



THE PROCESS OF WORK OF NURSING CARE TEAM CONTINUED INTEGRATED O PROCESSO DE TRABALHO DA EQUIPE DE ENFERMAGEM EM CUIDADOS CONTINUADOS INTEGRADOS

EL PROCESO DE TRABAJO DEL EQUIPO DE EMFERMERÍA EN CUIDADOS CONTINUADOS INTEGRADOS

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ABSTRACT

Objective: to describe the nursing work process in the continuum of care in the evaluation of the nursing team. **Method:** a descriptive, exploratory study with a quantitative approach. Data were collected through semi-structured interviews with the participation of 17 professionals of the nursing staff who worked in Integrated Continuous Care (ICC). They were entered into spreadsheets Windows Excel® program, analyzed and discussed from the absolute frequencies. **Results:** most of the nursing team differentiates the ICC sector from other hospital sectors, believing that stimulates the individual's self-care and understanding the importance of accompanying the rehabilitation process. **Conclusion:** much of the nursing staff is in line with the proposed by the ICC to centralize their actions in self-care and insert accompanying the production of health. There miscommunication directed nursing, both inter and multidisciplinary, and the little inclusion of this therapy in the full customer support. **Descriptors:** Health Personnel; Secondary Care; Aged.

RESUMO

Objetivo: descrever o processo de trabalho da enfermagem em cuidados continuados na avaliação da equipe de enfermagem. **Método:** estudo descritivo, exploratório, com abordagem quantitativa. Os dados foram coletados por meio de entrevista semiestruturada com a participação de 17 profissionais da equipe de enfermagem que atuavam em Cuidados Continuados Integrados (CCI). Os dados foram inseridos em planilhas do Programa Windows Excel®, analisados e discutidos a partir das frequências absolutas. **Resultados:** a maior parte da equipe de enfermagem diferencia o setor de CCI dos demais setores hospitalares, acredita que estimula o autocuidado do indivíduo e compreende a importância dos acompanhantes no processo reabilitador. **Conclusão:** grande parte da equipe de enfermagem está de acordo com o proposto pelos CCI por centralizar suas ações no autocuidado e inserir o acompanhante na produção de saúde. Existem falhas na comunicação direcionadas à enfermagem, tanto inter como multiprofissional, além de pouca inclusão desta na terapêutica da assistência integral ao cliente. **Descritores:** Pessoal de Saúde; Atenção Secundária à Saúde; Idoso.

RESUMEN

Objetivo: describir el proceso de trabajo de la enfermería en cuidados continuados en la evaluación del equipo de enfermería. **Método:** estudio descriptivo, exploratorio, con enfoque cuantitativo. Los datos fueron recogidos por medio de entrevista semi-estructurada con la participación de 17 profesionales del equipo de enfermería que actuaban en Cuidados Continuados Integrados (CCI). Los datos fueron inseridos en planillas del Programa Windows Excel®, analizados y discutidos a partir de las frecuencias absolutas. **Resultados:** la mayor parte del equipo de enfermería diferencia el sector de CCI de los demás sectores hospitalares, acredita que estimula el autocuidado del individuo y comprenden la importancia de los acompañantes en el proceso reabilitador. **Conclusión:** grande parte del equipo de enfermería está de acuerdo con lo propuesto por los CCI por centralizar sus acciones en el autocuidado e inserir el acompañante en la producción de salud. Existen fallas en la comunicación dirigidos a enfermería, tanto inter como multiprofesional, además de poca inclusión de esta en la terapéutica en la asistencia integral al cliente. **Descriptor:** Personal de Salud; Atención Secundaria de Salud; Anciano.

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INTRODUCTION

The demographic transition in the global scenario, characterized by the decline in mortality and fertility rates can be understood, among other factors, as the result of the reduction of the occurrence of infectious and parasitic diseases and increased chronic diseases, which consequently increase longevity.¹

With the increasing number of elderly people and the increasing proportion of this age group compared to the others, there is a concern about the competence of the societies to respond to this new challenge caused by this demographic change.² For this new Brazilian epidemiological reality, it is necessary to innovate in health care, with new models that meet the elderly in a more direct way.³

In this context of population aging, some European countries such as Portugal and Spain, especially the Spanish region of Catalonia, proposed in the health sector a differentiated attention because the situations of chronic diseases and their disability have not been more answered effectively by traditional care health. In this new health care model, attention care is between the intermediate level and the home, called Continuing Care.⁴

By also needing to meet the new social and health needs due to the increase in its elderly and individuals with loss of partial autonomy or complete due to spinal cord trauma or sequelae of chronic degenerative diseases, Brazil in 2012, implemented the CCI, yet as the project of a new attention to health of the Brazilian system which are located in four Brazilian states, which were: Mato Grosso do Sul, São Paulo (Franca), Paraná and Piauí. It should be noted that currently, São Paulo (Franca) and Mato Grosso do Sul (Campo Grande) are managing to leverage successfully this great challenge that is the ICC.⁵

The concept of Continuing Care has several classifications according to each country and according to the international scientific literature. One of the most used is the concept of “integrated care”, which is intended to collect specimens and multiple experiences in the same way that “*cuidados continuados integrados*” in Portugal, “*atención sócio sanitária*” in Spain, “*shared care*” and “*joint care*” in the UK, “*vernetzung*” in

Germany, “*transmuralezorg*” in the Netherlands, “*soins médico sociaux*” in France and “*managed care*” or “*transitional care*” in the United States, for example.⁵

When Portugal adhere to the Continuous Care (ICC) in 2006, it brought this new form of care as a definition of:

The sequential set of health interventions and or social support, arising from joint assessment focused on global recovery understood as the therapeutic process and social support, active and continued to promote the autonomy improving the person's functionality in situations of dependency, through their rehabilitation, re-adaptation and social and family reintegration.^{6 3857}

In line with the above definition, the Unified Health System (SUS) of Brazil also aims at people in their rehabilitation process by promoting the development of their adaptive abilities, skills, personal resources, promoting them in their autonomy or part of them. For this to occur, it is necessary assessment and monitoring of a multidisciplinary team of doctors, physiotherapists, psychologists, occupational therapists, speech therapists, social workers, nurses, nutritionists and others, with the inclusion of the social network of this individual.⁷

When considering the need for multi-professional team, the importance of interdisciplinary has to be considered, thereby obtaining a complementary knowledge in this new challenge related to the biopsychosocial aspects of the individual.⁸

The nursing over the years has undergone changes in their working process due to a resulting technical-scientific evolution of social, cultural, demographic and epidemiological changes to adapt to perform their skills properly.⁸ Because of the basis of the work be nursing care, self-care is to collaborate in this new rehabilitation process of the individual, against the proposed by SUS and ICC.⁹

When considering the ICC sector a new physical environment for care, it is necessary to verify whether it corresponds with the nursing work context as well as understanding the work process of the nursing team.

OBJECTIVE

- To describe the nursing work process in continue care in the evaluation of the nursing team.

METHOD

Article elaborated from the work of completing the course of Multidisciplinary Residency << The process of the nursing team working in integrated continuous care >> presented to the Multidisciplinary Residency Program in Continuous Care of the Federal University of Mato Grosso do Sul / UFMS. Campo Grande-MS, Brazil. 2015.

Descriptive and exploratory study with a quantitative approach. The research was conducted in an ICC sector of a general philanthropic hospital of the medium complexity of the city of Campo Grande, the capital of Mato Grosso do Sul. This service provides care in medical and surgical specialties and currently has 20 beds for hospital and 12 beds for the ICC.

This scenario was chosen by addressing a new concept of care, focused on self-care and autonomy of individuals to their activities of daily living (ADLs), as well as the inclusion of caregivers/family members in the rehabilitation in nursing, which inserts them into their work process through health education.

The participants of the research were members of the nursing staff (nurses and nursing technicians) inserted into the ICC context, who answered a semi-structured questionnaire containing seven questions for nurses and 10 for the nursing technicians. After completing the questionnaire, the data collected were entered into spreadsheets Windows Excel® program, analyzed and discussed from the obtained absolute frequencies.

The final sample consisted of 10 nursing technicians and seven nurses who worked directly or indirectly in ICC, for a total of 17 subjects. Data collection was conducted from May to July 2015 after approval of the research protocol by the Research Ethics Committee (CEP) and sign the Informed Consent Form (TCLE).

It was decided to use codes in sentences constructed by them, designated by the code “N” for nurses and “NT” for the nursing technician, followed by numbering to identify the different professionals to maintain the anonymity of the participants.

The study was approved by the Ethics Committee on Human Research of the Federal University of Mato Grosso do Sul (UFMS) in its ethical and methodological aspects under CAAE 44288815.6.0000.0021 and assent of the Protocol 033513/2015.

RESULTS

Because of the ICC sector is a new work environment, it was questioned by the nursing staff if it was possible to distinguish it from other sectors when only two (11.7%) professionals reported no difference. However, most of them (88.3%) distinguished it by the presence of the multidisciplinary health team with a focus on rehabilitation actions and the presence of family/caregiver in the rehabilitation process. The statements of nursing professionals below illustrate the results mentioned above.

Yes, because of the possibility of rehabilitation of patients and also for the work of the multidisciplinary team, indispensable for recovery of patients. (N1)

Yes, it is a sector that rehabilitates, teaches and helps patients to live with their limitations. (NT1)

Yes, there is more interaction between caregiver and family, has a whole differential by the health team accompanying the patient. (NT2)

No, because the care is all the same. (NT3)

As the caregiver, only 1 (5.9%) nursing technician considered important their presence due to this being unable to cooperate in the care of individuals, be very demanding about the work process of the nursing team and bring emotional stress to professionals.

As for the other professionals who consider important the presence of caregivers reported their importance because this brings emotional support to the individual, as well as assist in their physical rehabilitation and post-discharge to be able to take the necessary care, as answers below:

When the patient goes home, the caregiver knows how to handle care. (NT4)

The family involvement throughout the therapeutic process in which the patient is inserted will provide a good emotional structure; the patient feels valued and confident of his recovery when he feels the affection of family participation. (N1)

For the proposal of the ICC is also guide and train the caregiver for post-discharge care. (N2)

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About the individual rehabilitation, 16 (94.1%) professionals were considered facilitators in this process by stimulating self-care, followed by nursing care and believe in the potential of this individual in recovery.

Yes, through the patient's encouragement and guidance to caregivers for the promotion of autonomy. (N2)

Yes, through guidance, encouragement, qualified listening, maintain a relationship of respect and trust. (N3)

Yes, stimulating self-care through encouraging dialogue highlighting the capability and potential of each, leaving aside the limitations and promoting the role of the subject. (N4)

Yes, we teach patients procedures that they have to perform, informing about the importance of good hygiene, beware of contamination, etc. (NT1)

Only one nurse was not considered facilitator to perform only the supervision CCI.

No, because I do not consider that effectively participate in the ICC process to be in another sector. (N5)

The professional practice in ICC for all nurses in the research is focused on self-care and educational actions, when they prioritized the teaching/stimulate the individual in their ADLs (sanitize, dress, feed). Five (71.4%) of the seven nurses cited continuing education actions referenced to empower the nursing technicians to the correct execution of nursing care (administration of medication, oral hygiene and body and food). However, two nurses showed a contradiction to answer that in addition to stimulating the individual in their ADLs, they should also instruct the nursing technicians to perform all the care, even when they might encourage them to do it.

As for the professional practice of nursing technicians, all (n=10) stated the priority in fulfilling technical activities related to the process of care, administering medication as prescribed time, sanitize and food, followed by stimulation of shares to ADL. Three (30%) also reported that assume all patient care without stimulating self-care and possible participations and/or decisions.

Regarding the integration of the nursing staff with the multidisciplinary team, four of the seven nurses (57%) were considered members, mainly by: acting with the multi-residence developing an integrated work (14%); They are leaders of the nursing staff

(29%); and articulating the individual therapy (14%), as noted in the following responses:

No doubt. The nurse takes a leadership role on the team (...). (N4)

Yes, I am part of the multi-residence and I am in the ICC activities. (N6)

Yes. For articular therapy in multidisciplinary team discussions both in relation to time spent on intervention measures. (N2)

Two professionals (29%) showed how difficult the lack of active communication and poor interprofessional interaction. One of them justified their non-inclusion in the multi-professional team to perform only supervision.

In part, there is no active communication or interaction among nurses. (N3)

No, because I am involved in another sector, where rehabilitation is not as intense at the ICC. (N5)

Among the nursing technicians, 5 (50%) were considered members of the multidisciplinary team. Of them, three are perceived as members only due to their work process, focused on general nursing. Others see themselves as members of the importance of their role in communication and interaction with different professionals, as a complementary form of assistance to the individual.

Yes, because we are technicians we do care, administer medication and spent more time with the patient. (NT1)

Yes, because I am part of patient care (...) (NT5)

Yes, because it has communication between the teams. (NT2)

Three nursing technicians responded that "sometimes" they are perceived as team members since most members of the multidisciplinary team expected of them only the technical care, which makes them feel worthless.

Just be recognized as executor techniques. (NT4)

Sometimes because they give almost no importance to us (...). They only see us as technical work, not as a team. (NT6)

Sometimes. The multidisciplinary teams work "during the day" and my period is the night, but I follow the evolution of the patient. (NT7)

Regarding the pre-discharge sent by the discharge management staff of the hospital of high complexity, 6 (35.2%) of nursing professionals reported that they are

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informed, and 5 (25.4%) only “sometimes” they are informed by the multidisciplinary team that meets in ICC.

As for the individual accepted for admission, which is conducted by the nurse, doctor and social worker in the ICC sector, 9 (52.9%) of the 17 staff members reported that are not informed and 1 (5.8%) said that “sometimes” receives such information.

Regarding the participation of nursing technicians in hosting conducted by multidisciplinary team to the individual as soon as it is admitted to the ICC sector, all stated that did not participate due to various causes, such as lack of invitation from the multidisciplinary team (40%), to work at night (20%) and lack of time (40%).

Regarding Singular Therapeutic Project (PTS), all nursing technicians did not participate, and 8 (80%) professionals reported ignore it, and 2 (20%) said they did not realize for working at night.

I do not know what it is. (NT2)

No, I was never informed of the project. (NT1)

What is it? I do not even know what this is! They did not tell me what it is. (NT6)

When the nursing technicians were asked about receiving discharge information of the individual, four (40%) said “yes,” by the nursing staff on duty or by the information wall of the sector. Other 4 (40%) said “no”; and 2 (20%) said that “sometimes” are informed by seeking this information in the information wall of the sector or the caregiver.

Of course not, often we only know on the day. (NT6)

Never, we only know the day or if the patient speaks which is always the day before. (NT8)

I know by the wall of information. (NT1)

By caregivers sometimes. (NT5)

Yes, the previous team and the information wall. (NT9)

DISCUSSION

For the individual with potential rehabilitation process to be admitted to ICC, it is necessary for the High Management Team (EGA) formed by the doctor, nurse, and social worker acute care service or complex signals the need for the sector team of ICC.⁴

Such communication is made between the teams through a form called pre-discharge, which is filled by the EGA and contains all the relevant information and

the individual case. After performing these steps, the patient is then admitted to the ICC sector.⁴

However, this study shows that a small portion of the nursing team is communicated both on the pre-discharge as the acceptance of the individual in the ICC unit. The same happens with the forecast discharge situation. Thus, it is evident the lack of communication between health professionals.

It is necessary that the multidisciplinary team exchange and share information with the nursing staff establish a constructive participation in the therapeutic process and enable the subject's manifestation of his protagonist capacity.¹⁰

As for the ICC sector, only two (11.7%) nurses reported no difference to this other hospital sectors. However, these are still focused on conventional models of care that are conspicuous by their curative, expert assistance, fragmented and individual.¹¹ It is noteworthy that one of the biggest risks to the hospitalized individual is fragmented care.¹² However, the assistance provided in the ICC unit are offered by multidisciplinary teams in medicine, nursing, physiotherapy, occupational therapy, psychology and social work, and It aims rehabilitation and family reintegration.⁶

Much ICC work is carried out with full individual rehabilitation purposes with transient loss of potentially recoverable autonomy and participation and co-responsibility of family and primary care providers in the provision of care, which was appointed by the majority of the nursing team.¹³

Regarding the caregiver, in this study understood by the nursing staff as the link to be strengthened in the care of the hospitalized individual, their inclusion, and involvement in the therapeutic process involve reorganizing work and understanding of the dynamics of interpersonal relationships between the agents involved in the care. Therefore, to ensure comprehensive care, there is a need to bond, trust and accountability, with a look and act extended family.¹⁰

The way the nursing staff perceives the presence of family/caregiver can determine its position that coexistence and ensure the quality of care. In the hospital situation, the nursing staff can share the design of

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reciprocal care when part of family in the actions of care and decisions about it.¹⁴

This integration must be accompanied by cooperation and partnership. However, many professionals tend to turn the right of family duty to keep the individual and provide care, when the family is perceived as a job agent, which in reality they compete to service professionals.¹⁰

However, for this participation becomes effective, it is necessary to implement the caregiver a systematic and participatory educational practice during the individual period of hospitalization as the most critical and inquisitive companion can come to bring an emotional tension the nursing staff,¹⁵ so, dialogue becomes an important tool for the trust between the nursing team and the family.¹³

A study of caregivers of brain post-stroke individuals brought the importance of the nursing team to introduce the caregiver to patient care for post-discharge receive "appropriate care" and not intuitive offered by the caregiver.¹⁶

Another study found the unpreparedness of caregivers in the discharge of their family members followed by anxieties and fears of these caregivers by having to deal with unplanned and/or prepared care.¹⁷ Thus, the nurse has an important role in care provision at the time that the caregiver/family shows knowledge deficits that may compromise the dependent family care.⁹

As for the rehabilitation process of the individual, most of the nursing staff of this study identified as a facilitator by encouraging self-care. Rehab is one of the many nursing roles, which seeks the individual independence for the realization of self-care. The ability to realize it is often the key to independence, to return home and community life.¹⁸

Self-care was also one of the centralized activities of the nursing team working in ICC, as nursing has as one of its models of Orem Theory work process, which was developed in the 1950s by Dorothea Orem and brings nursing care that promotes, recovers and rehabilitates social autonomy of the individual and thus his health.⁹ Every time seeking the independence of the individual in relation to the physical limits imposed by cognitive and behavioral impairment,¹⁹ however, three nursing technicians of this research reported that

assume all care to the individual, not to increase their self-care. This indicates that these professionals focus their actions on a technicality, because their actions are aimed at the technical actions to administer medication as prescribed time, and sanitize food and other care.

Such behavior set up a working process procedure-centered¹⁰, regardless of what is proposed by the National Humanization Policy (PNH)²⁰, which calls for autonomy and the role of the subjects and the responsibility between them and his proposal for ICC, by promoting the individual functional independence or part of it and his autonomy.

This misperception may be explained by the fact that two nurses of the research have contradicted the answer that in addition to stimulating the individual in their ADLs, they should also enable nursing technicians to perform all the care of individuals, including one that could be encouraged to perform.

The nurse assuming the leadership of nursing care can influence his team and direct the care that will be made to the individual.²¹ Thus, for effective leadership, it is necessary for the leader to have clarity of the situation he wants to influence.²²

Besides the importance of the nursing staff be with a proper interaction for better rehabilitation of the individual, it is also essential that the health work is carried out with multidisciplinary and interdisciplinary approach, because the field of occupational health requires a broad and comprehensive look, which consider the different social contexts and realize the complex network of relationships that is established in labor activity.²³ This study revealed the interaction between the multidisciplinary team and nursing.

From the responses of nurses, the minority is perceived as partly inserted due to lack of communication, which consists of an indispensable tool for an integrated work when sharing the intersubjective understandings in/and the communication process can (and should) serve as praxis of horizons in health.²⁴⁻²⁵

Another nurse reported that he did not realize the integrated multidisciplinary team due to supervise nursing. However, there should be no dichotomy between care and management in nursing work, with the need to overcome this separation.

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Currently, it is expected that the supervision is done in a participatory manner, with a focus on improving care and labor relationships of the nursing team.²⁶⁻⁷

Most of the study nurses considered having interaction with the multidisciplinary team due to their work process, which was also mentioned in a given study of health professionals in a palliative care ward which showed good interaction between the different professions due to procedures technicians are well established compared to personal relationships.²⁴

Regarding nursing technicians of this study was perceived differences, because some of these professionals have pointed out that there is due interaction care in performing individual. The others no longer have the same vision when some of them feel devalued because of the multidisciplinary team expect from them only the implementation of the technical procedures.

The technicalities characteristic of nursing is due to the biomedical model, strongly found in health care, with great influence on the profession actions. Understanding care in its entirety becomes more complex when reduced only to the use of techniques that aim only biological and curative care through nursing procedures.⁴ The multidisciplinary team needs to value the nursing staff, integrate them not only by technical procedures but expand the dialogue with them, promoting their independence and enhance the shared care management.

A study of health workers of a psychiatric institution showed that for this nursing is a profession that involves a lot of responsibility and perceive it as a member of the multidisciplinary team. It also reported that the nursing staff is essential, as is staying longer and closer to the individual, and provide conditions to observe the behavioral manifestations, to collaborate with the team in the diagnosis and PTS of the establishment.¹⁰

When considering the reception and PTS, there are inserted in the context of PNH it has been raised about these if nursing staff are also part of these two processes as important and which occur in the ICC sector.

The hosting, which is one of the PNH tools, involves observing and listening attentively to be able to understand the

various demands.¹¹ As a guiding concept of PNH, this principle can be understood as facing a reflection of health practices; it recognizes the other in their differences from an accountability commitment in the therapeutic encounter.¹² The host should result in relationships in the care process and start at admission.²⁸

By understanding this need in the health services, the multidisciplinary team of ICC enables the initial reception to the individual and family as soon as they are admitted in this sector to the completeness of these actors in the production of health. However, as evidenced by the reports of nursing technicians of this study, they do not perform this initial reception, which is partly due to the dynamics of the work due to lack of time, occupied almost entirely by technicalities process of these professionals.

The numerous technical and bureaucratic activities often hinder the approach to a dimension of care that favors greater bonding and integration with the individual as well as their approach when it requires comfort and care, hospitalization and physical and emotional fragility;²⁹ Also there are the technical activities, the amount of available nursing staff, which in most cases is far from the ideal of recommended personal sizing calculation in the literature⁴ harming nursing participation in the initial reception.

Another report of these professionals for not performing the host is the lack of invitation by the multidisciplinary team when the integration of health professionals is necessary for comprehensive care and cover so consequently the health, labor and the family of the affected individual.¹⁰

In all health care levels, there is the need for interdisciplinary work, since it is precisely from such work that aims to achieve an integral approach to the phenomena that influence the health of the individual.¹⁴

As for the PTS, the multidisciplinary team working on ICC advocates the integration of patient care through interventions together. For such intervention team builds the PTS, which is the set of objectives to be achieved to identified needs and interventions resulting, to global recovery or maintenance, both in the clinical and social individual. Therefore, the PTS incorporates interdisciplinary concept that is brought by various specialties and professions.^{21,30}

In this study, all the technicians did not participate in the PTS, when eight (80%) reported to unknow it. Therefore, it is reaffirmed that these professionals need to be valued and included in their work context and assessed their level of effective participation and satisfaction.

For a given psychiatric institution, the nursing staff by being the closest to the individual, it contributes the PTS planning to with other health professionals.²¹ As in mental health care, the rehabilitation process also needs to hold a space where there is exchange of knowledge and practices truly to ensure the uniqueness of the individual and complexity of care.¹⁰

CONCLUSION

It was shown that most of the nursing staff of this study comprises their work process in different ways for meeting a new proposal for health care, which focuses on rehabilitation, and family reintegration, against proposed by the PNH and the concept of ICC, which bring as emphasis on autonomy and uniqueness of the individual and the presence of the social network of this to produce an adequate health and quality. However, there is still to be overcome the technicalities characteristic that nursing brings due to the model's heritage biomedical since this feature in this study is most evident by the failure of communication among both inter- and multidisciplinary. This condition will only be overcome when there is enlargement of the dialogue, communication and the appreciation of the nursing staff through continuing education, qualified listening and exchange of knowledge.

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