

# КРИЗОВА ПСИХОЛОГІЯ

UDC 159.9

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## PERSONOLOGICAL STUDY OF PSYCHOLOGICAL SAFETY IN HEALTH PERSONNEL DURING THE COVID-19 HEALTH EMERGENCY

The current COVID-19 pandemic has caused significant effects on the mental health of health personnel, which has emphasized the need to protect them, for this, Psychological Safety is a useful concept that needs to be contextualized in health emergency situations. Objective: to identify the personological configurations that participate in the conformation of the Psychological Safety of the subjects who work in the hospital high-risk area during the health emergency due to Covid-19. The personological approach is used from the configurational perspective in a multiple case study where Grounded Theory and Analytical Induction were applied. As results, the concepts of three states of Psychological Safety were enunciated. It is concluded that the personological perspective of Psychological Safety may be relevant for the design of prevention strategies at the organizational level during the health emergency. Along with this, it is substantiated that the concept of psychological safety for medical staff remains incomplete at the individual level. The analysis was performed model of organizational behavior allowed to assess the process of transformation from one state to another, in relation to the health emergency and how this change may affect the mental and psychosocial health of the subject, the results of the working group and the goals of the organization. It is emphasized that the retention of medical personnel working in high-risk areas, psychological safety should be a central goal in organizational management processes, especially during the current COVID-19 emergency, to which this study helps personal vision as a starting point for mental health prevention. and psychosocial health.

**Keywords:** Covid-19, health personnel, psychological safety, health emergency, personological approach.

**Introduction.** In recent years, the study of Psychological Safety (PS) has gained relevance in the field of Organizational Psychology, where its definition has been established as a “shared belief among team members that it is safe to take risks personal” (Edmondson, 1999, p.350). It is about the personal perception that one can disagree, disagree and express different

points of view, without fear of putting integrity or professional status at risk.

The concept of PS allows to reflect the taking of risks in situations of contradiction and conflict. Even with the great individual implication that this implies, in this conception an identical homology is established between this level and the group, so the definition is

not clear in terms of its limits (Frazier et al., 2017; Edmondson, 2019).

This concept has had a great impact on the study of specific work environments such as health, education and high-risk professions; where it has been maintained as a construct referring to interpersonal relationships in work teams (Higgings et al., 2020; O'Donovan et al., 2020; Parker & du Plooy, 2021; Roy, 2019; Silva de Carvalho et al., 2020). However, the sense of safety is characteristic of the individual, the result of his personal development, of the history of his relationship with the family and social environment (Hobfoll et al., 2007). Few authors approach it from the individual perspective (Baeva et al., 2020; Hsiang-Te et al., 2019; Prykhodko, 2014).

In the context of a prolonged health emergency, such as Covid-19, very different from the organizational environment where the concept of PS arises and is used, there is a need to modify and expand its definition to respond to mental health problems and psychosocial generated in health personnel who provide the response in high-risk hospital areas (López et al., 2020; Lorenzo et al., 2020; Rodríguez et al., 2020; Gutiérrez et al., 2020a, 2020b). For this, it is necessary to identify the indicators on which the sense of security is built in the specific subject and their relationship with the state of mental and psychosocial health.

The PS offers the opportunity to approach in an integrated way two conditions of great importance: the perception of a personal risk and the effectiveness of the individual behavior corresponding to that threat, both of great relevance for the maintenance of psychological health.

For health personnel involved in the response to the health emergency due

to Covid-19, the risk has a different nature than that referred to in the original concept. It is not only about maintaining professional status, but also about the preservation of life, therefore, it reaches a high emotional and affective connotation that impacts on the psychological stability of the subject (Urzúa et al., 2020; Veloso et al., 2020; Gutiérrez et al., 2020c).

The behavior that arises in correspondence with these threats mobilizes psychological resources for protection, self-care and care of the environment, which would not normally take place. The magnitude of the perceived risk influences mental health and individual professional performance, the effectiveness of work teams and the achievement of the organization's goals (Lorenzo & Guerrero, 2017).

The particular study of PS in the individual subject requires a theoretical and methodological approach that allows understanding the integration of the indicators on which PS is built in the personality and how this is related to their psychological health. For this, in this study the personological approach is used from the configurational perspective.

The personological approach in Psychology has its roots in the works of S. L Vygotsky (1987), who stated that the study of ontogenetic psychic development leads to the knowledge of personality, which is a central position in all his work. This approach is a response to reductionism about the formation and development of the individual, which has led to the atomized and partial understanding of man, a conception rooted in psychological epistemology.

In Cuba, the personological approach has had a great impact since the last decade of the 20th century. Multiple investigations have been carried

out in the field of Psychology, Health Psychology and Education (Córdova & Mitjans, 1992; González, 1994, 1997, 2007; González & Amor, 2004; Martín, 2009; Mayo, 1999). In these studies, interpretation is used to recognize the own architecture developed by the subject in the construction of his personality, expressed in configurations.

Configurations are complex, multidimensional categories that represent the dynamic unit on which the subjective meanings of social events experienced by man are defined, which are expressed in their behavior. Among its main features is its dynamic and functional character, the temporal flexibility and the non-linearity of the elements that are integrated. To arrive at this knowledge, the legitimate way is the qualitative methodology (González, 2007, 2013).

Where it is not yet possible to recognize a system, the configurations obtained by inductive means allow us to understand the functional relationships between different contents of the personality, where some or other components simultaneously participate in the regulation of complex behaviors of the subject.

The configurational study from the personological approach of the PS will allow to overcome the ambiguity with which the individual level has been approached in its determination and will facilitate the understanding of the subjective elements on which the construction of the sense of security in the subject rests.

The objective of this study is to identify the personological configurations that participate in the formation of the PS of the subjects who work in the high-risk hospital area during the health emergency due to Covid-19.

**Methodology.** For the configurational study of personological aspects, Grounded Theory and Analytical Induction are highly valuable strategies (Glaser & Strauss, 1967), their combined use allows generating theoretical approaches and provisionally verifying them, in a single investigative process (Taylor & Bogdan, 1987). In this sense, they facilitate understanding the network of dynamic relationships between different structural and functional components of the personality that takes place in the subject, those that participate in specific circumstances and can be identified, in their most general conception, in other subjects in similar situations. Hence, they are useful for identifying common indicators.

To meet the objective of this research, a multiple case study was carried out during the month of April 2020. The sample was made up of 12 volunteer doctors and nurses (7 women and 5 men, aged between 25 and 45 years), who worked directly, for 14 consecutive days, with positive and suspected COVID-19 patients in the high-risk area at the Lucía Íñiguez Hospital, in Holguín, Cuba.

Three doctors and four nurses were studied who presented mental health alterations during the work shift and required psychological attention, which was understood as less safe psychologically. Three doctors and two nurses were studied who did not have any psychological maladjustment, understood with a higher PS, which were taken as contrast or negative cases. This strategy allowed making comparisons between the two different behaviors. The sample size was defined by the saturation of the information obtained from the cases.

The study was carried out with the use of in-depth interviews, which

followed a central line of inquiry or question: What has allowed you to feel safe / unsafe during the work shift?

The treatment of the data included three procedures of theoretical coding: open, axial and selective (Flick, 2004), which facilitated the permanent comparison of the data and the statement of explanatory propositions in each subject, integrative hypotheses of the coinciding propositions and conceptual elaborations of a higher level of generality, which contribute to the development of an explanatory theory of the PS of health personnel in health emergencies.

For the interpretation adjusted to the problem that was investigated, the Organizational Behavior Model of Robbins and Judge (2013) was taken as a reference, which addresses the organizational, work team and individual levels in determining the behavior of the subjects to achieve the results of the organization.

**Results.** When interpreting the data obtained, it stands out as a reiterated element in all the participants, that the government's handling of the crisis caused by COVID-19 was taken as a general reference to feel protected. "The country cares about avoiding contagion", "the government's efforts in organizing the Health System" were expressions related to feeling safe.

In this general line, the situation of the family emerged as the greatest source of insecurity in all cases. As health personnel, they felt responsible for what happened to their family members: "they don't know how to take care of themselves", "if I'm not at home, nobody demands that they wash their hands and wear a mask", "If something happens to them while I work, it will be unforgivable for me". This aspect generated great tension and anxiety

because they stayed away from their families during the 14 days of continuous work and then 7 or 14 more days in compulsory isolation in centers authorized for that.

In this global analysis, indicators that participate indistinctly in the perception of safety and insecurity during the work shift were identified. Among them, those related to the organization stood out, such as the effectiveness of communication, the effectiveness of pre-job training and the guarantee of means of personal protection. Regarding the work teams, the trust and support among colleagues, the constancy in the fulfillment of the biosafety norms, the support and understanding of the immediate boss were mentioned. In relation to personal conditions, reference was made to previous experiences in critical situations, self-confidence and belief about his personal vulnerability to illness, self-efficacy and family support.

These indicators are related in a particular way in each subject, which allowed, from the interpretation, to construct explanatory propositions of the PS, which expressed the personological configurations in each case. As similarities were found in other cases, hypotheses of a higher level of generality were elaborated and these, in the last step, were refined to formulate concepts.

In the participants who needed psychological help during the work shift, two hypotheses were proposed that allowed us to understand the dynamic relationship between the indicators in the conformation of their PS and to arrive at a conceptual elaboration. The first of them was elaborated from the propositions of five cases, which coincided in particular elements:

**Hypothesis 1.** PS is built from the overvaluation of aspects related to his

person, such as self-confidence, low perception of susceptibility to illness. Of the work team, the acceptance of the colleagues, the trust in the boss, the knowledge of the role to be fulfilled. From the organization, the management of the emergency. This leads to the undervaluation of risks, both biological and psychosocial and therefore, to feel completely safe. This combination of strengths leads to challenging behaviors, which may include the violation of biosafety regulations if the situation requires it; however, this level of functioning is not sustainable by the subject and symptoms and discomforts such as anxiety, difficulties in relaxing and sleeping appear.

Participants with this configuration, at the beginning of the work shift, felt that the situation was not as complex as they thought, but they could not maintain this level of response and they became emotionally exhausted "one thing is from the outside and another is from the inside", " at first I thought I would eat the world, but then I felt very sad for the patients ", " I just wanted the shift to end to get out of there. " These expressions indicate the transition from an initial state of PS to a different one, which expresses greater psychological vulnerability. By extracting the most significant elements of the hypothesis, the following concept was developed:

*Concept of Psychological Safety due to excess:* Personological configuration in which the elements that contribute PS from the individual, team and organizational levels are overvalued, which conditions a high sense of self-efficacy and optimism that is not always realistic. It generates unjustified risk-taking behaviors, which can affect psychosocial and mental health, or adaptive and successful behaviors, which can be difficult for the subject to sustain.

The second hypothesis was elaborated with the propositions constructed in two participants:

**Hypothesis 2.** The PS is built on the basis of the undervaluation of one's ability to overcome the situation. Few elements that strengthen security are recognized, so the state of dissatisfaction and disagreement persists, expressed in complaints about the organization, leaders and insufficient training. Consequently, there is an overvaluation of risks expressed in a constant perception of threat, especially in relation to the family and the fear of getting sick. This state causes the early appearance in the work shift of intense psychopathological symptoms, which may be incompatible with the performance of the work, because they affect the functioning of the subject and increase the possibility of causing incidents or adverse events in the patient. In refining this hypothesis, the following concept was raised:

*Concept of Psychological Safety by default:* Personological configuration in which the elements that contribute PS from the individual, team and organizational levels are undervalued and conditions a sense of vulnerability and ineffectiveness, which leads to extreme caution and self-care behavior. This state of PS increases psychosocial and mental health vulnerability, leads to maladaptive behaviors with consequences for the team and the organization.

From before starting the work shift, these participants recognized that they were not motivated, nor did they feel in a position to face the complexity of working with suspected or sick COVID-19 patients, which is validated with expressions such as "if it were up to me, I would never have come to work in this pandemic", "I knew that I could not bear

so much pressure”, “I wanted to be sick of anything so as not to come to work”.

Finally, a third hypothesis was elaborated that allowed to explain the PS in the five participants who did not present psychological affectations:

**Hypothesis 3.** PS is based on confidence in self-care, critical and reasoned reflection of what may represent a greater risk from the work team, the organization and own. Working in high-risk areas is seen as an opportunity to collaborate, so it is a personal goal in itself, which entails a high commitment to the task. The associated behavior is one of self-protection and protection of others. When psychopathological symptoms or discomforts appear, actions are taken to compensate them. In refining the hypothesis, the following concept was formulated:

*Reasonable Psychological Safety Concept:* Personological configuration where the subject recognizes the elements that provide PS at the individual, team and organizational level and assesses them critically in relation to the decision to take risks, which leads to adaptive and re-adaptive behaviors, responsibility, adjusted to standards and with a high degree of commitment to the task being accomplished, protecting their mental and psychosocial health.

**Discussion.** In the light of the theory of the Organizational Behavior Model that served as a reference for the interpretation of the data (Robbins & Judge, 2013), the PS, expressed in the constructed personological configurations, is part of the individual’s inputs to cope with work in critical and emergency situations. The way in which the subject perceives the organization, its work team and its own resources constitute the baseline or initial state, on which the PS is based.

Authors such as Hsiang-Te et al. (2019), investigated the components of PS in medical students in the United States and identified institutional, interpersonal and intrapersonal factors, which were interpreted from the Social Ecological Theory. The present study corroborates that these levels of analysis are fundamental to understand PS in a subject since they refer to the more general framework (organization), the sphere of relationships (work teams) and personological characteristics (individual level).

Within the Organizational Behavior, in the health emergency process, the initial state of the PS is modified according to the variations introduced by the organization and the work teams to fulfill the new missions, under emergency conditions; all of which is perceived by the subject and incorporated into their notion of risk and its magnitude. It is no longer a single and isolated risk (biological) but rather the situations inherent to it, which complicate it and increase the vision of threat in the subject.

The idea about the transformation of PS from one state to another at the individual level has also been treated by Prykhodko (2014), who models this transformation from the state of “normal” to “extreme” activity in specialist individuals of extreme activity in the military environment. This consolidates the understanding of PS as a relative, dynamic state that adjusts to the conditions of the environment, based on the previous conditions of the subject.

The best indicators of PS, linked to behaviors of adaptability, human growth and commitment, which in this study is identified as the reasonable PS configuration, is compatible with what was found by Gong et al. (2020), when studying police officers from four

provinces of China. These authors studied the indirect relationship between professional adaptability and PS, where the feedback environment is mediating, but depends on the level of “meta-self” agreement. In this direction, the commitment to the task to be accomplished, as a personal objective expressed in the reasonable PS, is relevant to maintain an objective appreciation of the risks, which allows psychological stability during the health emergency.

This leads to the relationship of reasonable PS with personal values, an issue addressed by Baeva et al. (2020). These authors studied adolescents and young people from the Russian Federation. They found that their normative and individual priority values allow achieving different levels of PS. They point out that the dynamics of changes in the values of contemporary adolescents represent a change in their PS.

In our investigations during the health emergency due to Covid-19, the Organizational Behavior Model has been used as a frame of reference to manage PS from a personological perspective, in health personnel working in high-risk hospital areas. It has been observed that, the subjects who develop the state of reasonable PS during the emergency process tend to maintain greater emotional control, use effective coping that increases their resilience capacity and obtain a greater benefit from social support all that is associated with the maintenance of their mental and psychosocial health. Based on this individual behavior, teams achieve better results because there is a greater commitment to comply with safety measures, patient safety is guaranteed and the quality of work performance is sustained. In this way, the PS developed

in the subject also has an effect at the organization level because it contributes to the stability of the human resources that participate in the emergency response.

In relation to the above, the finding that, when the transformation of the PS in the emergency process facilitates the appearance of states by default or by excess, stands out, the unstable behavior of the individual endangers their safety (physical and mental health) and the safety of the patient who attends; so the teams are less secure and the results of the organization are also affected by reducing the human resource available to face the emergency.

**Research quality.** This study was carried out with the temporal imperative to provide a solution in the shortest time to the growing mental health problem of the health personnel at the Lucía Íñiguez Hospital, hence its most important bias is the little triangulation that could be carried out. However, other credibility criteria (Lincoln & Guba, 1985) were met, such as critical analysis of the data by all researchers. Theoretical sampling, as well as the confrontation with contrasted cases, supports the transferability of the data to other scenarios. Reliability is given by the identification of the status and role of the authors of the article in the field of personological research and of emergency and disaster psychology.

**Conclusions.** In the study of the personological configurations that participate in the conformation of PS, Grounded Theory and Analytical Induction are relevant for two reasons: because until now the bases on which the subject, as health personnel, have not been defined, builds their PS in a health emergency situation and because the conceptualization of PS remains incomplete at the individual level.

The analysis of the PS within the Organizational Behavior Model, allows to appreciate the process of transformation from one state to another, in relation to the health emergency and how this change can affect the mental and psychosocial health processes in the subject, the results of the work teams and the fulfillment of the organization's goals.

Taking into account the specificity of health emergencies or other extreme and critical situations, where it is required to enhance human well-being in all its dimensions, keep health personnel working in these high-risk areas, within the limits of reasonable PS, should be a central objective in the organizational management processes, especially during the current COVID-19 emergency, to which this study contributes the personological vision as a starting point for the prevention of mental and psychosocial health.

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## **ПЕРСОНОЛОГІЧНЕ ДОСЛІДЖЕННЯ ПСИХОЛОГІЧНОЇ БЕЗПЕКИ МЕДИЧНОГО ПЕРСОНАЛУ ПІД ЧАС ВИНИКНЕННЯ НЕВІДКЛАДНОЇ МЕДИЧНОЇ ДОПОМОГИ, ПОВ'ЯЗАНОЇ З COVID-19**

В наш час пандемія COVID-19 значно вплинула на психологічне здоров'я медичного персоналу та підкреслило необхідність їх захисту. Тому психологічна безпека є корисною концепцією, яка має враховуватися у випадках невідкладної медичної допомоги. Мета: визначити персонологічні структури (конфігурації), що приймають участь в устрої психологічної безпеки осіб, які працюють в лікарнях із зоною високого ризику під час надзвичайної для здоров'я ситуації, пов'язаної з COVID-19. Згідно з конфігураційної точки зору персонологічний підхід використовується в багатьох дослідженнях, де застосовувались обґрунтована теорія та аналітична індукція.

Результатом цього стало проголошення трьох станів психологічної безпеки. Як висновок зазначається, що персонологічна перспектива психологічної безпеки може бути доречною для розробки стратегій попередження на організаційному рівні під час проведення невідкладної медичної допомоги. Поряд з цим обґрунтовано, що концепція психологічної безпеки для медичного персоналу залишається неповною на індивідуальному рівні.

Проведений аналіз моделі організаційної поведінки дозволив оцінити процес трансформації з одного стану в інший, стосовно надзвичайної ситуації у сфері здоров'я та те, як ця зміна може вплинути на процеси психічного та психосоціального здоров'я у суб'єкта, результати робочі групи та виконання цілей організації. Наголошується, що утримання медичного персоналу, який працює у зонах високого ризику, психологічна безпека має бути є центральною метою в процесах організаційного управління, особливо під час нинішньої надзвичайної ситуації з COVID-19, до якої це дослідження допомагає персонологічне бачення як відправна точка для профілактики психічного та психосоціального здоров'я.

**Ключові слова:** COVID-19, медичний персонал, психологічна безпека, невідкладна медична допомога, персонологічний підхід.

Надійшла до редколегії: 21.05.2021

Прийнята до друку: 02.06.2021