A logic of care and Organizational Trauma in times of COVID-19 in Brazil

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ABSTRACT: *A new form of organizational pathology was recently identified, and was named Organizational Trauma. This notion makes a significant contribution by showing that, like individuals, institutions can also face serious situations that can cause them to malfunction. How to approach, then, the logic of care in healthcare organizations that are undergoing traumatic situations? To discuss this issue, we seek to think about institutional care in health organizations directly involved in the care of people infected by COVID-19, in Brazil. In order to support this discussion, reports from a traditional news website in Brazil (www.globo.com) were collected during one week, so as to identify possible triggering situations of Organizational Trauma and the respective responses by organizations. In total, were identified 37 pieces of news containing the word "collapse" linked to health organizations, and "Covid-19" or "Coronavírus", in the country, in the period between 25/07/2020 and 01/08/2020. In them, it is possible to notice the description of scenarios of intense anguish, lack of organizational structure (lack of professionals, equipment, maintenance and proper processes), as well as a certain disregard for the health of health workers. Finally, it was possible to assume that the care dispensed to organizations and their workers has been negligible. It is expected that this research will provide an overview of the reality of some organizations that acted on the front lines in the COVID-19 pandemic, with the aim to inspire and engage the public and private sectors with the results herein presented.*
KEYWORDS: *Organizacional Trauma, COVID-19, Care, Health Psychology, Organizational Psychology.*

I. INTRODUCTION

On March 11th 2020, the Worth Health Organization (WHO) stated that the Corona Virus Disease (COVID-19) was a serious infectious disease that would quickly spread among the population around the world, and classified it as a pandemic; to stop the spread, it would have to be contained and isolated. Along this path, the effort of countless workers to minimize the exponential growth in the number of infected people was also visible, as well as the significant staff contingent to tend to and care for those with different degrees of illness. The disease was gradually overburdening the country's health system, generating a demand higher than the system's capacity to react. Among the professionals exposed to higher risks of contamination, there are those who work in hospitals and health centers, who have been subject to a record level of exhaustion, reduction of empathy, anxiety, irritability, insomnia, and decay of cognitive functions and performance(International Labour Organization, 2020; Rubin & Wessely, 2020; The Lancet, 2020). In the short period when the spread of the disease began to grow, there was an increase in the prevalence of Common Mental Disorders, such as fatigue and aggression, acute stress, panic episodes, the manifestation of post-traumatic stress disorder (PTSD), depression and anxiety, among the general population(Chen et al., 2020; Liu et al., 2020). According to data from the São Paulo Doctors Union (SIMESP) and the Federal Nursing Board (COFEN), until June 17th, 2020, 139 doctors and 190 nurses had died in the country due to COVID-19, placing the country as the world's "champion" in deaths of health professionals(Associação Brasileira de Saúde Coletiva - ABRASCO, 2020).

It is on this background that the present study is inserted, shining a light on health organizations (hospitals, organizations that run field hospitals and health clinics) and their workers who acted (and act) in this context of crisis, and who were constantly in contact with infected people. For that reason, discussions around Organizational Trauma (OT) will be presented to help understand the current experiences of distress and suffering of these organizations and their workers, who acted in the front lines in a way that was often described as precarious. The level of distress increased as hospitals started to be on the verge of running out of beds, and this project aims to investigate the connection between those situations of severe distress and the potential occurrence of OT.

Literature about Organizational Trauma first appeared in the early 90s with the works of Stein(1991), Brown(1997) and Kahn(2003) received important and recent contributions from Gantt and Hopper (2018), Alonso Peña(2019) and Alonso Peña, Sylin and Leysen(2019). Among the many definitions available, Gantt and

Hopper (2018) seem to provide the one most adequate to understand Organizational Trauma within this context, listing four types of OT: a) the group may be traumatized by an administrative failure or any other serious violation causing loss of security for group members; b) the group that had a traumatic experience may regress to an earlier stage in the maturity cycle, becoming an insecure, apprehensive and suspicious group; c) the members of a group share a specific history for certain types of psychological trauma; d) equivalence processes may still exist, where new events and traumatic processes are imported by the victims and the group, and subsequently are incorporated by them. According to Guiho-Bailly and Guillet(2005), a potentially traumatizing experience is usually considered an event that affects people who are confronted with sudden and potentially threatening situations, physically or emotionally. Those include serious accidents, natural disasters, and violence. Although this is a classic approach to trauma, centered on the individual, commonly adopted in the literature, it is important to bring it to the debate, as it inspires a look beyond organizational structures by focusing on the workers involved. However, the direction of the discussion, presented by different authors (Alonso Peña, Leysen, Van den Broucke, & Sylin, 2017; E. H. Brown & Brown, 1999; Kahn, 2003)and with which this project is articulating, is that organizations can also be confronted with trauma. In that case, organizations, regardless of their size, segment or time of existence, start to malfunction, fail to be able to perform their duties as before, and may become ineffective in their performance or even dangerous for the people surrounding them and/or for the physical and mental health of their workers(Šešić & Stefanović, 2017). The point defended by scholars is that after potentially traumatic events, organizations can also undergo changes that affect their founding principles in such a way that they can no longer act as before. For Alonso Peña et al. (2017), an OT happens when: (1) a rupture of a kind of emotional protection of the organization occurs and, (2) the adaptation mechanisms after the rupture of the protection system continues when conditions no longer require them; in other words, there is a difficulty in reestablishing a condition of normality in the organization. It should be noted here that, for the authors, OT is the result of a potential traumatic event, involving the appearance of emotional disorders and different organizational problems. Burke (2012), when trying to understand OT and its consequences, indicates that, when an organization suffers from a disastrous event, disparate from usual experiences, caused by one or more individuals or by traumatic situations (OT), it can result in severe psychological suffering, property damage, injury or death to one or more employees of one organization, as well as resonate in others organizations simultaneously.

The arrival of COVID-19, its escalation into a pandemic, the way in which care was carried out, the urgency of creating work processes, providing equipment and establishing protocols, in addition to the countless deaths, may have caused numerous organizational dysfunctions.

And how can we approach the idea of 'care' in this context? According to the Houaiss Dictionary (Houaiss, 2001), etymologically, 'care' ('cuidado', in Portuguese) and 'thought' stem from the same expression in Latin: 'cogitare'. Its use as an adjective in Portuguese means: thought-of, reflected-upon. As a noun, it relates to diligence, vigilance, or precaution. Abbagnano's dictionary of philosophy (2000)also states the origins of 'care' is a Latin expression, but a different one: that which refers to 'cure'. Words are polissemic and may fulfill multiple roles, being used to address different matters. Thinking of 'care' as something natural, inherent to human relations and with a static meaning, reduces its complexity, effects, and applications. Thus, the different meanings of 'care' can only be understood within a context, in an organization, based on local knowledge, particular demands, their history, tensions, and everything else that surrounds a network of relationships. Thus, we start from the premise that care is inserted in a complex web of materialities and socialities present in the institution(Mol, 2008; Spink, 2015). Behind the numbers daily reported by the media on the evolution of COVID-19, there is a huge diversity in practices, and among people and objects. The capacity for a new work arrangement to overcome organizational traumas, collectively and individually, depends on a series of other practices, people and objects, which is why different forms of support, by other institutions and people, from the public or private sector, are essential to what can be understood as the "logic of care" necessary to address Organizational Trauma in various situations, such as in the fight against COVID-19.

II. METHODOLOGY

In order to search for information, the words "collapse" and "coronavirus" or "Covid-19" were chosen, associated with health services in Brazil, which led us to articles that portrayed the realities involving the overcrowding of hospital beds, the lack of supplies, equipment and workers, published on the website www.globo.com.br. According to the Alexa ranking (Alexa, 2020) the TV Globo news portal ranks sixth among the most visited websites in Brazil. It is an open access website, which doesn't require the payment of a monthly fee to access its contents. In choosing to use mass media as a privileged place for this understanding, we highlight the important role it plays in inciting practices and representing the interests of a certain group. After the reports were collected, dense readings were performed, considering the initial date of data collection as July 25th 2020 and the end date as August 1st 2020. The pieces of news collected included op-eds, interviews, news, and short notes. The texts found were thoroughly read, in an attempt to find out if there was any kind of mention

about the impacts of traumatic experiences on organizations, as well as possible interventions to reduce the negative effects of this experience.

III.   DISCUSSION

After a careful reading of the 37 articles gathered, it was possible to identify that their contents referred to:

Content of the articles	*n.*	%
Numbers/epidemiology	19	51,35%
Macro social and political issues	8	21,62%
Structure/organizational issues	5	13,51%
Health workers falling ill	2	5,41%
Acknowledgment of health professionals	2	5,41%
Others	1	2,70%
Total	**37**	**100,00%**

Table 1: Content of the articles

It was found that in 19 articles (51.35%) the central concern regarded the number of people infected, bringing constant updates on the spread of the disease and epidemiological data in each city and state. Another recurrent dimension and focus of concerns regarded the elements of macro social order, and their intersections with political issues (n.8, 21.62%), such as: poverty, return to school so that families may return to work, the lack of a secretary of health in a Brazilian state, political disputes, and demands from the Public Prosecutor's Office for the local government to adopt measures to improve care. In 5 cases (13.51%), the articles addressed structural concerns and/or organizational problems, which, in general, could be closer to what is understood as Organizational Trauma. Even so, it is important to say that even in these matters, the focus was on the necessary number of professionals, hospital beds, different equipment for the transport of patients, and overcrowding. There was no mention of the impact of these experiences of pain, of accelerating work due to the lack of structure, equipment and processes, neither from the perspective of workers, nor from the perspective of organizational impacts. It is possible to notice that issues regarding organizational learning, and concern about the impact the crisis was having on the well-being of health workers is null in these matters. It is essential here to say that caring for patients with COVID-19 imposes, for different professionals involved in healthcare, situations that are unprecedented in our recent history, and thus absent from their professional training. There are no consensually established protocols. Alongside this fact, there are patients with varied symptoms, with specific demands and with health prognoses that impose unprecedented challenges to treatment. As if a large volume of patients looking for health services at the same time was not enough, they often put professionals in the condition of choosing who will receive medical care and hospitalization, and who will have to return home only with medicine to manage their symptoms.

Given these realities, recent research also questions the incidence of occupational diseases among workers impacted by organizations that have experienced traumatic situations, such as Burnout Syndrome(Alonso Peña, Sylin &Leysen, 2019). Thus, it is possible to see that in addition to an institutional diagnosis, it is also important to make visible the individual impacts that such experiences can trigger on workers.

It is worth mentioning that, despite the various indications that highlight the existence of malfunctions in an organization, due to a traumatic experience, and the growing interest in this concept, this is still a field under construction, with literature that is still incipient and, in a way, stemming from outside of Brazil (A. Alonso Peña, 2019; H. E. Brown, 1997; Burke, 2012; Gantt & Hopper, 2018; Kahn, 2003). This model, however, would be very useful, not only for studying the concepts, but also for diagnosing OT through organizational assessments, aiming to develop and implement corrective and/or preventive interventions.

In this sense, it is highlighted that only in 2 articles (5.41%) the focus of the news was on health workers falling ill due to COVID-19. It is true that the central concern in these matters seems to have been the impact of having fewer working professionals, and not whether their working conditions were proper and adhered to safety regulations in order to preserve their staff.

In 2 other texts (5.41%), there was an acknowledgment of the work conducted by health professionals. In one article, a tribute was paid by the Brazilian Army band in a model hospital in a city that was on the verge of collapse, and, in another article, there was the story of a patient who recorded a video thanking the service he received at the hospital, focusing particularly on one of the cleaning staff members who was responsible for the

night cleaning of the room in which he was hospitalized. Finally, in the last mapped article (n.1, 2.70%), which was classified as "others" in terms of its core theme, there was information about a politician being transferred from the public health service, given the collapse that the city was experiencing.

In general, the images linked to the texts seemed to soften the tone of the reports, as few portrayed sad expressions or graphic images that directly showed the effects of the illness, anguish, pain, and the probability of death.

IV.   CONCLUSION

We are facing potentially traumatic events, unprecedented in the personal history of these workers and these organizations. Even so, the concerns raised by the media do not seem to problematize, not even tangentially, the intricate paths that can lead an organization to experience traumatic experiences, culminating in the so-called organizational trauma.

This point is also corroborated when we observe that the literature and understanding of OT in Latin America is still inexpressive and deals, above all, with personal and group aspects of a human collective at work. The point therein supported and explored by different authors is that, in this context, institutions, like people, can become ill, with their ability to function impacted, and the services they provide compromised.

It is in this sense that we problematize the importance of a logic of care that goes beyond the human barrier, and that can observe and consider all non-human elements in action, such as broken equipment, lack of resources, incomprehensible protocols, imprecise diagnoses, palliative medicine, among others. Here we have humans and non-humans in action, generating different practices that are malfunctioning and under permanent tension. Therefore, in the perspective of health that is herein underscored, good care implies changing the conditions in which the collectives of health workers live, allowing interventions that can improve the care not only of patients infected by COVID-19, but also of the institutions' workers and the organizations themselves.

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