



## Multiprofessional Team Performance In The Intensive Care Unit: Challenges And Perspectives

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**ABSTRACT:** Background: The assistance provided in Intensive Care Units is focused on specialized care for patients in critical condition. Considering critical patients admitted to Intensive Care Units, multidisciplinary care consists of complex and special care. In this context, the question arises about the role of multidisciplinary team assistance in implementing adequate care centered on the patient as a whole and not just focusing on the disease. Objective: The study aimed to investigate in national publications the challenges and perspectives of the multidisciplinary team's performance in the Intensive Care Unit. Methodology: This is a bibliographic review article in which an exploratory research was carried out, with a qualitative approach. The search took place in the LILLACS and SCIELO databases from February to May 2023. 22 scientific articles were analyzed using as inclusion criteria articles published in Portuguese; complete, published and indexed in the aforementioned databases in the last ten years. Results: As a result, it became clear that the know-how of different categories of health professionals working together plays a fundamental role in the care of critical patients in the Intensive Care Unit and this requires these professionals to have scientific knowledge and technical skills in care services. Furthermore, they must seek to provide qualified, comprehensive, multidisciplinary care based on scientific evidence. It was concluded that assistance to critically ill patients in the Intensive Care Unit is highly relevant and essential. Conclusion: It was observed that is essential for those professionals to carry out their activity in an ethical, holistic manner, aiming at physical, biological, psychological and social care in order to guarantee patient safety at all moments of care through the use of effective communication and noise free.

**Keywords:** *Multidisciplinary care. Intensive care unit. Challenges.*

## INTRODUCTION

The conception of the team and its values suggests the existence of an open vision and, with this, a collective view, which requires coherence of objectives, synchronization, and continuity of actions. It is not satisfactory that a specific team will work together; it must be closely united and walk towards a common goal. In Intensive Care Units (ICUs), patients recover in an appropriate physical and psychological environment, where the directed and personalized attitude of each team member who works there is oriented to the use of available technical facilities, combined with a good interpersonal relationship. For the good development of teamwork, in addition to the team spirit, their members must also respect each other, allowing each one to play their role harmoniously within their scope of responsibility through the combination of knowledge, experiences, and skills. The formation of the multidisciplinary team is always dictated by the patient's needs and based on the unit.

The ICU is a very important sector of the hospital. It has advanced and high-quality scientific and technological resources. In this unit, we receive patients in critical situations who require greater assistance with quality human resources and comprehensive care (Cesário *et al.*, 2021). From this perspective, the performance of the multiprofessional team plays a fundamental role in health services. Considering critical patients in ICUs, the assistance of the multiprofessional team consists of complex and special care. In addition, within an ICU are necessary investments in physical, human, and technological resources, which consist of onerous processes. Furthermore, it is necessary to invest and focus on the humanization of care and team's satisfaction during the services (Sanches *et al.*, 2016).

Currently, the assistance of health professionals should be related to respect for the patient, seeking to understand the patient, and taking care of (Gomes *et al.*, 2020). Thus, it is understood that the relevance of the offer of care is based on scientific evidence for quality assistance.

The observation of the performance of the multi-professional team in the ICU has shown us that emotions various feelings and emotions permeate the reality experienced. In addition, the routine of a closed sector like an ICU requires excellent technical-scientific training and professional preparation to deal with loss and suffering.

You can see that:

[...] Through the weaknesses in the practice of humanized care by the multi professional multi professional intensive care team, the biggest challenge is still centered on impacting the stiffness of the organizational structure of hospital institutions since the factors that make it difficult to practice are the fragments of the organization of the work process, the management of health services and working conditions (Evangelista *et al. et al.*, 2016, p. 1106).

Supplement to this perspective, it is necessary to correct existing failures. Especially when addressing issues of sizing assistance teams in ICUs, problems related to the interaction of the multi-professional team, and implementation of the normative of the institution that are guidelines for care, promote a security culture where professionals feel able to. It is necessary to institutionalize continuing education, promoting debates within the team, and developing a moment of learning among them, because the multi-professional team needs to be incessantly informed to qualify the work of the process with reasoning and critical thinking, thus resulting in adequate reflection. Patient safety practices and guarantee safe and quality care (Gomes *et al.*, 2022). In this way, this study justifies that multidisciplinary work in ICUs is a current and extremely relevant topic within the health context. Demonstrating the challenges and perspectives of health professionals on the subject can promote an overview of the organizational conditions of care for critically ill patients, providing support for better analysis and understanding of weaknesses and gaps that can influence and impact care, positively or negatively, enabling the improvement of processes, flows, bundles, preventive measures, patient safety and permanent and continuing education.

From this perspective, this study aimed to investigate in national publications the challenges and perspectives of the performance of the multiprofessional team in the ICU.

## MATERIALS AND METHODS

This is a review article in which bibliographical research was carried out, considering that this research alternative aims to search and analyze published knowledge relating to a certain topic. To this end, exploratory research was carried out with a qualitative approach. Exploratory research is carried out when the chosen topic is little explored, making it difficult to formulate and operationalize hypotheses. This type of study is often a first step toward carrying out more in-depth research (Zanella, 2013). Qualitative research is the type of research that concerns itself with describing the understanding of specific complex phenomena. The results are expressed as a transcription of interviews in narratives, statements, and documents, among other data and information collection forms. It is descriptive and does not consider numerical aspects (Zanella, 2013). It is a bibliographic research. This research alternative proposes to seek and analyze published knowledge regarding a particular theme. The search was held between February and May of 2023 in two databases namely Scielo (Scientific Electronic Library Online) and Lilacs (Latin American and Caribbean Literature in Health Sciences), with national publications in the last ten years.

As a sample inclusion criterion, the quest in the foundation previously cited with the descriptors in Health Sciences (DECs): Multiprofessional assistance, intensive care unit, and challenges were performed. The inclusion criteria for selecting articles were: Portuguese language articles, complete articles, and articles published and indexed in these databases in the last ten years.

The Boolean operator AND was used to form blocks for research: multidisciplinary care AND intensive care units (block 1); intensive care units AND challenges (block 2) and, finally, multidisciplinary care AND intensive care units AND challenges (block 3).

Subsequently, a pre-analysis of all articles found was performed through the initial reading of the titles and summaries. The articles that were not related to the theme were excluded. The articles published in journals were considered as analysis documents. The database review resulted in 53 publications.

Considering the inclusion and exclusion criteria, 31 were excluded from the study, as they did not specifically address the studied theme. Therefore, 22 publications were analyzed in full, which adapted to the objective of this review. The presentation of the results and discussion of the data obtained was descriptively elaborated, enabling the reader to evaluate the applicability of the elaborated review in order to achieve the purpose of this method, i.e., positively impact the quality of nursing practice, providing subsidies to nurse in your daily decision making.

## RESULTS AND DISCUSSIONS

Sixteen scientific articles that met the previously established inclusion criteria were analyzed and then an overview of the evaluated articles will be presented. It is understood that the ICU is a space within the hospital complex that is characterized as a hostile place, with constant lighting, low temperature and plenty of technological apparatus, requiring professionals, as well as a large number of procedures at high complexity, the acquisition of skills that make them capable of dealing daily with the finitude of life and, promptly, give adequate answers to the attention needs (Machado & Soares, 2016). The ICU is a health scope that admits patients in critical situations that need intense monitoring to reverse their clinical status, improving the possibilities of rehabilitation and survival. This that lacks the dedication of health professionals, any inattention to these serious patients can be fatal (Polkey & Moxham, 2013).

Multiprofessional assistance offered in the ICU needs to be systematized and holistic to promote the quality of assistance. Care cannot only be focused on identifying the clinical signs and symptoms of the disease but in changes that occur and shake their human in their entirety (Lino & Silva, 2001). ICU hospitalization often generates uncertainties to patients and family, characterized as an environment of loss. The care provided in the ICU requires health professionals' skills in caring, reflecting, and communicating, as well as in applying scientific knowledge (Vieira and Maia, 2013).

The relevance of the development of patient care in the ICU that motivates your family's participation in the context of hospitalization is emphasized. The critical patient loses direct experience with his family members, is removed indefinitely from society, his work and customs, relating to unknown people, and meets other patients in circumstances often more complex than his own. In addition, hospitalization in the ICU can generate feelings such as fear and anguish, altering the patient's emotional state (Nascimento Trentini, 2004). According to Balbino *et al.* (2016), the patient and family-centered care model has been proposed as an innovative and effective strategy that establishes a partnership between health professionals, family, and patients, where the family becomes a source of support and has active participation in the decision-making process.

The ICU routine is intense, and the team should always be prepared to act in any complications. This requires skills and abilities for decision-making and timely implementation. According to Sarmiento (2014) the qualification of ICU health professionals is quite important to perform activities of enormous complexity, it is also essential to self-conflicted in scientific knowledge to enable patient care safely. Training and training of this professional are indispensable for achieving the expected result. Therefore, the professional must have qualifications, permanent training and effectiveness of moral knowledge to make decisions within ethical precepts and performing a humanized service. The study by Oliveira *et al.* (2013) indicates three essential points that health professionals should prioritize in the practice of humanization: holistic, integral care, focused on subjective aspects; empathy, putting itself in the other's shoes, interpreting and understanding their feelings; and the need for the professional to invest in the relationship between patient and family, demonstrating patience and offering the necessary information for better interaction.

According to Almeida and Fófano (2016), communication with the family is very relevant. They consider their insertion in health care, recognizing the uniqueness of family members, valuing their lines, talking to them respectfully and objectively, establishing a link that recognizes their anguish and clarify their questions. The patient and family centered care model is a therapeutic alliance between health professionals, the family and the patient. It provides benefits, such as reducing hospitalization time (Beheshtipoor *et al.*, 2013). In this context, it is understood that the assistance of the multiprofessional team to critical patients should be based on scientific evidence, in which the positive evolution of patients comes from this continued assistance, where the professional must have a vast knowledge of the fundamentals of assistance and distinguishing the specific physiological tolerance of each patient (Nóbrega, 2014).

The proper execution of health team actions within the ICU is indispensable for the effectiveness of quality in patient care and their families, as professionals daily face the numerous needs associated with the difficulty of the practical assistance to be performed, the impositions and requirements of patients, family members, medical area, institution, among others (Sarmiento, 2014). Study developed by Silva *et al.* (2021, p. 34) points out that "health services today have a diverse set of professionals able to offer quality care. The articulation of these care in multiprofessional teams systematizes work, improves results and reduces costs". Clarifying each professional's role and communication capacity with colleagues are key factors for the gradual and secure introduction of multidisciplinary activities. The interest in developing work through multidisciplinary teams in hospitals, especially in ICUs, has grown year by year. Despite the challenges, multidisciplinary acting in the health sector is a promising and irreversible form of treatment (Silva *et al.*, 2021). Effective communication in the ICU multidisciplinary team environment is essential, as professionals use the team's variability to monitor and follow up on the care provided. Furthermore, dialogue between teams allows the exchange of information, facilitates effective communication and thus provides support regarding patient safety. However, this stage still presents weaknesses that must be overcome to ensure patient safety (Alves *et al.*, 2020; Noleto; Campos, 2020).

Complementing the above, Mello *et al.* (2021) states that since it is common for the patient, during their period of hospitalization, to be attended by different professional categories and in different sectors of the same institution, the conduct and information must be very cohesive and clear so that there is a greater probability of ensuring linearity in care, guaranteeing patient safety throughout the care process. Another study demonstrated cooperation between the multidisciplinary team within the ICU through an open channel for communication. That said, it is pertinent that there is greater interaction between care professionals, coordination and hospital management so that improvement and improvement strategies can be thought of, with the progress of permanent and continuing education, in addition to carrying out new studies on the subject, seeking obtaining increasingly safe and quality assistance (Campos *et al.*, 2023).

### CONTRIBUTION TO KNOWLEDGE

The results of this study show that regarding the multidisciplinary team, formed by different categories, the scientific knowledge and know-how of each component complements the performance of the whole, as it is important to realize that without working together as a team, the proper functioning of the assistance provided is compromised. In addition to the expertise of each

professional, effective communication between all its members is essential to achieve the main objective, which is to provide the best possible assistance to the patients under their care.

## CONCLUSION

It was concluded that the assistance of the multiprofessional team to critical patients in the Intensive Care Unit is very important and essential. It was observed the need that professionals perform an ethical, holistic care practice, aiming at physical, biological care, psychological and social, promoting adequate and qualified assistance, based on scientific evidence, and should seek to acquire competences and current skills consistent with the needs that multiprofessional assistance in the ICU requires, in order to ensure both worker and patient safety. Moreover, to produce quality care, the professional should consider all the needs of patients, also implying the expectations of family members and their care, establishing a bond between them, in line with the principles of humanization, preserving life in their different expressions.

## Conflict Of Interest

As the authors of this manuscript, we certify that we have no affiliations with or involvement in any organization or entity with any financial or non-financial interest in the subject matter or materials discussed in the manuscript.

## Competing Interests

None: There is no competing interests.

## Ethics Committee

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