HEALTHCARE PROFESSIONALS OF AN INTENSIVE CARE UNIT: PERCEPTION OF RESTRICTIVE FACTORS OF THE MULTIPROFESSIONAL WORK

Profissionais de saúde da unidade de terapia intensiva: percepção dos fatores restritivos da atuação multiprofissional

Profesionales sanitarios de la unidad de cuidados intensivos: percepción de factores restrictivos de la actuación multiprofesional

Original Article

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ABSTRACT

Objective: To identify the perception of health professionals of an Intensive Care Unit (ICU) regarding the restrictive factors of the work in a multiprofessional team. **Methods:** Qualitative descriptive exploratory study conducted in a tertiary referral hospital located in Sobral, Ceará. Participants were nine representatives of the ICU multiprofessional team. Data were collected using semi-structured interviews and underwent Content Analysis. Thus, dialogues with professionals were divided into four categories: disrespect between team professionals, excessive demand, lack of communication between members and lack of professional training. **Results:** The most restrictive factor of the work of the multiprofessional team in the ICU was the lack of respect between team members, which results from the hierarchy of power relationships, the lack of knowledge of each professional's work as well as the lack of communication within the team, highlighting the need for strategies to enhance communication and respect between members. In addition, the excessive demand coupled with a stressful environment such as the ICU and the lack of professional training were highlighted in the speeches as factors considered restrictive to the process. **Conclusion:** It was possible to identify the restrictive factors of the work in a multiprofessional team in an ICU setting, which can contribute to the construction and strengthening of actions to overcome these challenges. It is important to understand that the actions to be developed are responsibilities of the whole multiprofessional team - not just one's responsibility.

Descriptors: Intensive Care Units; Patient Care Team; Interdisciplinary Communication.

RESUMO

Objetivo: *Identificar a percepção dos profissionais de saúde de uma Unidade de Terapia Intensiva (UTI) sobre os fatores restritivos do trabalho em equipe multiprofissional.* **Métodos:** *Estudo exploratório, descritivo, com abordagem qualitativa, que ocorreu em um hospital terciário de alta complexidade, localizado em Sobral/CE. Participaram nove entrevistados representantes da equipe multiprofissional da UTI. Os dados foram coletados por entrevista semiestruturada e analisados segundo a Análise de Conteúdo. Assim, as interlocuções com os profissionais foram apreendidas em quatro categorias: desrespeito entre os profissionais da equipe, excesso de demanda, falta de comunicação entre seus integrantes e falta de capacitação profissional.* **Resultados:** *O fator mais restritivo do trabalho em equipe multiprofissional na UTI foi a falta de respeito entre os integrantes da equipe, resultado das relações de hierarquia de poder, da falta de conhecimento do fazer de cada profissional, bem como da falta de comunicação dentro da equipe, evidenciando a necessidade de estratégias que potencializem a comunicação e o respeito entre os integrantes. Além disso, o excesso de demanda, somando-se a um ambiente estressante como a UTI e à falta de capacitação da equipe foram destacados nas falas como fatores considerados restritivos ao processo.* **Conclusão:** *Foi possível levantar os fatores restritivos do trabalho em equipe*

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multiprofissional no cenário da UTI, o que pode colaborar para a construção e o fortalecimento das ações para superar esses desafios. Ratifica-se a importância da compreensão de que as ações a serem desenvolvidas são da equipe multidisciplinar como um todo, e não de um indivíduo apenas.

Descritores: *Unidades de Terapia Intensiva; Equipe de Assistência ao Paciente; Comunicação Interdisciplinar.*

RESUMEN

Objetivo: *Identificar la percepción de los profesionales sanitarios de una Unidad de Cuidados Intensivos (UCI) sobre los factores restrictivos del trabajo de equipo multiprofesional.* **Métodos:** *Estudio exploratorio, descriptivo y de abordaje cualitativo en un hospital terciario de elevada complejidad localizado en Sobral/CE. Participaron nueve entrevistados representantes del equipo multifprofesional de la UCI. Los datos fueron recogidos a través de entrevista semiestructurada y analizados según el Análisis de Contenido. Así, las interlocuciones entre los profesionales fueron identificadas en cuatro categorías: falta de respeto entre los profesionales del equipo, exceso de demanda, falta de comunicación entre los integrantes y falta de capacitación profesional.* **Resultados:** *El factor más restrictivo del trabajo en equipo multiprofesional de la UCI ha sido la falta de respeto entre los integrantes del equipo que resulta de las relaciones de jerarquía de poder, de la falta de conocimiento, del hacer de cada profesional así como de la falta de comunicación dentro del equipo lo que evidencia la necesidad de estrategias que potencialicen la comunicación y el respecto de los integrantes. Además, el exceso de demanda asociado al ambiente de estrés de la UCI y la falta de capacitación del equipo se destacaron en los relatos como factores restrictivos del proceso.* **Conclusión:** *Fue posible identificar los factores restrictivos del trabajo de equipo multiprofesional en el escenario de la UCI lo que puede colaborar para la construcción y el fortalecimiento de las acciones para la superación de los desafíos. Ratificase la importancia de la comprensión de que las acciones desarrolladas son de todo el equipo multidisciplinario y no solamente de un individuo.*

Descriptores: *Unidades de Cuidados Intensivos; Grupo de Atención al Paciente; Comunicación Interdisciplinaria.*

INTRODUCTION

In the health field, teamwork is considered an essential mechanism in the work of professionals that is opposed to the intense process of specialization and fragmentation of actions generated by these individuals. In this context, the multiprofessional team approach appears as a strategy that can lead to greater interaction between the different areas of knowledge[1].

Within the framework of Brazil's National Health System, also known as the Unified Health System (*Sistema Único de Saúde – SUS*), the work in Intensive Care Units (ICU) has always been essentially conceived as actions performed by multiprofessional teams primarily composed of physicians, nurses and nursing technicians. In these health services, such professionals perform care work – from simple procedures to those with higher risk to the patient's life – in addition to managerial activities in the different levels of health care[2].

However, to provide the necessary support to users of severely compromised services, a variety of other professionals need to be involved in the restoration of their health process – for instance, nutritionists, psychologists, speech therapists, pharmacists, social workers, among others – as support staff, but with equal importance to the comprehensive and quality care[3].

To ensure the safety and pain reduction of the patient and caregivers, collaborative practice among various health professionals with different professional experiences promotes a higher quality of care[4]. Collaboration or interprofessional cooperation is presented as a teamwork strategy and is related to the ethics of care, with participatory practices and mutual and reciprocal personal relationships among health professionals[5].

Nevertheless, the constant emergencies requiring quick thinking and action, the fact that it is a closed unit and generally restricted to individuals working in it, the scientific and technological complexity and the frequent confrontation with death are factors that can threaten the atmosphere of this environment, making it more stressful for both the professional and the patient[6].

In addition, workers have to deal with increased demand for learning new skills, adaptation to different ways of working, increasing demands for high productivity and maximum quality of products/services in a short time, more competitivity in the labor market, poor working conditions and lower employee benefits[7].

Thus, the reality experienced by professionals working in the ICU is permeated with various conflicts, feelings and emotions, which requires an excellent technical and scientific training and professional and emotional preparation; in contrast, it requires skills to manage such conditions as a multiprofessional team with maximum teamwork.

In view of this panorama, the importance of the present study lies in the understanding of the reality experienced by the multiprofessional team working in the ICU, as it will facilitate the identification of the factors that hinder their performance, which may be contributing to the depersonalization of multiprofessional care.

In this sense, the aim of the present study is to identify the perception of health professionals of an Intensive Care Unit (ICU) regarding the restrictive factors of the work in a multiprofessional team.

METHODS

This is a qualitative descriptive exploratory study that corresponds to the analysis of dimensions that are beyond indicators and numeric expressions. Qualitative approaches provide room for changes and transformations from data generated by the participation of the respondents involved. This allows to train the groups interested and involved in the evaluation, increasing their analysis capacity and having them become subjects of the change process[8].

The research setting was the municipality of Sobral, located in the northwestern mesoregion of Ceará, which is the reference scenario for the Northeast Region given its uniqueness and the innovations of its technical health care model[9].

The municipality has a high complexity tertiary care hospital, the largest of Ceará and the largest regional hospital of the Northeastern countryside. It has four Intensive Care Units (ICU) – two for adults, one for children, and one for newborns, with 10 beds each and qualified high-tech multiprofessional team of ultimate importance to comprehensive, continuous and humanized care for critically ill patients in hospital. The Adult ICU 01 was chosen as the setting of the present study as it is the oldest ICU operating in the hospital.

Participants were individuals directly involved in the evaluation process at issue. One representative from each professional class of the multiprofessional team of the Adult ICU 01 was invited to participate: physician, nurse, nursing technician, physical therapist, nutritionist, speech therapist, psychologist, pharmacist and social worker, totaling nine participants.

The selection of respondents was conducted based on some basic criteria: preferably day laborers of the morning staff (longer working hours together); professionals in the team for at least six months working during the research period; those who agreed to participate in the study after receiving information on the objectives and signing the Free Informed Consent Form.

In qualitative research, the inclusion criteria of the respondents are not numeric; therefore, it should identify those who can offer greater range and variation of the phenomenon under study. Thus, basic criteria were used for the selection of interviewees in this research, considering critical to have a diverse set of informants to allow the seizure of the similarities and differences[10].

The technique used for data collection was the individual semi-structured interview conducted in March 2015 using a guiding question: what is your perception of the restrictive factors of the work in the multi-professional team of the Intensive Care Unit (ICU) where you work?

The interviews were recorded and later transcribed ensuring the confidentiality and anonymity of respondents. To ensure anonymity, participants were identified by the letter R (Respondents) and the number of the interview (1, 2...). For example, the first respondent was identified as (R1) and the second (R2) and so on.

Participants' reports underwent Content Analysis[11] using the thematic or categorial analysis. This analysis is defined as a set of techniques for the analysis of communication that uses systematic procedures and description of the content of messages in three phases: 1) pre-analysis; 2) exploration of the material; and 3) treatment of results, inference and interpretation[11]. In the first phase, pre-analysis, preparatory operations for the analysis itself are developed. It is a phase for choosing documents or defining the corpus of analysis, formulating hypotheses and objectives of the analysis, and developing the indicators that will support the final interpretation. The second phase: exploration of material or coding, which consists in adding encoded extracts seeking to understand them. This enables to formulate the categories and subcategories. The phase: treatment of results - inference and interpretation. This phase is intended to highlight the information provided by the analysis using simple quantification (frequency) or a more complex one, such as factor analysis, allowing to present the data.

Thus, the dialogues with professionals were seized in four categories: disrespect between team professionals, excessive demand, lack of communication between members and lack of professional training.

The present study complies with Resolution 466/2012[12] and was approved by the Research Ethics Committee of the ESP/CE under Opinion No. 963.030 of 19 February 2015.

RESULTS AND DISCUSSION

The thematic categories that emerged from the study are presented below. All of them show the restrictions of the work in the multi-professional team in the ICU.

Disrespect between team professionals

This category refers to the power structure within the team, especially with regard to the targeting of therapeutic approaches:

"Those limits are sometimes the so called hierarchy, aren't they?" (R1)

"Sometimes you give a diagnosis, indicate a conduct, and some professionals do not follow the conduct for that particular patient." (R1)

"[...] They are professionals who somehow do not value other professionals' knowledge, as if they were superior or more important than the knowledge of another person who is part of the same team." (R5)

The existing power structure among the professionals who make up the team is an obstacle, as it involves the delimitation of the working area and procedures that can be performed by each one as well as the defense of conquered spaces and acquired privileges; in addition, it can manifest in several ways – in either covertly or declared disputes – but often results in several challenges of power with regard to decision making on technical conducts[13,14].

Experts report a "space of appearance" that refers to the behavior of people as for their positions/representations in a social support group, in which an individual can exercise power or be influenced by the power of another. This space is relational and it only exists when men get together; it is not durable or permanent. When it occurs in the healthcare environment, it becomes relevant to the working process of the multiprofessional team, being influenced by political leadership, interpersonal relationships, user's embracement, the daily work, professional interaction, the articulations between actions, and power relationships between professionals and the team/patient[15].

And depending on how these spaces are designed, there are ethical problems that end up affecting negatively the relationship, resulting in losses in the care provided to the patient and requiring efforts to avoid or mitigate these problems[16]. In addition to professional ethics, disrespect generates emotional distress shown by increased criticism, pet peeves and arguments between team members[17].

This whole issue is expressed specifically in the ICU as it is a unit that has, for a long time, had only physicians and nursing professionals in its staff. Only recently, and gradually, other professional classes such as physical therapists, nutritionists, speech therapists, psychologists, pharmacists and more recently the dentist, among others, have been able to conquer their space within the team[2,3].

Another reason for this lack of respect singled out by respondents was the unawareness of the work of each professional category, identified as a restrictive factor to teamwork that motivated the expectation of spaces; moments that foster this exchange of knowledge between professionals so that each team member can know and get along well with other members and understand their importance as an individual and a team member.

"Many professionals who are part of the multiprofessional team are not interested in knowing the work of the others." (R5)

"Many colleagues are unaware of the importance of the other colleagues' profession and end up trivializing it; certain conducts." (R7)

The consequences of these phenomena may result in distancing and fragmentation of the team, and as a result, it may hinder patients' care. Therefore, it is important to make efforts for integration between professionals and interdisciplinarity, which makes the teamwork more systematic, efficient, and less costly[5,14].

Turning a group into an interdisciplinary team takes a few factors, including: more intercooperation, commitment, team development (peers and leadership) with meetings and other activities (relational focus); more professional development, such as salary, career plan and recognition; more meetings between the team and internal leaders; improvement of the physical structure, which should have a meeting room, materials and structure for service; better distribution of work according to the number of professionals and greater knowledge of group work[18].

Excessive demand

Another important point that emerged from the professionals' reports was the excessive demand. This category deals primarily with the bureaucracy of the working process in the ICU, a theme that has already been well discussed in the literature, especially with regard to the nursing team approach:

"I think that the rush is restrictive. We have many responsibilities." (R2)

"[...] The work overload is what hinders the work." (R2)

"[...] It is definitely the rush. [...] everything is very bureaucratic in the ICU, we have to write a lot, there are many protocols." (R8)

It should be considered that an oversized team results in high cost in the ICU; on the other hand, it is known that a small group tends to determine impairment in the quality of care, interfering with the patient's safety, prolonging hospitalization and generating higher cost[19]. It would be ideal to maintain a balance between the activities related to direct and indirect care of the patient; however, in reality, the workload in this environment includes other factors in which certain activities that are not related to the patient and their

family members become part of the duty to be fulfilled by professionals during their work shift[20].

Although professionals are assigned care of a smaller number of patients, the multiprofessional team of the ICU is required to have greater accuracy, perform continuous monitoring and frequent assessment of clinical and laboratory parameters in addition to other aspects related to the care of a seriously ill patient. The incorporation of new technological knowledge and devices in the ICU has influenced the increase in the level of care complexity and the degree of attention required for the care, which consequently increased the level of teamwork overload, especially for the nursing team[21, 22].

Research conducted with a nursing team proved that the characteristics associated with increased workload were the type of admission (emergency surgery) and patient's outcome (death); in addition, patient's severity and organ dysfunction were moderately correlated to the workload of these professionals[20].

A literature review study concluded that the increase in the workload of the nursing team was associated with increased rates of infection and mortality in patients in the ICU, as it directly affects the physical and emotional exhaustion of the team, interfering with their safety and represented by the occurrence of care failures[23].

The ICU environment is unstable and, in most cases, the shifts are busy. The activities are intense, especially when there is admission of seriously ill patients, which demand rigorous attention and care from all the members of this multiprofessional team in order to minimize possible errors due to the excessive demand required by that unit[21].

Given that, institutions and their workers could adopt strategies to prevent and/or reduce the level of stress, minimizing the impact caused by the excessive demand[7].

Lack of communication between members

In the present study, the lack of communication between members was also highlighted as a restrictive factor to teamwork in the ICU. This category shows what appears to be linked to the stressful environment of the ICU, the excessive demand from the team, as well as the interpersonal relationships between its members:

> *"I think that what is missing in the teamwork is that people learn to communicate more." (R2)*

> *"If we have a seriously ill patient and fail to communicate in the team, we may fail to care for that patient." (R2)*

The patient's treatment is a result of the work of the whole team of professionals; thus, communication and exchange of information should take place continuously for a better quality of care. Communication between professionals within the multiprofessional team becomes crucial to avoid distortions and failures in care as it provides information that contribute to a uniform knowledge between team members. However, the environment in the ICU does not facilitate the exchange of information due to the high level of anxiety and tension, and the lack of communication accounts for 32% of the errors in this sector[5, 23].

Professionals need to understand that communication is an essential element in care. It is the foundation of interpersonal relationships, and the care, in this view, is associated with the practice of communicating. Therefore, communication in its various forms works as a humanizing significance tool, and for this, the team must be willing and engaged to establish this relationship[24].

Unfortunately, the ICU is not an environment conducive to open, clear and continuous communication due to the work overload, the noise, alarms, contact with severe patients, unexpected situations, constant interrelationship between team members throughout the shift, as well as the excessive demands of safety, respect and responsibility for the suffering patient, double days shift – common among these professionals, contact with pain and imminent death. All these factors hinder communication in the interdisciplinary team, and constitute an obstacle to improving the quality of care[21,25]. The experience of moments that facilitate communication could be used as a strategy to overcome some weaknesses of the team.

Results of a research showed that the process of communication between members of the nursing team has been optimized due to the patient's care through human interaction, interdependent relationship, professional recognition, better understanding of others, exchange of information through group meetings when the issues are of everyone's interest and individual and reserved conversations between team members when necessary[24].

Miscommunication, a result of non-cooperation between health professionals, is the leading cause of accidental damage in all health care settings, especially in the intensive care unit, which is an environment that has a dynamic and complex work that exposes patients continuously to the complexities of the functioning of the interprofessional team[7].

Lack of professional training

Finally, this category about the work in a multiprofessional team, highlighted the lack of training and qualification of the professionals:

"Unfortunately, it is not (sic) everyone who has the ability to work in a team." (R2)

"[...] It's still personal. It's because we are into the clinic, learning on a daily basis. We do not have college knowledge." (R6)

"[...] Sometimes there is a lack of affinity. The person does not have such an affinity with the team, with the high complexity of the ICU, so I think it ends up hindering and restricting the multiprofessional teamwork." (R9)

The ICU is a unit that concentrates specialized professionals, a variety of sophisticated technological resources of high cost to provide care to critically ill patients who require intensive care. Due to such characteristics, the team of this sector differs from those of other hospital sectors because, in general, professionals must have specialized knowledge and additional skills in addition to those acquired in their training.

ICUs are units designed to care in critical health situations and whose work processes require continuing training of teams, encouraging constant reflection on the practice and construction of knowledge, not only for the use of materials, but also for specialized equipment and technical, scientific and emotional expertise[26].

It is worth mentioning that teamwork is a basic instrument of health care that requires technical, scientific and administrative knowledge, ability to adapt and change, creativity and spirit of innovation and good interpersonal relationships. In this sense, the training of human resources with different skills is essential. However, the academic training of professionals does not often contribute directly to the development of these skills. Professionals must recreate their own work from the moment they are inserted in a network of relationships of power, knowledge and interests in order to effectively place themselves in a team[13,14].

Therefore, it is understood that the training of professionals and the production of knowledge should be part of a continuous and ongoing process of information dissemination and evaluation of human resources. Due to the high technology and greater technical complexity of care, continuing education and lifelong learning in ICUs constitute a challenge for the team of professionals[26].

FINAL CONSIDERATIONS

Based on the opinion of the respondents involved in this research, it was possible to identify that the most restrictive factor of working in a multiprofessional team in the ICU was the disrespect among team members, which results from power relationships and the lack of information about the work of each professional within the team, as well as the lack of communication within the team, highlighting the need for strategies that enhance communication and respect among team members.

In addition, the excessive demand, the stressful environment of the ICU and the lack of professional training were highlighted in the reports as factors considered restrictive to the process.

One of the limitations of this study is that the research object was the Intensive Care Unit of one specific hospital; however, it is noteworthy that the research involved a variety of professional classes that were part of the multiprofessional team, comprising the basic team required and the supporting staff. This differs the present study from most of the findings in the literature, which are generally studies addressing the basic team, specifically the nursing team. It was also possible to highlight relevant issues regarding the restrictive factors of the work in a multiprofessional team in this scenario, which can contribute to developing and strengthening actions to overcome these challenges.

Thus, we believe it is important to conduct further studies focused on addressing all the professionals of the multiprofessional team of the ICU, considering all the peculiarities and effects of this environment on the performance of its professionals, whose interpersonal relationships need to be substantially preserved given the complexity of the procedures to be performed and the conflicting decision making to which professionals are exposed every day. We reaffirm the importance of understanding that the actions should be performed by the multidisciplinary team as a whole, and not just by one individual.

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