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Articles

# Interprofessional collaboration in times of pandemic: possibilities and challenges in the scope of work management

## Colaboração interprofissional em tempos de pandemia: possibilidades e desafios no âmbito da gestão do trabalho

(resumo: p. 19)

## Colaboración interprofesional en tiempos de pandemia: posibilidades y desafíos en el ámbito de la gestión del trabajo

(resumen: p. 19)

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continua na pág. 14

This study analyzed the perceptions and lessons learned from the reconfiguration of interprofessional work seen from the perspective of professionals from a state health secretariat involved in the management and planning of actions aimed at health workers during the Covid-19 pandemic. We carried out a documentary analysis of the Contingency Plan for Health Workers of this secretariat. The plan was drawn up simultaneously with the implementation of the actions. The analysis also included interviews with 11 professionals involved in its management. Thematic content analysis was applied, studying conceptions of teamwork, interprofessional collaboration and work management. The results show that innovations have been introduced through integrated planning and management, encouraging teamwork and interprofessional collaboration. The lessons learned show that there were limitations to workers' health management due to insufficient infrastructure and the model of care adopted during the pandemic, centered on hospital care.

**Keywords:** Occupational health services. Interprofessional relations. Work. Pandemic. Covid-19.

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## Introduction

The first cases of Covid-19 were reported in Bahia in March 2020, triggering the need to reorganize the care network and strategies to protect and care for health workers[f]. Within the Bahia State Health Secretariat (Sesab), the Directorate of Work Management and Health Education (DGTES) is responsible for planning and implementing actions related to this issue and for the Program for Comprehensive Care for the Health of Workers (PAIST)[1]. During the pandemic, the comprehensive care of health workers required the reconfiguration of work processes to meet this demand.

[f] As the majority of health workers are female, in the Portuguese version of this study, we chose to adapt the entire text to the female gender.

Researchers recognize that interprofessional and collaborative environments help to tackle complex health challenges[2-4] and promote inclusion, diversity, equity, accessibility and social justice[4] . According to the WHO[5], collaboration is seen as one of the six fundamental domains for universal health coverage.

This study focuses on the management and planning of work and work processes in health[6], with an emphasis on the work and impact on the health of workers in this sector. The interprofessional work framework proposed by Reeves et al.[7,8] was adopted, which presents a contingency approach based on the profile of the health needs of users and the work context of the workers. The authors point out that there is no recipe for teamwork and interprofessional collaboration; these are configured depending on the contingency (health needs and work context) and constitute four different types of interprofessional work: teamwork, collaboration, coordination and networking[7,8].

Teamwork consists of a reciprocal relationship between communication and the articulation of actions by professionals from different areas of health, with characteristics such as: clarity of roles, interdependence, integration, common objectives and shared responsibilities[7-11].

Collaboration is a less structured form of interprofessional work; it resembles teamwork, requiring the sharing of responsibilities, interdependence and clarity of roles and objectives[11]. Interprofessional networking has elements similar to teamwork and interprofessional collaboration, but with interdependence and shared responsibilities that are even less intense and more fluid than collaboration[11-14].

According to Peduzzi[9,10,14], in the "group of workers" typology work takes place without articulation of actions; in the "integrated team" work is carried out with interaction between professionals and articulation of their actions, as well as complementary and collaborative technical autonomy. Agreli[12] presents the model of collaborative interprofessional practice in Primary Health Care, highlighting the recognition of two types of interprofessional collaboration: team collaboration, and network, intersectoral and community collaboration.

Reeves et al.[7] developed their framework from a sociological perspective, including four dimensions of interprofessional work: relational, procedural, organizational and contextual (Figure 1).

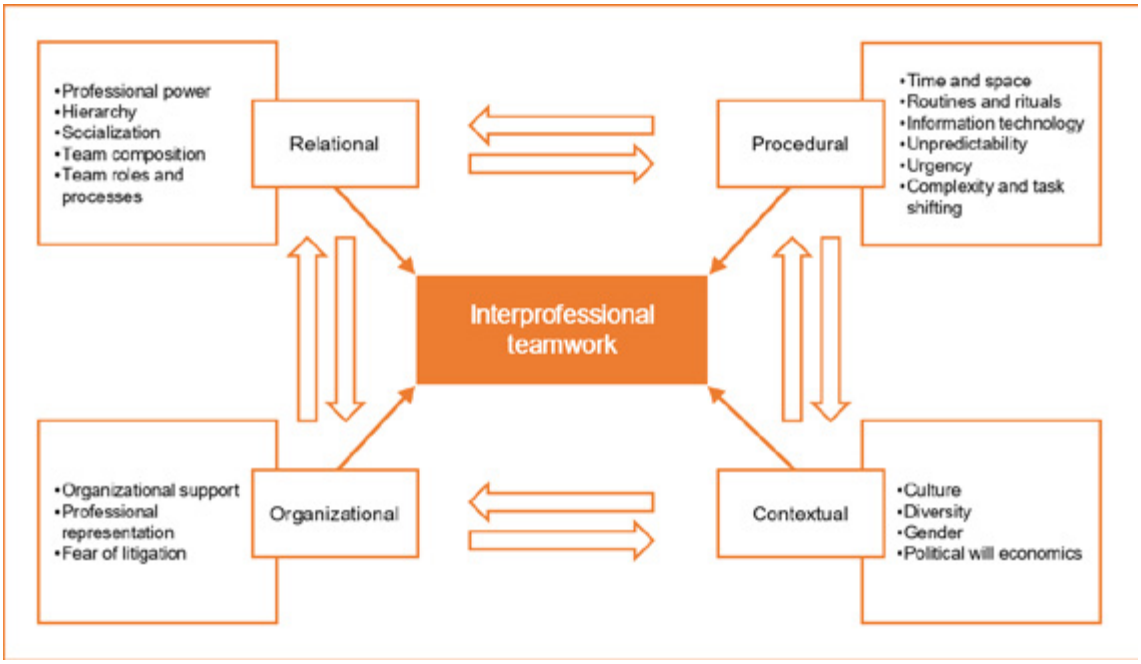


**Figure 1.** Model for understanding interprofessional teamwork.

Source: Reeves et al.[7], adapted by Agreli[12], p. 31.

Considering the four dimensions (Figure 1) that interfere with interprofessional work and the complexity of the pandemic context, the aim of this study was to analyze the perceptions and lessons learned about the reconfiguration of teamwork from the perspective of Sesab professionals involved in the management and planning of actions aimed at health workers in the Covid-19 pandemic, based on the dimensions of interprofessional work.

## Methodology

This is an exploratory and descriptive study using a qualitative approach[15], document analysis and semi-structured interviews, seeking to understand the object in more detail.

The qualitative approach explored the complexity of the perceptions of the Sesab participants who worked on the construction of the "Contingency Plan for Workers of the Health Secretariat of the State of Bahia-Covid-19" (PCTT-Sesab-Covid-19)[16], seeking to dig deeper and contextualize the understanding of these experiences regarding interprofessionality.

### Study setting and participants

The health emergency of the Covid-19 pandemic and the illness of health workers required planning and systematization of health care for workers. Thus, the PCTT-Sesab-Covid-19[16] was prepared by a team led by the Directorate linked to the Superintendence of Health Human Resources (DGTES/Superh) in partnership with other directorates and superintendencies.

The research was based on the PCTT-Sesab-Covid-19 and on interviews with professionals from DGTES/Superh and other Sesab directorates directly involved in drawing up and managing the PCTT-Sesab-Covid-19[16]. An exploratory study was adopted due to the lack of research on the practices of health teams in the context analyzed, in order to map unknown issues in work processes. The descriptive approach sought to document characteristics and actions related to the preparation and execution of the Plan, providing a comprehensive view of its practices in the context of the pandemic.

## Data collection instruments

The documentary analysis examined the PCTT-Sesab-Covid-19[16], considering it to be a living work management instrument, as it was adjusted and added to throughout the pandemic. Although it addressed the main actions aimed at health workers, the Plan did not take into account the complexity of work dynamics, especially in the reconfiguration of teams and interprofessionality.

Semi-structured interviews were conducted in the first half of 2021 with the managers responsible for drawing up the PCTT-Sesab-Covid-19, in an attempt to delve deeper into issues and capture the perceptions of those involved, complementing the information in the document. The combination of these approaches made it possible to analyze the practices and challenges faced by health workers involved in work management during the pandemic.

The interviews used a script covering the following topics: 1. perception of the development of strategies to deal with the pandemic; 2. strategies for the development and implementation of the PCTT-Sesab-Covid-19 for the health of health workers; 3. changes in work organization; 4. challenges and potential of collaboration in teams; 5. strategies used to mitigate the stress and exhaustion of health workers and management during the pandemic.

Eleven workers coming from Sesab's management bodies (DGTES, advisory services, coordinating bodies) took part in the interviews, most of them female, with different educational backgrounds: administrator, social worker, nurse, doctor, dentist and psychologist, and working in the management of services organized in partnership with other Sesab directorates to assist health workers, the Testing and Reception Centre, the Psychological Reception Centre for Sesab Workers.

The inclusion criteria were: participation in the preparation and/or implementation of the PCTT-Sesab-Covid-19[16] and in the planning and operationalization of strategic actions for the management of health workers. Workers who were indirectly involved in the management and implementation of the PCTT-Sesab-Covid-19[16] were excluded. For ethical reasons[17,18], to preserve the confidentiality of the participants and due to the small number of interviewees that could lead to their identification, the profile of the participants is not described. They have all been coded by letters and numbers (E01 to E11).

### Data analysis

Triangulation was carried out involving: document - analytical categories - interviews. We started with the analytical treatment of the PCTT-Sesab-Covid-19, with a survey and categorization of the actions developed in the implementation of the Plan.

Minayo's[15] thematic content analysis was carried out on the basis of the PCTT-Sesab-Covid-19 and the empirical material from the interviews, which resulted in the development of empirical categories. The categories that emerged were validated through an analytical exercise that correlated the categories in the theoretical framework with the thematic nuclei that emerged from the interviews.

Minayo's[15] content analysis was also applied on the interviews, with floating reading during pre-analysis and subsequent categorization and sub-categorization, according to the dimensions and sub-dimensions proposed by Reeves et al[7]: contextual, organizational, procedural and relational (Figure 1). Data analysis also took Peduzzi[9,10,14] as a reference, especially in verifying the challenges of transforming teams from a "group of workers" into an "integrated team"[9]; D'Amour et al[19], related to the interprofessional interorganizational collaboration model, and Agreli[12] regarding the typology of interprofessional collaboration and collaborative practice: team collaboration, network collaboration, intersectoral collaboration and collaboration with the community.

### Ethical procedures

The study was cleared by the Research Ethics Committees of the proposing institution, CAAE nº 45840621.6.0000.5030 and opinion nº 4.687.703; and of the Bahia State Health Department (CEP-Sesab), CAAE nº 45840621.6.3001.0052 and opinion nº 4.779.236, following the CNS Resolutions[17,18].

## Results

The results are presented according to the following dimensions: contextual, organizational, procedural and relational[7], articulating the reports of actions aimed at health workers in the Covid-19 pandemic, from an interprofessional perspective.

### Contextual factors

According to E01, E06, E03 and E10, Sesab was organizing itself for possible pandemics, due to the epidemics of Dengue, Zika Virus and international events with a risk of spreading unknown viruses with pandemic potential.

Most of the interviewees said that, initially, there were no specific actions for health workers in Sesab's general Contingency Plan[20], but the urgency and seriousness of the situation required managers to work together to search for studies being carried out in Brazil and around the world, update health regulations and think up strategies to

protect workers. DGTES thus drew up the PCTT-Sesab-Covid-19, systematizing Sesab's actions aimed at health workers.

According to the participants, the debates on the PCTT-Sesab-Covid-19 initially resulted in the inclusion of actions aimed at the health of these workers, such as the creation of the Testing and Reception Center and the Psychological Reception Center for Health Workers. The implementation of the Centers created spaces for discussion that engendered strategies to promote and protect the health of workers based on teamwork, with more horizontal decision-making and interaction:

> The perspective was to create a plan based on the action developed, [...], when the action took shape we systematized the action, put it into a plan and then this plan went through various organizational processes until it reached the format we have today with this set of actions. (E03)

One interviewee pointed out that the actions to combat Covid-19 were centered on hospital units and opening beds, to the detriment of integrated planning to coordinate health promotion, prevention and recovery actions and support for municipalities to strengthen Primary Care.

> When it comes to Sesab's basic actions for the population, they were centered on opening new clinical and ICU beds. We see a lot that there was no incentive or support for the municipalities in relation to primary care [...] which could have been an important factor in holding off the worsening of a large part of this population until they needed these ICU beds, there wasn't. (E10)

With regard to planning, monitoring and evaluation, E01 and E02 emphasized the need for these practices, considering the lessons learned from their daily work experiences:

> Understanding that evaluation doesn't necessarily have to be a single process, but doing it together, planning, monitoring and evaluating and being there all the time, because it's from a piece of data that you evaluate a reality, replan and make a cycle, not that linear thing. (E01)

### Organizational factors

The PCTT-Sesab-Covid-19 was updated to meet the health needs of workers throughout the pandemic. The interviewees highlighted the new services offered by Sesab to workers as innovations in work management.

> I think collaboration brings innovation, it brings creativity, it even brings the challenge which I think is motivating. (E09)

The services refer to the Testing and Reception Center; Covid-19 Emergency Care; Psychological Reception Center; Hotel to house workers diagnosed with Covid-19 and Integrative and Complementary Practices. Some interviewees also mentioned the opening of 76 local Covid-19 Testing Centers.

Interviewees pointed out that in the initial phase, Sesab management implemented different actions related to work planning and management, with emphasis on the use of different Information and Communication Technologies (ICT), such as whatsapp and virtual meetings, which facilitated communication.

However, according to E09, Sesab could have provided greater digital infrastructure support, which would have enabled activities to be carried out more quickly:

> [...] Sesab didn't invest in creating a computerized system so that people could access their own results [...] you have to go into the system, look at the result, enter it into an Excel spreadsheet, then you have a team of higher-level professionals who have to call these people to give them the result [...] there's even a chance of an error. (E09)

## Procedural factors

All the interviewees reported that some routine activities in Sesab's health sectors and services were suspended during the pandemic, while others were modified in order to reorganize workflows. The unpredictability, urgency and complexity of the context of the pandemic fostered the need to rethink practices in the new scenario, without any previous parameters to guide professionals:

> We took a markedly collective action, thinking about the collective, making collective decisions and restructuring the entire board to deal with this object that had to be implemented. (E01)

In reorganizing the work routines of Sesab's services, the DGTES teams established new flows of activities for the preparation of Covid-19 Technical Notes and Newsletters with guidelines for health workers and services in Direct and Indirect Management units. It was also necessary to prepare and disseminate the information for the workers' Covid-19 telecare and monitoring services.

The interviewees reported that the DGTES management team was temporarily divided into new coordinations to monitor the Covid-19 testing spreadsheets for workers. The consolidated information from the spreadsheets helped in the preparation of newsletters and the definition of strategies for the protection, promotion and assistance of workers. New teams were set up at the Testing and Reception Center to attend to local activities, and at the Psychological Reception Center for Health Workers, with emergency psychological reception by telephone and referral of patients for specialized care.

The reformulation of activities, the reorganization of work and the creation of services aimed at Sesab's workers, adopted on the basis of the PCTT-Sesab-Covid-19 and described in the interviews, show that one of the axes of the changes was the design and implementation of care flows aimed at health workers that had not existed until then, and which was structured through teamwork.

The interviewee pointed out that the workers were used to working only in their respective coordinations, and worked together at specific times, such as DGTES events.

> They were actors who were not used to working so closely on a single object and suddenly they had to work together, write together, come up with ideas together and start putting these ideas into action together. (E08)

Against this backdrop, E09 reported that Sesab, like other Brazilian National Health System (SUS) bodies, has different organizational structures that interfere in the construction and implementation of public policies without presupposing or encouraging teamwork.

> I think that Sesab is fragmented in a way that doesn't encourage teamwork, it doesn't encourage exchange, quite the opposite, I think it makes these differences a little sharper. While each unit has its own working hours, some are more flexible, others more rigid. So I don't think the way Sesab is organized encourages collaborative work. (E09)

However, interprofessional collaboration did take place, given the speed with which the risks of Covid-19 imposed actions. E09 related the adoption of teamwork with interprofessional collaboration to the mobilization observed among workers when they felt responsible for strengthening Public Health, given their commitment to the SUS.

> I think there was a collaboration at that moment due to the force of the pandemic, which mobilized health workers, people who work in the SUS, who feel responsible for this public health work, this impetus to collaborate, to help each other. But I don't see this as something that has been worked on or stimulated by the Secretariat. (E09)

## Relational factors

In order to open new services during the pandemic, Sesab workers were relocated from their original units. All the interviewees reported difficulties in contacting professionals they didn't know, given the reconfiguration of teams, activities and flows, as well as the challenge of dealing with different working rhythms. However, they pointed out that communication between the workers involved helped to

share common goals, expectations and feelings about the pandemic and to integrate activities.

They considered the periodic team meetings as facilitating interaction, understanding the new workflows, socializing and discussing cases with the opportunity to exercise effective communication.

> [...] sometimes the informal spaces were just as important as the formal ones. [...] But I think it was fundamental for us to be able to count on this exchange of experience. (E05)

With regard to management and leadership, the workers had to create strategies to identify the profile of those who were suitable to be tested for Covid-19 (E06, E07).

> It was like a sentence to come and work at the CTA - 'I'm going to have Covid'. So many workers were unable to work, they came here to talk to us and we saw that they had no structure, there was no way to put this person on the front line. We had professionals who were resistant, but we did a whole convincing process, explaining that there would be all this PPE, that we would only work if we had the right PPE [...]. (E07)

This gave rise to the practice of flexible leadership, taking into account individual differences and sensitivity to the emotional issues of the service's workers and the team's self-care (E04, E05, E07, E11).

> This diversity demanded greater tolerance in the process of coexistence as a challenge, while at the same time it also demanded greater involvement from each person in the sense of reinventing themselves or seeking to improve themselves in what the moment demanded. (E08)

Most of the interviewees highlighted the integration of actions and the team's commitment to improving the quality of the work, emphasizing the need to learn to do things together.

> But I think that this, this clothing, this adverse scenario which is a war scenario... in war we don't look at who's on our side... if it's a doctor or if it's the person who hasn't completed high school. In war, I'm looking at the person who's on my side and who's going to help me get out of that limiting situation [...] And we're living in a limiting situation in our units, and this has made these workers recognize themselves as part of a health team and, to a certain extent, has established a collaborative process in the teams and touched on interprofessionality. (E03)

The results showed that the drafting of the PCTT-Sesab-Covid-19 took place simultaneously with the actions implemented, with the construction of documents

and an articulated network of health service workers, both at the central level of the DGTES and in other state directorates and services.

The health emergency and the pandemic scenario favored new arrangements between the management teams of Sesab's services for workers, considering the dimensions described above (Figure 1)[7], with emphasis on the relational dimension, possibly due to the focus of the object of study on interprofessional collaboration and teamwork that require interaction and communication are essential.

## Discussion

The pandemic has required collective efforts and the governance of health systems to protect the lives and health needs of health workers and populations[21-23]. However, studies have referred to the precariousness of government bodies in contingency health emergencies, despite the logistical resources that could have been used to strengthen the health workforce, public health infrastructure and other government sectors that are essential for responding to the pandemic[22,24].

In the contextual dimension, the importance of the political will of Sesab's superintendencies and directorates was noted, which influenced the release of resources and the rapid preparation of the General Contingency Plan[20], although this did not initially include worker health actions.

It is understood that planning, as an interactive process, must consider various actors and the political viability of the plans. Rivera & Artmann[25] propose a communicative approach to health planning, focusing on the legitimacy of plans, stimulating dialogue and creating expanded communication flows in organizations to encourage the negotiation of commitments in an interactive way.

Given its subject matter, this study was dedicated to analyzing the PCTT-Sesab-Covid-19 and the perception of the team managing this plan. Considering the backdrop of the pandemic, the participatory dimension of planning did not materialize in its full cycle, as the state SUS workers who benefited from the action could not be heard during the planning stages.

Considering the interactions between workers, several studies[9,10,14] state that teamwork allows professionals from different areas to come together and encourage cooperation, communication and the articulation of actions according to the main objectives[8]. The research[26] made it possible to observe the construction of various agendas by professionals from different Sesab directorates with common objectives, providing a favorable environment for interprofessional collaboration.

Although this study focuses on the management and planning of actions aimed at health workers, it is noteworthy that during the pandemic, government actions were concentrated on hospital services[24], relegating the role of Primary Care in tackling the pandemic[27]. Teixeira et al.[24] point out that SUS management actions were already insufficient before the pandemic, due to underfunding, spending freezes, deterioration of services and a precarious workforce. In addition, the political context has led to difficulties in the planning and operationalization of care, urgency and emergency,

surveillance and other services[22,28] and has influenced institutions' ability to respond to the pandemic.

In terms of organizational factors, the study showed their influence on improving practices and on innovating and strengthening teams[12]. The study found that the new services organized to cope with the pandemic brought different levels of Sesab closer to the workers, facilitating dialogue between managers and expanding interprofessional collaboration.

A systematic review[29] acknowledged that although there have been changes in organizational structures more focused on collaboration, there is still sparse evidence encouraging the implementation of collaborative relationships in work teams by local and central management. In this study, the contingency of the pandemic may have favored the emergence of collaborative practices, reducing workers' resistance to a common project, a challenging and rare practice in health services and management, according to the interviewees. Authors point out the importance of collaboration as a principle of interprofessional work, but analyze that institutional contexts with their rules and regulations can hinder its implementation[30].

Still in terms of organizational factors, the idea of connectivity and information sharing was considered, referring to the interconnection between team members, materialized through the creation of spaces for exchanging information and communication systems with relationships of trust[19]. Interconnectivity is also related to ICT as a mediator of team communication processes in the organizational dimension[31,32], especially during the pandemic[3]. The use of technology can offer better results, as the possibility of virtual collaboration in a network provides better responses to users' needs[8,11].

Although this study shows that the use of technology has contributed to the communication of the central management and management teams of the PCTT-Sesab-Covid-19, barriers were observed in the handling of technology by some professionals and the lack of equipment for remote care for workers. There was a need to invest in training to standardize the work of the teams in incorporating digital technologies[3,24].

In terms of procedural factors[7] , new routines and flows were established which made it possible for professionals from different services to work together. This was a challenge for most of the interviewees, as establishing new relationships in a context of urgency, combined with fear of the new, made communication difficult.

In addition, studies[7,11] point out that establishing routines and rituals facilitates standardized actions in health services. For example, the use of scripts to carry out simple, stable and predictable clinical activities can encourage interprofessional work on actions that vary in their predictability, urgency and complexity.

Another challenge is the relocation of workers from their original services to form new services and teams to deal with the pandemic. In this scenario, health workers have experienced rapid changes in roles and sectors, highlighting the need for management to prepare teams with rapid guidance on care and clinical needs[33].

Regarding this context, Reeves et al.[34] report that interprofessional meetings can improve the use of healthcare resources. Periodic meetings between the teams helped with communication, dialog, listening and contributed to flexibility in dealing with differences and understanding new routines and creating flows, drafting technical notes and newsletters. The links that already existed between some of Sesab's networks was considered to be a facilitator for women workers' health actions, such as Sesab's Women Health Workers' Health Network, managed by Paist[1], which is part of the Health Work and Education Management Policy[35]. This network has brought together the organizational structures of the SUS, integrating managers and health professionals towards common goals and improving services to guarantee the health needs of the working population[36].

In terms of relational factors, collaborative leadership is a necessary skill for the team to build democratic and flexible work and healthcare dynamics, stimulate creativity and facilitate problem-solving[7]. It also establishes consensus on the actions and responsibilities of each team member, promotes joint decision-making and innovation at work and facilitates collaboration and the confrontation of organizational barriers[7,12,19,29]. The health sector played an important role in leading risk management during the pandemic, with actions that directly involved the whole of society[22]. Leaders who promoted integration and cooperation between government bodies to find solutions to the pandemic achieved better results[37].

Although professionals want to provide a quality service and share common goals and interests, they also have personal interests related to autonomy and power relations[17]. Thus, the development of collaborative practice in a reflective way encourages the questioning of power relations and competition between professionals, contributing to interprofessional partnerships[12].

According to Teixeira et al.[24] (p. 3470), the "'real SUS' with its chronic problems" was the scenario for confronting and controlling the pandemic in Brazil and led to discussions in the area of work management, workers' health and humanization, expanding the dialogue between the various governmental, academic and social bodies about the needs and operationalization of health services. Thus, the inclusion of the work management agenda in a participatory and dialogical way in the strategic agenda of state management favored the debate on the problems to be faced[38].

## Final considerations

Figure 2 graphically summarizes the findings of the study. There were changes compared to Figure 1, such as the relational and procedural factors, with all the topics in the authors' proposal mentioned by all the interviewees.

We observed perceptions close to those interviewed and the interrelationship between the factors addressed, such as ICT, highlighting the need for communication and flexibility to develop new work activities; creating and implementing innovations; maintaining team collaboration strategies in networks and with other sectors to expand innovations in favor of interprofessional and intersectoral collaboration.

The study's results corroborate Reeves et al's[7,8]conceptual model of interprofessional work and its modalities: teamwork, collaboration, coordination and networking. They also confirm the proposal of the four dimensions of interprofessional work as an analysis tool. Thus, interprofessional work cannot be analyzed only in terms of "teamwork", but must also include collaboration and interprofessional networking.

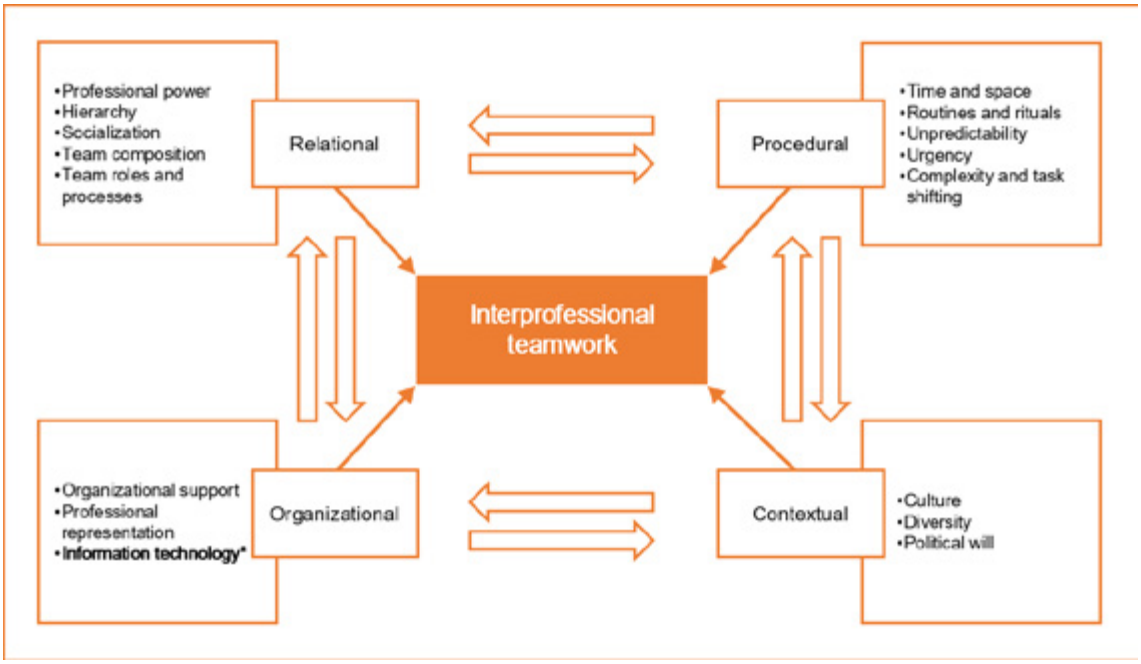


**Figure 2.** Perceptions of the interprofessional teamwork model in the Covid-19 pandemic.

Note: *Change of information technology from the procedural to the organizational dimension.

Source: Reeves et al.[8], apud Agreli[12], adapted by Bulcão[26].

The pandemic demanded quick and effective responses from Sesab which, in this study, made it possible to reconfigure teamwork using the logic of collaboration. The reorganization of the directorates, coordinations and teams provided a favourable environment for interprofessional teamwork, with greater agility and responsiveness from management, valuing work management, humanization and workers' health.

As lessons learned, it is suggested that actions for continuous intra- and intersectoral dialog be expanded, so that collaboration between professionals in each team and between teams is incorporated into the institutional culture.

The need to respond to the health emergency in the field of women workers' health management made it possible to recognize the power of collective work and interprofessional networking, as well as the SUS's ability to respond to adversity, making it possible to implement public policies and ensure social rights in adversity, promoting inclusion, diversity, equity, accessibility and social justice as strategies for defending and strengthening the SUS.

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## Authors' contribution

All authors actively participated in all stages of preparing the manuscript.


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## Conflict of interes

The authors have no conflict of interest to declare.




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Foram analisadas percepções e aprendizados da reconfiguração do trabalho interprofissional na ótica dos profissionais de uma Secretaria Estadual de Saúde, implicados na gestão e no planejamento das ações destinadas aos trabalhadores de saúde na pandemia Covid-19. Realizou-se análise documental do Plano de Contingência para Trabalhadoras e Trabalhadores da Saúde dessa secretaria. A elaboração do plano ocorreu simultaneamente à execução das ações e a análise também contemplou entrevistas com 11 profissionais envolvidos na gestão do plano. Utilizou-se análise de conteúdo temática baseada nas concepções de trabalho em equipe, colaboração interprofissional e gestão do trabalho. Concluiu-se que foram introduzidas inovações com o planejamento integrado e o estímulo ao trabalho em equipe e à colaboração interprofissional, embora esses e a gestão de saúde do trabalhador tenham sido limitados por insuficiência de infraestrutura e pelo modelo de atenção adotado na pandemia, centrado na atenção hospitalar.

**Palavras-chave:** Serviços de saúde do trabalhador. Relações interprofissionais. Trabalho. Pandemia. Covid-19.

Se analizaron percepciones y aprendizajes de la reconfiguración del trabajo interprofesional desde el punto de vista de los profesionales de una Secretaría Estatal de Salud, implicados en la gestión y planificación de las acciones destinadas a los trabajadores de la salud durante la pandemia de la Covid-19. Se realizó un análisis documental del Plan de Contingencia para Trabajadoras y Trabajadores de la Salud de la Secretaría. La elaboración del plan ocurrió simultáneamente con la realización de las acciones y el análisis también incluyó entrevistas con 11 profesionales envueltos en la gestión del Plan. Se utilizó un análisis de contenido temático con base en las concepciones de trabajo en equipo, colaboración interprofesional y gestión del trabajo. Se concluyó que se introdujeron innovaciones con la planificación integrada y el incentivo al trabajo en equipo y a la colaboración interprofesional, aunque todo esto y la gestión de la salud se hayan visto limitados por insuficiencia de infraestructura y por el modelo de atención adoptado durante la pandemia, centrado en la atención hospitalaria.

**Palabras clave:** Servicios de salud del trabajador. Relaciones interprofesionales. Trabajo. Pandemia. Covid-19.