

Reflection Article/Essay

# Occupational therapy and work: challenges and perspectives of an emerging practice during and after the Covid-19 pandemic

*Terapia ocupacional e trabalho: desafios e perspectivas de uma prática emergente durante e após a pandemia da Covid-19*

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## **Abstract**

This essay discusses the intervention possibilities of occupational therapy in the field of work in the pandemic period, as well as points out the challenges and perspectives of post-pandemic actions. Interventions were discussed from three stages: i) pre-pandemic preparation; ii) pandemic preparedness strategies; iii) post-pandemic recovery, considering the micro, meso and macrostructural levels, from the perspective of a practice centered on the person and the work environment. Attention to work (in)capacities and acting in the process of returning to work were considered the main interventions of the occupational therapist, articulated with the various actors, institutions, services and class entities, in order to expand actions and promote a network integrated care. The new configurations of work resulting from technological innovation have expanded the interdisciplinary dialogue between occupational therapy and the field of work. It is expected to contribute with theoretical reflections about professional practice and the strengthening of this field in contemporary times.

**Keywords:** Occupational Therapy, Occupational Health, Disaster, Management, Interventions, Covid-19.

## **Resumo**

Este ensaio discute as possibilidades de intervenção da terapia ocupacional no campo do trabalho em período pandêmico, bem como apontar os desafios e perspectivas de atuações pós-pandemia. As intervenções foram discutidas a partir de três estágios: i) preparação pré-pandemia; ii) estratégias de preparação durante a pandemia; iii) recuperação pós-pandemia, considerando os níveis micro, meso e macroestruturais, a partir da perspectiva de uma prática centrada na pessoa e no ambiente de trabalho. A atenção às (in)capacidades laborais e a atuação no processo de retorno ao trabalho foram consideradas as principais intervenções do terapeuta ocupacional, articuladas

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com os diversos atores, instituições, serviços e entidades de classe, de forma a ampliar as ações e promover uma rede de atenção integrada. As novas configurações do trabalho resultantes da inovação tecnológica ampliaram o diálogo interdisciplinar da terapia ocupacional com o campo do trabalho. Espera-se contribuir com reflexões teóricas para pensar a prática profissional e o fortalecimento desse campo na contemporaneidade.

**Palavras-chave:** Terapia Ocupacional, Saúde do Trabalhador, Administração de Desastres, Inovação Tecnológica, Covid-19.

## Introduction

The contemporary world was faced with a virus that spread across all regions of the globe at the end of 2019, setting up a health crisis caused by the new coronavirus (SARS-CoV-2), which causes the disease Covid-19. As the main form of prevention and to contain the increase in the spread of the virus, social distancing and isolation were adopted in most countries (Zhang, 2020).

Faced with the unbridled advance of the coronavirus on the world stage, in Brazil, on January 22, 2020, the Center for Emergency Operations in Public Health (COE-Covid-19) of the Ministry of Health (MS) adopted actions with the aim of guiding the role of the Ministry of Health in responding to a possible public health emergency, seeking coordinated action within the Unified Health System (SUS) (Brasil, 2020a). It is known that the repercussions of a pandemic can be devastating and affect the entire society of a country, especially the population of workers in essential and health activities (Benavides, 2020).

According to the Center for Studies and Research in Health Emergencies and Disasters of the Oswaldo Cruz Foundation (Fundação Oswaldo Cruz, 2020), pandemics, such as Covid-19, can be considered as major disasters of immeasurable proportions for the public health of a country. A disaster can be caused by any natural threat (hurricanes, lethal viruses, biological viruses, floods, earthquakes, forest fires, droughts, among others) or of technological origin (chemical and radioactive, dam failures, fires, oil spills, industrial accidents and transportation, among others).

Brazilian public health assumed the responsibility of reducing the impacts of emergencies and the pandemic, with the role of strengthening its capacities in health surveillance actions and in the attention and care for the health of the population (primary health care, urgencies and emergencies, hospital care) (Fundação Oswaldo Cruz, 2020).

Regarding major disasters involving workers, three major tragedies experienced in Brazil more recently stand out: the fire at the Kiss nightclub, in Santa Maria, Rio Grande do Sul, in 2013; the rupture of the dam belonging to Samarco Mineração S.A., in the municipality of Mariana, Minas Gerais, in 2015; the rupture of the Córrego do Feijão Mine Dam, owned by Vale S.A., located in the municipality of Brumadinho, Minas Gerais, in 2019 (Faria, 2019). Regarding epidemics, Brazil faced yellow fever, H1N1, dengue and Zika; however, none of them reached the contagion proportions of Covid-19, which quickly spread throughout the national territory.

This context of public health emergency and the growing need for health intervention among the country's population, triggered, in March 2020, the institution of Ordinance No. 639, which dealt with a strategic action called “Brazil Counts on Me - Health Professionals”, with the aim of mobilizing health professionals, including occupational therapists, to face the coronavirus pandemic (Brasil, 2020b). It should be noted that the performance of these professionals is guided by the prerogatives of the Federal Council of Occupational Therapy (COFFITO) through resolutions that describe the specialties and skills of these professionals in the exercise of their attributions.

With regard to intervention aimed at the working population, occupational therapy is guided by Resolution No. 459, of November 20, 2015 (Brasil, 2015). According to this resolution, the professional who works in this area is called occupational therapist.

Regarding the role of the occupational therapist in situations of disaster or calamity and catastrophes, conflicts and wars, article 8 of Resolution No. 383, of December 22, 2010, describes the intervention of this professional in the organization and reorganization of everyday life, economic and sociocultural, in activities of daily living and practical life and in the formation of social support networks of people, families, groups and communities (Brasil, 2010).

However, despite the resolutions, regulations, decrees and policies that underlie the practice of occupational therapists in the field of work, there are few records in the country of this professional's performance in pandemics and major disasters with workers, since the studies describe the occupational therapeutic intervention without restricting it to the specific population (Durães & Santos, 2019).

Due to the pandemic, some Brazilian studies were developed as guidelines, notes and orientations for the practice of occupational therapy with different populations, related to the clinical management of patients with Covid-19 at different levels of health care, as well as instructions, contributions from this profession on essential care for the development of healthy routines and reflections in the field of health and worker safety aimed at possible actions in occupational therapy, health and work (De Carlo et al., 2020; Carmo et al., 2020; Silva et al., 2020a; Barroso et al., 2020).

Specifically on interventions in the field of work, Alonso et al. (2020) showed notes on the practices carried out by occupational therapists in coping with Covid-19, which allowed verifying the possibilities for these professionals to act in this field.

International research shows that occupational therapists are eligible professionals to be part of the disaster response team due to their academic background (Parente et al., 2017). With the advent of the pandemic, some studies were carried out with the intention of understanding the impact of confinement on people's daily lives and describing recommendations for providing occupational therapy services to people in psychological distress, with cognitive sequelae and changes in performance of their activities and occupations (Hoel et al., 2021; Srivastava et al., 2020).

The pandemic and major disasters had many impacts on the field of work and on workers. Profound changes were observed in the daily life of this population, which suffered from the intensification of work, more evident in essential and health activities, and at the same time, with the massification of this workforce, without guaranteeing adequate minimum health and sanitary conditions.

Given this scenario, the consequences of the pandemic challenge the political, economic and social sectors, as they expose structural vulnerabilities in fundamental services such as

health, education and work. This essay seeks to discuss the possibilities of occupational therapy intervention in the field of work in a pandemic period, as well as to point out the challenges and perspectives of post-pandemic actions.

## **Possibilities and Challenges of Intervention in the Field of Work During and After the Pandemic**

According to the World Federation of Occupational Therapists (WFOT), occupational therapy is a profession in the health area that acts in human activities and occupations with the objective of promoting the social and occupational participation of people, families or communities in everyday life, considering the environment and its political, economic, cultural, social, rights and health aspects (World Federation of Occupational Therapists, 2012). This profession is at the forefront of many situations in the 21<sup>st</sup> century, expanding its activities to an emerging practice, such as in major disasters (Abiodun et al., 2021). In this sense, it is based on the understanding that the Covid-19 pandemic is a case of biological disaster that advocates an initial action by health professionals (Rodrigues et al., 2020), among them, occupational therapists.

The great cycles of disasters affect the population of a country, interfere in politics and economy, deprive people of their occupations and activities of daily life and change their life context. For Kamalakannan & Chakraborty (2020), the occupations of the global population, such as work, were adversely affected by the coronavirus. The social distance resulting from Covid-19 imposed barriers to people's social and occupational participation and, in relation to the exercise of work activity, brought new adaptation challenges.

According to Araújo & Lua (2021), to control the spread of the coronavirus, remote work (RW) was an alternative for the continuity of work activities. In this way, the changes brought about by the pandemic modified people's habits, occupational routines and activities of daily living, especially performance in work activities. During the lockdown, the work occupation gained prominence through “essential workers”, especially maintained as service providers to respond to social demand during this period.

An example is health services (front line of the fight against the coronavirus), work environments that can play a relevant role in the spread of the virus; therefore, the analysis of this work situation/condition is crucial to prevent contamination and other illnesses (Silva et al., 2020b).

In this perspective, to reflect on the role of the occupational therapist in the field of work in times of a pandemic, the document of the World Federation of Occupational Therapists (2019) was used to categorize the intervention phases in periods of disasters, in this case, the pandemic, described in three stages: i) pre-pandemic preparation; ii) pandemic preparedness strategies; iii) post-pandemic recovery. Added to this debate is the specificity of intervention in the field, which advocates a systemic vision of network action for comprehensive care and attention to workers, contemplating the micro, meso and macrostructural levels centered on the person and the work environment. Table 1 below presents some examples of occupational therapy interventions in the field of work during and after the pandemic.

**Table 1.** Intervention of occupational therapy in the field of work during and after the pandemic

Intervention levels	Examples of intervention	
	Person-centered (worker)	Centered on the environment (processes and work organization)
<b>Phase 1: pre-pandemic preparation</b>		
Micro (individual)	<ol style="list-style-type: none"> <li>Promote worker health education actions on risks in pandemic situations.</li> <li>Help with the organization of the daily routine, occupational balance and use of time.</li> </ol>	<ol style="list-style-type: none"> <li>Organize ongoing training and courses to deal with adverse situations in the workplace.</li> <li>Encourage workers to participate in the first aid courses.</li> <li>Create a pre-checklist to continually assess workplace safety.</li> </ol>
Meso (family, environment, community, everyday life)	<ol style="list-style-type: none"> <li>Elaborate a plan of actions centered on the workers, considering the exposure to risk in each work sector.</li> <li>Provide information on the network and support for workers linked to the community.</li> </ol>	<ol style="list-style-type: none"> <li>Update information about the adverse event and necessary adaptations in the workplace to promote safety.</li> <li>Place notices in the work environment with important guidelines for coping with the adverse situation considering the work activity performed.</li> </ol>
Macro (institutional, public policies - social and health)	<ol style="list-style-type: none"> <li>Inform about assistance policies (health and social) prior to welcoming the worker.</li> </ol>	<ol style="list-style-type: none"> <li>Present the epidemiological situation of the pandemic context at Ergonomics Committee meetings.</li> </ol>
<b>Phase 2: Preparedness strategies during the pandemic</b>		
Micro (individual)	<ol style="list-style-type: none"> <li>Accept and manage feelings of psychological, physical or social suffering related to work.</li> <li>Carry out a clinical-occupational assessment to understand work capacity.</li> <li>Identify the compatibility between health and functionality with work.</li> <li>Guidance on self-protection, such as the use of Personal Protective Equipment (PPE).</li> </ol>	<ol style="list-style-type: none"> <li>Make listening channels available to workers, such as call center.</li> <li>Carry out an ergonomic analysis of the work activity in a real situation.</li> <li>Analyze risk factors in the workplace, such as physical, chemical, biological, ergonomic or accident hazards.</li> <li>Depending on the context, promote biosafety actions.</li> </ol>
Meso (family, environment, community, everyday life)	<ol style="list-style-type: none"> <li>Develop actions for health and quality of life at work, such as relaxation techniques, stress management and workplace gymnastics.</li> <li>Assist in the reorganization of the worker's work routine and encourage telework practices, when appropriate.</li> <li>Assist in the elaboration of the causal link of the illness or accident at work.</li> <li>Articulate with worker care systems and/or equipment for physical and/or psychosocial rehabilitation.</li> <li>Provide peer support networks, such as support groups, for times of crisis.</li> <li>Establish community care and resilience strategies considering adverse situations.</li> </ol>	<ol style="list-style-type: none"> <li>Adapt the work environment, when appropriate, using Assistive Technology.</li> <li>Recommend changes to workstation layout to maintain safety.</li> <li>Assist in the reorganization of the work routine of the institution, service or company, such as shift schedule changes, implementation of rotations and breaks.</li> <li>Carry out an epidemiological mapping of the adverse situation to identify the existence of new cases of work-related suffering.</li> <li>Support inspections in work environments, favoring the creation of risk maps.</li> <li>Promote worker health surveillance, such as notification of work-related injuries, to develop prevention measures on site.</li> </ol>
Macro (public policies – social and health)	<ol style="list-style-type: none"> <li>Participate in building booklets, bulletins, etc., for guidelines and preventive measures for exposure to risks associated with the work context.</li> <li>Disseminate, in partnership with Class Entities, the importance of being involved in occupations, highlighting the meaning of work.</li> <li>Call center policies occupational therapy during the pandemic period.</li> </ol>	<ol style="list-style-type: none"> <li>Teleconsulting or consulting in partnership with Class Entities to support workers during the pandemic period.</li> <li>Virtual or face-to-face space to share experiences as a form of collective work defense strategy (Dejours et al., 2016).</li> <li>Foster employment and social support policies for unemployed workers.</li> <li>Articulate with social control to discuss social protection and health and safety management for the working class in pandemic situations.</li> </ol>

Table 1. Continued...

Intervention levels	Examples of intervention	
	Person-centered (worker)	Centered on the environment (processes and work organization)
<b>Phase 3: Post-pandemic recovery</b>		
Micro (individual)	1. Accommodate workers' physical, emotional and social demands.	1. Combat the weakening of labor ties.
	2. Seek occupational balance between professional and personal life in telecommuting	2. Promote the protection of workers in their workplaces, such as through preventive actions against diseases and accidents in this period of post-pandemic adaptation.
	3. Keep up-to-date records of work-related illnesses and accidents.	3. Monitor work environments to prevent exposure to risks and stratify their severity.
Meso (family, environment, community, everyday life)		4. Provide information about ergonomic risks during telecommuting, remote work and face-to-face work.
	1. Promote effective return to work based on the assessment of work capacity and ergonomic analysis (eligibility).	1. Promote and coordinate return to work programs in a procedural, staggered and flexible manner.
	2. Make a return-to-work flow considering exposure risk levels and workers with comorbidities.	2. Assist in the identification and management of risks in the face-to-face and telework environment.
	2. Organize and participate in Workplace Health and Safety Weeks, prioritizing prevention measures, quality of life at work actions, training and information.	3. Help in building a safe and healthy organizational culture for all workers aiming at health and productivity.
	3. Develop quality of life at work programs aimed at facing the difficulties generated by isolation.	4. Organize security protocols with the service team, company or institution.
Macro (institutional, public policies – social and health)		5. Encourage and participate in the development of constant surveillance systems in the workplace.
	1. Discuss the incorporation of professionals' preparation for pandemic situations in workers' health policies.	1. Articulate with union entities to ensure the protection and rights of workers, especially in telework.
	2. Debate with Councils and Entities about the need for spaces for "Worker Care" that prioritize the performance of health professionals in comprehensive care for workers, in accordance with their real demands.	

Source: Adapted from the *World Federation of Occupational Therapists* (2019) and the International Labour Organization (2020a).

Therefore, it is noted that the interventions of the occupational therapist in adverse situations such as a pandemic can occur in pre-preparation, in the preparedness strategy during the critical event, and in recovery with specific actions related to the field of work and centered on the worker and the work environment, considering the health-work-law triad. At the same time, it is understood that this intervention needs to be articulated with the various actors, institutions, services and class entities in order to expand actions and promote an integrated network of care and health care for workers.

The pandemic scenario highlighted the characteristics of this new work configuration (technological innovation) related to changes at various organizational levels. For the continuity of the production process, the work was taken home. According to Araújo & Lua (2021), the insertion of work in the domestic space, with the presence of family members, young children and the elderly, added to the overload of daily activities and the absence of adequate furniture, Internet and equipment, imposed difficulties on the performance and productivity. Therefore, remote work and telework are configurations that need to be analyzed considering the lived context.

## **Three Years After the Pandemic, How We Can Move Forward**

After three years of the first confirmed cases of Covid-19 in Brazil, the IBGE recorded 8,6 million unemployed in the fourth quarter of 2022 (Instituto Brasileiro de Geografia e Estatística, 2022). According to the document Labor Perspectives 2021, Latin America and the Caribbean (International Labour Organization, 2018), the unemployment rate in 2021 was 10%, being higher among women (12.4%). The same document pointed to an increase in informal work between 60 and 80% in the third quarter of 2021.

This context, associated with the spread of neoliberalism, has increasingly provoked social issues that impact workers, in particular the absence of a rights protection network, materialized in high unemployment rates and informal and intermittent jobs (Brasil, 2020c).

For this reason, many demands related to this context have emerged as an object of intervention by the occupational therapist at work, such as situations of return to work, hybrid model of return, telework, remote work and informal work.

It should be noted that, probably for many people, the return to work and reinsertion in a new job<sup>1</sup>, formal or informal, is an emerging demand in the post-pandemic period. However, this manuscript is not intended to discuss informality, as it shares with Souza & Lussi (2022) the existence of a challenge in implementing procedures to approach these workers due to the absence of links with institutions, care devices and other various sectors of worker assistance.

The return to work in times of a pandemic becomes a challenge for companies, services and institutions, and the occupational therapist can be a professional with competence to act as an articulator and leader in return to work programs and processes (Alves et al., 2020), because it is guided by a person-centered approach, considering their context, which allows the identification of risk factors present in the working condition and favors the promotion of health and safety of workers in a real work situation. However, it is necessary to understand the need for a return-to-work plan, with the worker as the protagonist, in order to guarantee a safe, sustainable, healthy and productive environment, especially for those who are in telework, hybrid work (onsite and remote) and work remote.

Telework is defined by the International Labour Organization (2020b) as work that uses information and communication technologies (ICT) – such as smartphones, tablets and laptops – outside the institution's premises and work environment employer. In Brazil, telecommuting was introduced in the labor reform of 2017, which regulated intermittent work in accordance with Law No. 13,467 of July 13, 2017 (Araújo & Lua, 2021; Brasil, 2017). RW is carried out at any distance from the workplace to carry out work activities and uses available technology tools (Araújo & Lua, 2021).

These work settings require an intervention by the occupational therapist based on situated, participatory and centered ergonomic analyzes on the actual activity that understand aspects of organization, processes and working conditions, as well as the physical, cognitive and emotional demands inherent to work activity. Based on these analyses, the occupational therapist has information to develop recommendations and adapt the work environment to the characteristics of the worker from the point of view of who performs this activity and, in addition, guarantee a safe, sustainable, healthy and

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<sup>1</sup>For Griebeler (2021, p. 328), employment is a function and a condition of people who work, temporarily or permanently, in any type of economic activity. This recognition of bond results in what is called the Labor Market.

productive environment, especially for those people who are in RW, telecommuting and hybrid work.

Another point to be highlighted is that the pandemic boosted information technologies and the digital revolution, in addition to new concepts that are configured in Industry 4.0, such as augmented reality, robotics, big data, universal integration of systems, Internet of Things, sensors and intelligent systems (Naya, 2018). This knowledge expands the context of intervention and occupational therapeutic practice in the field of work through the interdisciplinarity of different types of knowledge that accompany the transformations in the world of work.

As an example, we highlight the use of digital tools that help with the ergonomic analysis of work, such as the application called Ergonomics Checkpoints of the International Labour Organization (ILO). As presented by the International Labour Organization (2018), this app has 132 practical and low-cost solutions for improving working conditions from an ergonomic perspective. Several applications and software make it possible to understand organizational arrangements or the cause of work overload, as well as to use digital training solutions as a prevention strategy (Rodrigues & Tonin, 2021). In addition, 3D printers can help the development of adaptations and changes in the physical arrangement (layout) of workstations to improve safety, health and productivity through experimental prototypes.

One can also highlight, as an intervention proposal, the participatory methodologies in Ergonomics based on simulation software, for example, which allow the participation of workers in identifying problems and building solutions, as well as in the reconstruction of a representation of the reality of work, from the perspective of the worker (Bittencourt & Duarte, 2021). Finally, the use of tools and platforms for big data can help track interventions by occupational therapists in the field of work, strengthen an evidence-based practice and bring points to the discussion of professional practice.

## **Final Considerations**

This essay sought to show the possibilities of intervention by the occupational therapist in the field of work, during and after the pandemic, considering the micro, meso and macrostructural contexts, based on a practice centered on the person and the work environment in an inseparable way. The reflections reaffirmed the performance of this professional in the attention to work (in)capabilities and in the process of returning to work, and pointed to other paths for practice, such as telecommuting and hybrid, remote and informal work.

Post-pandemic work has been showing a closely connected relationship with digital and information technologies, making future debates about laws adaptable to work innovation necessary. This manuscript presented preliminary reflections, which constitutes a limitation.

Certainly, further research is needed to understand the influence of technologies and the impacts of Revolution 4.0 on the exercise of practice, not only in the field of work, but for the occupational therapy profession.

Several challenges and opportunities for intervention emerged in the post-pandemic period for occupational therapy and work, which allows the construction of new professional perspectives and theoretical-practical reflections to strengthen this field in contemporary times.

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