</sup>.

Faced with this scenario, these same professionals have been facing yet another aggravating factor in their work in intensive care units since 2020, which is the pandemic caused by Covid-19, generating greater challenges due to the high contagion of the disease, and the aggressiveness with which the virus affects human beings, intensifying their workload.

The biggest difficulties, mainly in the assistance of the SUS, are the lack of professionals specialized in emergency sectors, insufficient amount of personal protective equipment (PPE), and lack of training, among other actions necessary to face emergency situations in public health. This leads to the question of what this can entail not only in the assistance of professionals from the multidisciplinary team, but in their daily lives as a whole. With regard to this context, the main challenges are the high transmissibility of the virus among these professionals, as well as the high emotional burden, causing impacts on mental health and work overload, with the lack of PPE being the main cause of the increase in infection in this population. In the literature, it is identified that health professionals are three times more likely to contract the virus than the rest of the population<sup>3</sup>.

It is evident to state that Occupational Therapists play an important role in the current scenario in which we are facing the Covid-19 pandemic, as they are able to recognize the consequences and changes that are taking place, with people, the way they get around, their social interactions, and their work activities, in physical, social, and emotional contexts<sup>4</sup>.

For the occupational therapist, the focus of their action is the activities and daily life, so the health care they provide constitutes being able to intervene and understand the manifestations of discontinuity in the routine, caused by different situations of illness, which transit through the home, hospital, and many other social and health facilities, absorbing and building more and more actions that unite integrality of the subject and humanization of care<sup>5</sup>.

In this context, Occupational Therapy contributes to the adaptation of a new routine for users of the intensive care unit and their daily care routine, providing clarification on the disease and its treatment so that they can understand their new situation. With professionals, the occupational therapist aims to propose worker health in this harmful environment, providing guidance in relation to self-care and leisure, as a form of health promotion for these professionals of the multidisciplinary team<sup>5</sup>.

Thus, the current research has as a guiding question to identify the perceptions of health professionals, especially the multidisciplinary team, about changes that may have been caused by the pandemic in care procedures, professional performance, and in the daily life of these professionals.

The motivation for this study started from the moment that

the experience in the residence made it possible to listen to the dilemmas, difficulties, and anxieties experienced by the professionals who share the physical space of the intensive care unit on a daily basis, giving rise to the need to break the silence of these professionals.

The objective of this study was to identify the perception of professionals from the multidisciplinary team who work in the intensive care unit, about changes in care, professional performance, and daily life in the context of the Covid-19 pandemic, and to report these perceptions and describe them, identifying the areas of activity of each professional.

## METHODS

This research was approved by the ethics and research committee under opinion 5,012,419, proposing institution Municipal Hospital "Dr. Carmino Caricchio" CAAE: 51317521.3.0000.0073.

This is a qualitative research, using Oral History as a methodological reference. Oral History is an alternative to study society through documentation gathered through recorded interviews, which are translated from the oral to written medium<sup>6</sup>.

Oral History portrays characteristic universes, being the target community, colonies, networks, and ground zero<sup>7</sup>. In the current research, what is called the destination community are the professionals of the multidisciplinary team of the Carmino Caricchio Municipal Hospital - Tatuapé/São Paulo, the colony are the professionals of the multidisciplinary team who work in the Intensive Care Unit at the hospital, the networks are the professionals who accepted and encouraged other professionals to participate in the research, and point zero is the occupational therapist who, when identifying that many professionals were reporting moments of difficulty during this period, felt the need to listen to them.

The application was carried out in the premises of the Municipal Hospital Carmino Caricchio, usually known as the Municipal Hospital of Tatuapé, located in Parque São Jorge - Tatuapé/SP. It was carried out during the professional's rest time, favoring a calm and silent environment. At that moment, the participant was asked to complete the Free Informed Consent Term (ICT), and informed that all uses of the subject's identification would be kept anonymous and that the information collected there would only be used for conducting the research and subsequent publication of the results.

A guiding question was asked at the beginning of the interview, "What changed in your routine during the Covid-19 pandemic?", which was recorded using a cell phone that contained the necessary tools for the content to be audible and understandable.

Seven professionals were interviewed, including a nurse, a physiotherapist, a doctor, a nutritionist, a psychologist, a nursing technician, and an occupational therapist, who worked before the pandemic and during this period of pandemic in an intensive care unit. To obtain the interviews, the following inclusion criteria were used: professionals who worked in an intensive care unit before the pandemic period and continue to work in this pandemic scenario which we are going through, professionals who work during the day. Night shift professionals, those on leave for any reason, and professionals who did not work in an intensive care unit before the pandemic were excluded.

After the interviews were carried out, they were transcribed in a real way based on what was said in the audio, then separated by professional categories and sent to the participants for them to be aware of the content. When analyzing the transcripts, it was noticeable that professionals, despite working in different categories, identified points of significant and similar changes, such as work routines, mental health (fears, stress, mental overload), and disruption in social and family interactions.

In order to maintain the anonymity of the participants, they

were described throughout the research according to their professions. The Speech-Language Pathology and Social Work category did not have a representative, as the intensive care unit did not have a professional hired in this role at the time of the research.

## RESULTS AND DISCUSSION

Regarding the moment we are living in, it is necessary to guarantee the worker a decent job and to propose protection to workers in the area of health, essential services, both in the private and public initiative<sup>3</sup>.

When carrying out this work, it was evident that all professionals felt significant changes, especially in their work routines, their mental health, and social interactions.

Regarding work routines, we obtained the following reports:

- (E) *“well, what changed in my routine, inside the ICU, it turned out that we professionals were very overloaded, in all aspects I barely had a routine to be able to eat, it was always very busy, a lot of novelty, many new things that these patients ended up bringing to us inside the ICU and it ended up overloading both the nursing team and other health professionals.”*
- (F) *“my change in routine is that before the pandemic I had a very quiet routine, I was not afraid, afraid to come to work, I knew what to do and how to do it, the way to do it, I didn’t work with such fear, now in the pandemic well in the immediate part of the pandemic, we come to work with a little more fear and we don’t know what we will find.”*
- (M) *“I had many invitations to work and my professional part only grew, on the other hand, it was at the cost of lives”*
- (N) *“in relation to my activity in the sector, it was mainly the overload, because we didn’t have the professionals for that, what happened, my company adapted in a different way, we took on other responsibilities, so in addition to me staying with the ICU, I stayed with the semi-intensive and the semi-intensive was also COVID, then it was very complicated, mainly because of the attitude of the team, right, everyone was very afraid, very afraid, and the responsibility increased a lot because we did not know exactly what we were dealing with and our conduct had to be assertive.”*
- (P) *“it is mainly because the demand from family members has increased a lot, the prohibition and suspension of visits to the ICU was something that affected the family a lot, it affected me a lot particularly... this mobilized a lot of distress, a lot of hopelessness here at work too, to be able to mediate some team conflicts too, because it was a very stressful time.”*
- (TE) *“regarding the professional, we end up taking more care, right, regarding the equipment, which we had, but it was not used correctly and today we use it more often, with more care.”*
- (TO) *“one thing that changed a lot was what I would find when I arrived at the hospital, so every day was an uncertainty, the uncertainties were based on the team, because whenever you didn’t see a member, you asked where is so-and-so, what happened? He’s off, he left, or not, he has suspected COVID. That already generated distress, so it already gave me despair, concern.”*

The pandemic brings fear that intensifies levels of stress and

anxiety in people with stable health and hyperbolizes symptoms in people who already have a mental disorder<sup>8</sup>. Following this line, we have the following reports:

- (E) *“the emotional part also changed a lot, because these patients were very fragile and it ended up passing on to us, with each death, with each notice passed to the family, we ended up feeling it together, right... it ended up changing us to make us more repressed”*
  - (F) *“my psychological state is still a little shaken, around everything I saw in this pandemic, because there were nights and there were days of 12-hour shifts when I witnessed 13 deaths, so if I tell you that I wasn’t shaken I’ll be very hypocritical.”*
  - (M) *“mortality was an absurd incidence, so this context with the family was a context that caused me a lot of discomfort, so giving news of death 5, 6 times a week was something sad, right?”*
  - (N) *“regarding my emotional state, I felt a lot, I felt affected, especially after I had COVID, so it’s different, there was insecurity”*
  - (P) *“I started to have insomnia, something that is very important since I had no previous history, I had always slept very well... during the night I started to have episodes of tachycardia, I went to the emergency room several times... I had to double the dosage of the hypertension medication, I have been hypertensive for some time.”*
  - (TE) *“my psychology didn’t change much, no, it remained calm, I didn’t let it shake me much, not with the situation we were living, because otherwise you end up going crazy, right?”*
  - (TO) *“it was a feeling that made me want to scream, to start talking, you know, I’m suffering, I’m also afraid, but I can’t show it, I had this feeling a lot that I couldn’t show it, because I needed to stay strong to support my residents, support my co-workers”*
- The social isolation used as a means of preventing and reducing contagion, adopted as a protocol to face the Covid-19 pandemic, caused a sudden break in the routine of social and family interactions,<sup>8</sup> as described in the following reports:
- (E) *“we no longer had contact with grandparents, father and mother, siblings, children, we ended up isolating ourselves a lot from family members, during this period, it was very difficult, as everything closed, we ended up isolating ourselves more inside the house and it was very lonely right.”*
  - (F) *“with my parents, my grandparents, my grandfather now, during the pandemic I rarely went to see them, when I saw them it was just with a mask, with alcohol in hand, I didn’t see them for a long time, I believe this also affected my psychological state, because I am a totally dependent person, although married, mother of a daughter, I am totally dependent on my mother, my father, my grandparents.”*
  - (M) *“it turned out that we really had a social distance, right, we ended up having a much more digitized life than a personal life, so looking in the eye, meeting friends, having fun, playing ball, which for me has always been very important right, the team sport part, so it was something that had a big break.”*
  - (N) *“in relation to friends, there was a distance, it was*

*even difficult. So in relation to friendships themselves, there was a certain distance, but some were maintained virtually.”*

- (P) *“regarding the social routine, I canceled any type of social life, in relation to parties, family gatherings, so for a year and a half, my life was from home to work.”*
- (TE) *“I have a 7-year-old boy, he just had a little change in his mood, because he stayed at home for many days, he was not used to staying at home for so many days, he is an active child, but it was just a moment, my husband also worked more at home too, he has a pizzeria, but it was closed for a while.”*
- (TO) *“I was afraid to even say that I was working inside Covid-19, because it seemed that I was a walking contamination cylinder, let’s put it this way... with my family, I had no access for the first 4 months, only by phone, when I started going to my parents’ house, there was a whole routine of tests, so when I went, I performed the tests to know how I was doing. to be able to see them, until today.”*

Finally, it can be observed that the reports of all professionals, regardless of the specialties and functions they perform, indicate a very similar perception regarding the difficulties and demands that the Covid-19 pandemic has brought. The view of these subjects involves professional aspects, such as difficulties at work, overload, and lack of knowledge about the condition, but also reflects personal anxieties and empathy with patients and family members.

We can also observe that professionals who have a greater demand in the immediate care of the patient, such as nurses, doctors, and nursing technicians, felt greater changes in their work routines. Professionals with greater demand for continuity of care, such as physical therapists, nutritionists, psychologists, and occupational therapists, felt greater changes in terms of demands from family members, professionals from other categories, and with social interactions.

## CONCLUSION

The perception of professionals from the multidisciplinary team of the intensive care unit about their routine during the Covid-19 pandemic was that the changes occurred significantly and changed the way these professionals work and live life, inside and outside the intensive care unit; from the care when performing their procedures and attending patients to the physical and mental changes of these professionals, along with their routines with family and friends.

This work provided the opportunity for professionals from the multidisciplinary team of the Intensive Care Unit to freely report their feelings and experiences during the pandemic, bringing relevant considerations of changes in their routines and how impactful these moments were.

Further research is needed so that we can understand even more the repercussions of the pandemic on these professionals who are on the front line and in an environment as demanding as the intensive care unit.

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