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INTERDISCIPLINARITY IN ASSISTING PATIENTS IN AN INTENSIVE CARE UNIT: A LITERATURE REVIEW

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ABSTRACT

Objectives: To review in the literature the perception of ICU health professionals, as members of an interdisciplinary team. **Methods**: This is an integrative literature review, carried out between July and August 2020. The data collection took place between the years 2012 to 2020, in the electronic databases PubMed (National Library of Medicine and National Institute of Health - USA) and Scielo (Scientific Electronic Library Online), through the DeCS (health descriptors) “patient care team”, “intensive care units” and “health”, in English and Portuguese. **Results**: After applying the eligibility criteria for this review, 7 articles were selected, read in full. The results showed the existence of division and fragmentation of work; lack of communication between team members and users; hierarchy of power and ethical conflict within the multiprofessional team; and inadequate working conditions. **Conclusion**: This research made it possible to recognize the weaknesses experienced by the multiprofessional ICU team and to understand the main factors that hinder the team’s work.

Keywords: Intensive care unit. Patient care team. Cheers.

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INTRODUCTION

The Intensive Care Unit [ICU] is a sector made up of a set of functionally coupled components, attributed to the care of critically ill patients [1] and interdisciplinarity, as a necessary practice, the comprehensive care guaranteed to critical patients treated in this sector, is supported by of the National Policy for Attention to Critical Patients [2].

The professionals that make up the interdisciplinary team emerge in a challenge that involves a network of care, humanization of assistance and communication skills. This perspective improves the quality of the work result and the team's understanding of the importance of each professional [3]. Thus, the understanding that teamwork has the common objective of strengthening relationships of trust and respect among its members, presupposes integration between the health care model [4] and the health service organization model [5].

However, professionals working in the ICU have a reality permeated by a series of conflicts, feelings and emotions, which requires excellent technical and scientific training, in addition to emotional preparation [6]. In this way, interdisciplinary work represents a tool with the potential to favorably articulate the management of health work organization, integration of different areas in therapeutic assistance and co-responsibility of professionals in the hospital [7], in order to support interpersonal relationships and contribute for improving the quality of patient care [8].

In this context, the purpose of this work is to identify the perception of the relationships between ICU health professionals as an interdisciplinary team.

METHODS

This is an integrative literature review, carried out between July and August 2020. The data survey took place between the years 2012 to 2020, in the electronic databases PubMed [National Library of Medicine and National Institute of Health - USA] and Scielo [Scientific Electronic Library Online], using the descriptors "patient care team", "intensive care units" and "health", present in DeCS [health descriptors] in English and Portuguese.

Exclusion criteria were adopted: literature reviews, duplicates, incompatible themes and paid articles; and inclusion: with an approach compatible with the proposed theme, with free access and within the time limit. The procedure for searching, selecting and evaluating articles was based on the PRISMA model [Main Items for Reporting Systematic Reviews and Meta-analyzes] [17,18]. After double checking the reading of the title and summary of the works, articles that addressed the evaluation of the interdisciplinary relationships of health professionals working in the ICU were selected for full reading.

RESULTS

The path relevant to the search, selection, evaluation and eligibility of studies is described below [figure 1], as shown in the methodological model [17,18]. After collecting the data, 69 [Scielo = 12; PubMed = 57] scientific articles were identified, of which 46 [review = 4, duplicates = 3, outside the theme = 39] were excluded, resulting in 7 eligible articles , read in full, from which the main results found were extracted and categorized in the light of the current literature.

Category 1 - Professional performance and interpersonal relationships

The National policy for the Humanization of Attention and Health Management [PNHAGS] advocates the fulfillment of SUS principles by workers and users of the health system [9]. However, humanized intensive care is not routine in the activities developed by the multiprofessional team in ICUs, as shown by Meira et al. [2012], his study shows that the fragmentation of work and rigid hierarchy generate negative effects on the quality of work developed by the health team [10].

Nevertheless, Evangelista et al. [2016] observed that effective communication proved to be an important tool to humanize care for patients

admitted to the ICU, as the professional understands that it is possible to develop different methods of communication between a conscious and unconscious patient. This approach was also observed in the relationships between the multidisciplinary team and family members of the inmates [11].

The communication of the health team with patients and their families at the beginning of therapeutic assistance influences an earlier decision-making about the limitations of treatment in the ICU, as mentioned by Mazutti et al. [2016]. This study revealed that the decision on treatment goals takes, on average, 4 to 7 days, but when the wishes and values of the patient and his family are aligned with the integration of care, the definition of objectives and technical conduct can be made in the first hospitalization day [12].

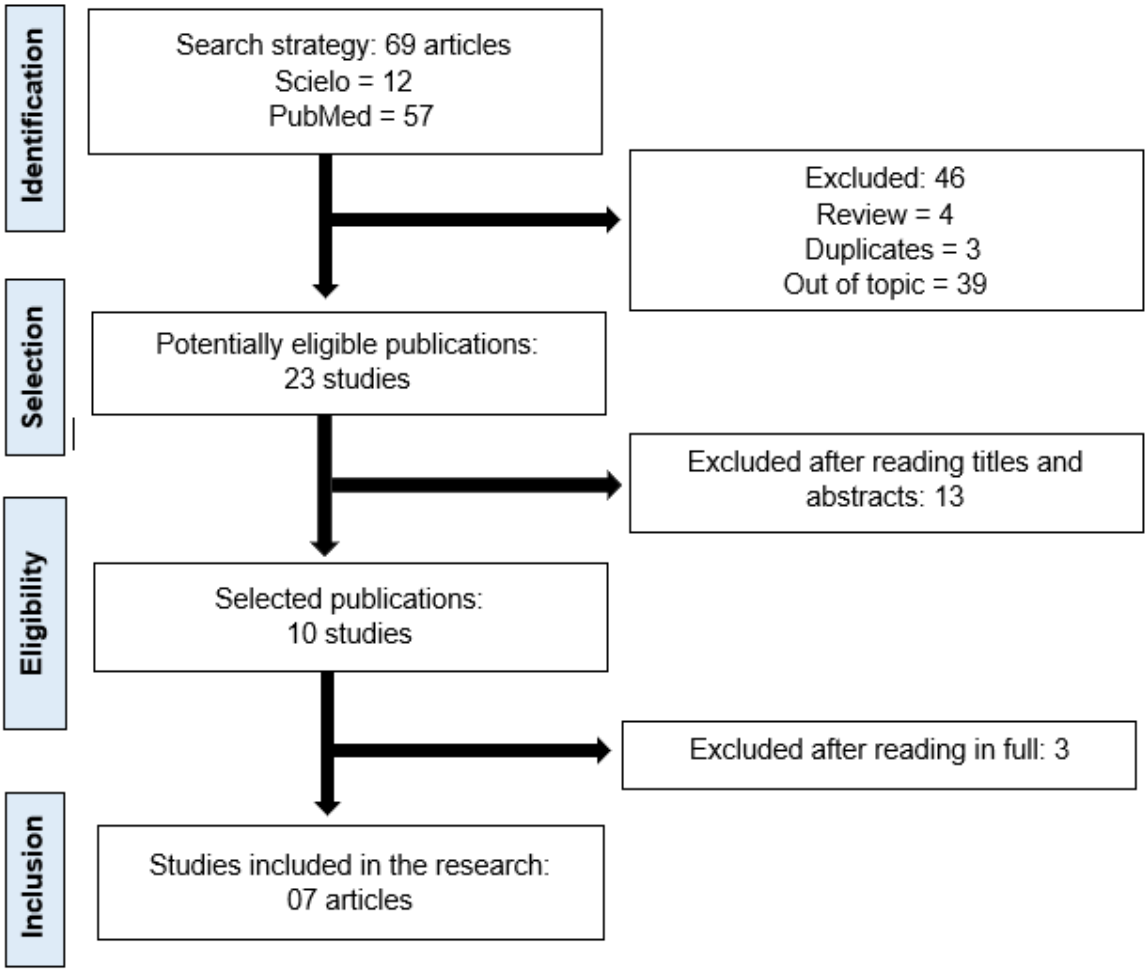

Figure 1: Flowchart for data identification and selection.

Bispo and Aleluia [2019], identified that the health professionals addressed in their study may not achieve, in practice, the real sense of interdisciplinarity, as they are limited to the concept that multiprofessional integration is only about different professional backgrounds in the composition team's. Under this logic, the complexity of the actions integrated in the assistance or in the articulation between health services and the community, which should characterize the interdisciplinary action, are dissociated [13].

Araujo Neto et al. [2016], highlighted the disrespect caused by the hierarchy of power within the multiprofessional team as a major obstacle, as it delimits the professional's performance and his technical conduct. This fact can be influenced by political leadership,

professional interaction and interpersonal relationships, which in turn can give rise to ethical problems, emotional distress and discussions among team members [14].

Ethical conflict was the most frequently mentioned sub-theme in the work of Goldwasser et al. [2018], revealing that the queue to occupy an ICU bed does not consider the identification of more serious patients, what exists is a parallel network within the hospital that decides which patient will have the greatest benefit in the ICU or occupy the vacant bed. , through personal contacts between health professionals, hospital managers and family members. Although the health system defends equity, there is no place for everyone [15].

The organization of work divided according to professional category is a factor that prevents an articulation between the actions developed by the multiprofessional team, making daily activities in the ICU repetitive and mechanical, overloading, limiting and hindering the team's work and effective patient care. critical [16], as pointed out by Noce et al. [2020].

The construction of interaction between health professionals in the ICU is seen as a predictor of better clinical outcomes, in humanized care and comprehensive patient care, in addition to serving as a foundation in the quality of work provided by the team, greater productivity and the establishment of a harmonious and peaceful setting [10, 11, 13, 14]. It is important to note that the work in the ICU involves permanent education in the professional training process, after all, the adoption of knowledge transmission strategies in a decontextualized way, can compromise the clinical outcomes of patients [10, 14].

Category 2 - Working conditions in the ICU environment

The ICU was considered a stressful work environment, considering the patient's state of severity, the constant alertness of the team, the urgency to solve the cases and the high demand for complications in the routine [10]. The unpreparedness of professional teams is seen as a barrier to the admission or discharge of patients, generating an impact on access to the health system [15]. Therefore, when the instrument of professional qualification and training is not experienced, the difficulties of consensus and standardization of conduct, becomes a harmful factor to teamwork [16].

Another factor that compromises the provision of care to the ICU patient includes the lack of material instruments. This insufficiency can also have a negative impact on the relationship between professionals, affecting the quality of life of the worker, since it can harm their health and generate dissatisfaction in the work environment [16]. Still in relation to service management, the low number of employees in relation to demand was also pointed out as a difficulty in comprehensive care for critically ill patients [11].

Another relevant point to be addressed is the excessive demand and overload in the ICU work, despite the lower number of patients in this sector, continuous monitoring and frequent evaluation of clinical and laboratory parameters, requires a multidisciplinary team of readiness to provide assistance during the 24 hours a day, which increases the complexity of care and increases the workload of the team [10, 11]. In addition to the excess of services for the health professional, Goldwasser et al. [2018] detected a huge waiting list for occupancy of ICU beds in the state of Rio de Janeiro, resulting in 20% of deaths and 55% of abandonment of the waiting list. Although the number of beds was within the range determined by the Ministry of Health based on the population number, the system did not guarantee admission in a timely manner for patients who needed immediate hospitalization in the analyzed period [15].

CONCLUSION

Based on thematic analysis, this study allowed investigating the perceptions of health professionals about teamwork in ICUs, as members of an interdisciplinary team.

The results presented showed that health professionals perceive the existence of division and fragmentation of work, but recognize that there is an attempt to build more communicative and collaborative relationships. In this perspective, the enhancement of care assistance to patients admitted to the ICU comprises: active communication between the health team, patients and their families; the effectiveness of interdisciplinarity, collaborating for the construction and strengthening of team actions, through the recognition of the potential for articulation of knowledge and practices in care; training mediated by permanent health education; implementation of management and administration policies that guarantee the organization and adequate working conditions and in the care provided to patients in the ICUs.

Finally, this research made it possible to recognize the weaknesses experienced by the multiprofessional ICU team and understand that the factors that most hinder the team's work are the fragmentation of the service management organization, the process and the working conditions.

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