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ORIGINAL ARTICLE

TEAMWORK: IN SEARCH OF QUALIFIED CARE FOR THE OBESE TRABALHO EM EQUIPE: EM BUSCA DE UM CUIDADO QUALIFICADO AO OBESO TRABAJO EN EQUIPO: EN BUSCA DE UNA ATENCIÓN CALIFICADA A LOS OBESOS

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ABSTRACT

Objective: to discuss the role of the multiprofessional team in the outpatient treatment of patients with grade III obesity and the insertion of the nurse in this team. **Method:** a qualitative study, a case study, developed at the Obesity Reference Center, Rio de Janeiro, Brazil. A Focal Group (FG) was carried out with the professionals of the multiprofessional team of the center. **Results:** two categories emerged from the thematic analysis of FG data, one of which is related to multiprofessional team work and the role of the nurse, named "Teamwork: in search of qualified care". **Conclusion:** with this study it was possible to identify evidence on the need of the multiprofessional team in the treatment of grade III obese patients, since obesity is a multifactorial disease, requiring several looks for a qualified care to this public. **Descriptors:** Obesity; Nursing; Health Promotion.

RESUMO

Objetivo: discutir o papel da equipe multiprofissional no tratamento ambulatorial de pacientes com obesidade grau III e a inserção do enfermeiro nessa equipe. **Método:** estudo de abordagem qualitativa, do tipo estudo de caso, desenvolvido no Centro de Referência em Obesidade, do Rio de Janeiro (RJ), Brasil. Realizou-se Grupo Focal (GF) com os profissionais da equipe multiprofissional do referido centro. **Resultados:** da análise temática dos dados do GF emergiram duas categorias, sendo uma referente ao trabalho em equipe multiprofissional e o papel do enfermeiro nomeada como "Trabalho em equipe: em busca de um cuidado qualificado". **Conclusão:** com este estudo foi possível identificar evidências sobre a necessidade da equipe multiprofissional no tratamento de obesos grau III, visto que a obesidade é uma doença multifatorial, necessitando de diversos olhares para um atendimento qualificado a esse público. **Descritores:** Obesidade; Enfermagem; Promoção da Saúde.

RESUMEN

Objetivo: discutir el papel del equipo multidisciplinario en el tratamiento ambulatorio de pacientes con obesidad grado III y la inserción del enfermero en este equipo. **Método:** estudio de abordaje cualitativo, de tipo estudio de caso, desarrollado en el Centro de Referencia en Obesidad, del Rio de Janeiro (RJ), Brasil. Llevó a cabo Grupo Focal (GF) con los profesionales del equipo multidisciplinario del referido centro. **Resultados:** del análisis temático de los datos del GF emergieron dos categorías, una para el trabajo en equipo multidisciplinario y el papel del enfermero como "trabajo en equipo: en busca de una atención cualificada". **Conclusión:** con este estudio fue posible identificar evidencia sobre la necesidad del equipo multidisciplinario en el tratamiento de la obesidad grado III, ya que la obesidad es una enfermedad multifactorial, que requiere diferentes miradas para un atendimento calificado a este público. **Descriptor:** Obesidad; Enfermería; Promoción de la Salud.

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INTRODUCTION

The World Health Organization (WHO) states that obesity can be understood as a multifactorial condition resulting from a positive energy balance that favors the accumulation of fat, associated with health risks due to its relation with metabolic complications, such as increased blood pressure, blood cholesterol and triglyceride levels, and insulin resistance.¹

Obesity is a chronic, non-transmissible disease of multifactorial origin, which affects the quality of life of individuals in the biopsychosocial scope, besides being one of the most important risk factors for the involvement of other non-transmissible diseases.

The Body Mass Index (BMI) is the most widely used criterion used to evaluate obesity in clinical practice and at the population level, with the following classification: individuals with BMI above 30 kg/m² - obesity; values between 30 and 34.9 kg/m² - grade I obesity; between 35 and 39.9 kg/m² - grade II obesity and over 40 kg/m² - grade III obesity or morbid obesity.¹

In the world today, more than 2.1 billion people are overweight or obese, representing 30% of the world's population. From 1980 to 2013, obesity and overweight combined increased 27.5% among adults and 47.1% among children.² In Brazil, we are experiencing an epidemic emergency of overweight people and, particularly, of obesity as an event of greater epidemiological visibility related to the behavior of morbidity and mortality.³

The national indexes for obesity are alarming. Data from the survey on Surveillance of Risk Factors and Protection for Chronic Diseases by Telephone Survey (VIGITEL), highlight an increase in the levels of overweight and obesity, totaling,

respectively, 52, 5% and 17.9% of the Brazilian population.⁴

The rate of overweight, when started monitoring by VIGITEL, nine years ago, was 43% and obesity, 11.4%. This rampant growth worries us because overweight and obesity are risk factors for other chronic diseases, which account for 72% of deaths in Brazil.²

The prevention and early diagnosis of obesity are important aspects for health promotion and reduction of morbidity and mortality, not only because it is an important risk factor for other diseases, but also because it interferes with the duration and quality of life, and also has direct implications in the social acceptance of individuals when excluded from the aesthetics spread by contemporary society.³

Modifying attitudes and behaviors, especially with regard to lifestyles, is a complex and time-consuming process, and an integrated approach that affects the various dimensions of the causes of the problem in order to intervene is fundamental.⁵

In this sense, teamwork becomes essential to help minimize the damage to the health of these patients and to initiate a lifestyle change process, which needs to be long lasting, since obesity is a chronic disease.

In view of this scenario of overweight and obesity, the Municipal Health Secretariat of Rio de Janeiro (MHSRJ), with the technical support of the Annes Dias Nutrition Institute (ADNI), in a pioneering initiative, implemented, in July 2011, the Obesity Reference Center (ORC) articulated the family health strategy, which through a multiprofessional team (physical educator, nurse, endocrinologist, nutritionist and psychologist), offers outpatient clinical treatment for users with grade III obesity.

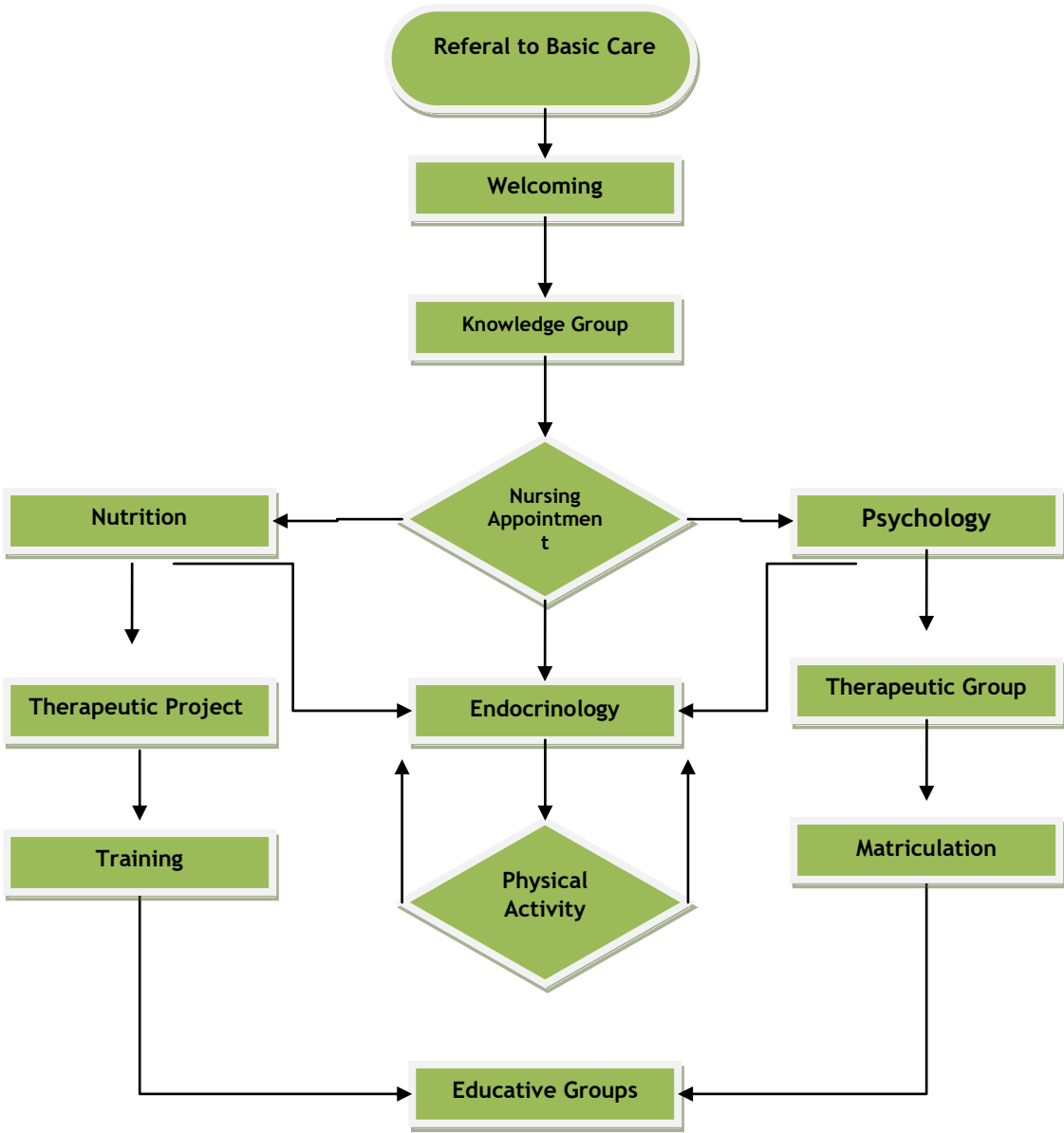


Figure 1. Follow-up flowchart in the ORC. Rio de Janeiro (RJ), Brazil, 2016.

The ORCs perform the clinical treatment of obesity, with the objective of rehabilitation, prevention and promotion of obesity, aiming at improving the quality of life, acting in the physical, psychic and socialization aspects. The individual or interconsult consultations and the groups, aim at the integral care of the patients, with a view to a unique therapeutic project, promoting the reception and establishing a bond by active listening, seeking to motivate them to initiate and adhere to this treatment, which has a high rate of abandonment. Thus, the professionals included in this service are committed to offer a treatment of excellence for these patients, seeking to meet, fully and with quality, the demands of the obese patient.

OBJECTIVE

- To discuss the role of the multiprofessional team in the outpatient treatment of patients with grade III obesity and the insertion of the nurse in this team.

METHOD

Article elaborated from the research project << Nursing performance in a

multidisciplinary team in the care of obese patients in grade III: a protocol proposal >>, developed in the Professional Master's Program in Assistential Nursing, Federal Fluminense University / UFF.

A qualitative study, a case study, developed at a reference center for obesity in the city of Rio de Janeiro, Brazil, from March 2014 to July 2015. A Focus Group was held with the professionals of the multiprofessional team of the said center. The speeches of the participants of the FG, that were transcribed in full and, later, submitted to the Technique of Content Analysis, in the modality of Thematic Analysis.

After analysis, two thematic categories emerged, from the data, with their subcategories, one referring to the multiprofessional teamwork and the role of the nurse in this team "Teamwork: in search of qualified care".

Category	Subcategories
Teamwork: in search of qualified care	- Looking for interdisciplinarity - The Nurse as an articulator - Differentiated care

Figure 2. Category and Subcategories. Rio de Janeiro (RJ), Brazil, 2016.

The research follows that recommended in Resolution 466, of December 12th 2012, of the National Health Council (NHC), which regulates research involving human beings.⁶ The project was submitted to the Ethics and Research Committee of the Antônio Pedro University Hospital, Federal Fluminense University, by the Brazilian Platform, under the CAAE nº 31288214.6.0000.5243, and approved by the Opinion nº 691.926. It is noteworthy that all the participants signed the free informed consent term and had their identities preserved by replacing their names with Brazilian cities.

RESULTS AND DISCUSSION

◆ Teamwork: seeking qualified care

Because it deals with a chronic disease determined by several factors, environmental, genetic and psychosocial, the treatment of the obese client has a high probability of failure, if done by only one professional, be it of any specialty, being fundamental the support of a multi-professional team.

As obesity is a chronic disease of multi-factorial etiology, its treatment involves several types of approaches, such as: dietary orientation, physical activity scheduling and anti-obesity drug use, which are the most recommended.⁷

The main triad of clinical treatment for the obese consists of support for lifestyle change, diet to cause caloric deficit and stimulation to routine physical activity, whose objectives should be feasible, while respecting the limits of the patient.⁸

The interdisciplinary approach to obesity is considered necessary because of the complexity of the alterations found, being the use of group and/or individual psychotherapeutic treatment and medication may be necessary.⁹ Thus, we see the need, not only of a multiprofessional team, but These professionals are qualified with an integrated practice and speech focused on the obese grade III. In this sense, as a member of the team, it is incumbent on the nurse to provide nursing consultation, with health guidelines, anthropometric data monitoring and request for complementary tests to evaluate the cases of risks and, when necessary, refer them to a specialized professional.¹⁰

◆ Seeking interdisciplinarity

The ORC arose from a collective construction and the professionals seek teamwork in order to qualify the care to obese clients who, at times, arrive discouraged to this new treatment. The speeches of the team professionals define a multiprofessional team.

For me it's a team made up of professionals from different categories. (Rio de Janeiro)
The concept of multi to me is this. (Muniz Freire)

Thus, the ORC team, being composed of several categories, can be defined as a multiprofessional team, however, due to the multi-factoriness of obesity, a qualified team with speech is needed, in order to provide the best possible treatment to each client. This work is evidenced in the speech of ORC professionals, who seek not to be just a team with professionals from different specialties. So that the results are favorable, the involvement of a multiprofessional team is extremely important.¹¹

Teamwork, with a view to interdisciplinarity, represents a challenge for health professionals "insofar as it implies a transforming character in health practices, making them more effective, resolute and integrated".¹²

In the multi team everyone is important, even more being a differentiated team, with inter, trans, know La. (Muniz Freire)
We are not a multi team only, I think we are inter (Niterói)

The need for multidisciplinary follow-up in all phases of the treatment of the grade III obese client is reinforced, both in order to optimize results, and to be able to search for more reliable predictive factors.¹³

But I do not think that this host has to be the exclusive role of the nurse. Other professionals can play, even if it is a team, right ?! (Muniz Freire)

The integration of the health team is essential for care and care to reach the breadth of the human being, transcending the notion of health concept.

Thus, health would not be the competence of a single professional, but an interdisciplinary practice in which professionals from different areas should join in health teams, having as common objectives to study somatic and psychosocial interactions to find suitable methods of integrative

practice, focusing on all aspects related to health and disease.¹⁴

In addition to individual consultations and groups, ORC professionals conduct interconsultation, which is an interdisciplinary and interdisciplinary health action that aims to integrate and promote the exchange of knowledge of different actors that work in health services, aimed at improving the care task. Interconsultation can be done through request for opinion, case discussion and joint consultation¹⁵, as they consider important for the construction of the therapeutic project and for the integral care of the patients.

Among primary care actions, treatment is carried out in a comprehensive manner, with the promotion and prevention of chronic noncommunicable diseases and a nutritional approach, aiming at achieving healthy eating and practicing physical activity.⁹

You can make a wider care, I think it is even better for the patient. We could do it more often. (Niterói)

He was very rich, we were able to see issues that we had not shown, which provided a better pro-patient behavior. (Muniz Freire)

All these therapeutic proposals for the treatment of clients served at the ORC emerged due to the difficulty of treating this specific public and with the purpose of providing a better quality of life to them.

The therapeutic proposal should focus on the obese subject and teamwork should be in search of shared care aimed at health promotion.

Several teams focused on the treatment of obesity, do not have nurses as a member. This can be an effect of the search for treatments based on specialties, especially, on the figure of the nutritionist and the endocrinologist.

In order to succeed in the care of obese patients, health education, which is seen as a resource for developing personal and social skills associated with the dissemination of information, as a lifelong action³, must be performed and shared by the multiprofessional team. And, this education should be based on affection, listening, persistence, affection, love, desire, in relationships, in touch, and especially, respect.

The environments for development of health education activities are varied, such as schools, homes, workplaces and in various community spaces, and actions should be carried out through educational, professional, commercial and voluntary organizations, and by government institutions.³

By integrating the ORC team and the need to develop a work, which is not yet

protocolized or planned by the management, as a member of a multi team, it was necessary to ally the professional competencies of nurses to establish a place with team members and especially, with patients.

♦ The nurse as an articulator

For other ORC professionals, the nurse plays an important and fundamental role in the articulation of teamwork and definition of the best therapy for clients. This is due to the relationship established with clients and other professionals, in addition to clinical management.

Based on their competencies (health care, decision making, leadership, among others), the nurse delegates and supervises the activities through the planning of actions.¹⁶

The first query gets very marked. The nurse has an important role in setting priorities! (Rio de Janeiro)

The nurse has an important role! In this team, is essential. It collects the information that is important for the nursing conducts, but also important for the definition of conduct of other professionals of the team essential role also in the sequence of the accompaniment. (Muniz Freire)

And the conduction and prioritization for the next consultations, directs according to the patient's real need, for Nutrition, Psychology. (Niterói)

Other authors also see as determinant the presence of the nurse in the multiprofessional team in the care of obese patients¹⁷⁻¹⁸, because nurses, with their competencies, among them, leadership, coordination of care, bonding with clients, clinical management and protagonism in the educational groups, becomes fundamental in the multi-team in the care of the obese.

The presence of the nurse is determinant as a member of the multiprofessional team.¹⁷ The nurses show the treatment based on therapeutic approaches for weight reduction, with consequent improvement of the associated co-morbidities and the quality of life of the patient, as the first choice to be made in standardization.¹⁸

She has a patient who arrives in subsequent consultations with weight loss of more than 10 kg, only with the orientations related to the lifestyle changes made by the nurse. (Rio de Janeiro)

The nurse is essential in the monitoring of these patients, in the case discussions at the meetings, BP measurement, Glycemia. Monitoring and request of laboratory tests. (Muniz Freire)

The nursing consultation guides the conducts, through anamnesis and physical

examination. From a careful evaluation, the necessary referrals are made to other specialties, as well as the clinical and laboratory follow-up of each patient.

Obesity is a complex disease, aggravated by comorbidities or related diseases that can affect various segments of the body and intensify the severity of this epidemic.¹⁹

Just, as the nurse and all the staff involved in treating the obese client in the ORC has a differentiated, welcoming and specialized look, which favors establishing a bond with clients.

Obesity causes the individual to live differently, because the obese body goes beyond physical limitations, difficulty in social living, mental health sickness, which leads the team to rethink, at each moment, their way of caring.

◆ Differentiated Care

ORC professionals identify that clients complain about prior treatment and/or care in health services. These, sometimes report, a lack of sensitivity of the professionals, besides disrespect and indifference, which sometimes leads to abandonment in the treatment and worsening of the clinical picture.

Several authors report the issue of unpreparedness and prejudice in the management of obesity. 80% of bariatric surgery patients reported having been treated disrespectfully by the multiprofessional team due to their weight, and another study^{13,20} states that the obese are targets of prejudice and important discriminations in industrialized countries. This can be observed in the most varied and mundane situations, such as television programs, magazines and jokes.

Many report that health professionals do not view obesity as a disease. They say the problem is the weight, but, they do not support it. (Rio de Janeiro)

This causes abandonment to the treatment of many. Health professionals need to be more welcoming and understand obesity as a disease. (Muniz Freire)

Customers differentiate the work done in the ORC and, according to the FG participants, this helps them in following the treatment and, above all, achieving the individual goals. Therefore, listening, welcoming, and sensitivity on the part of the professionals, favors the bond and, consequently, the production of care.

They identify the difference of the ORCs work to other treatments they have already done ... "they say the staff is careful, welcoming, they listen, they understand ... this is a service standard that needs to have

a protocol for continuity in case of change. . (Rio de Janeiro)

The care of health professionals, through systematic actions, can intervene positively in the development of self-care.⁷

The user comes to the service, many times, without being a spontaneous demand, having nothing to say about himself, not realizing himself, not recognizing himself as obese, as if that did not concern him. The job with this user is to get him to appropriate his own body, what happens to him and his own will.²¹

The role of the health team goes beyond guiding and informing. Health education must be carried out in a simple, true way, respecting the intellectual and cultural capacity of each client.⁷

When the subject is obesity, individuals are usually blamed individually, rather than developing a political struggle for health, holding corporations accountable and interfering with advertising and marketing.²

Treating grade III obese patients has become a challenge for healthcare professionals in many settings, and often what these clients hear is that they need to lose weight, that the problem is not that of the specialty sought, and so, they wander around the services without a reception and qualified care. This speech is not reproduced by the professionals of the ORC's multi-team, and should not be performed in the practice of any professional.

CONCLUSION

With the demographic and nutritional transition of the last 40 years, there are, for the first time in the history of Brazil, more than half of the overweight and obese population. The obesity epidemic has implications for society as a whole, since the individuals affected by it and its comorbidities, to the health system and its professionals, who need to be prepared and trained to meet such demand.

Obesity is a disease and a risk factor. It is related to prognosis, besides directly, and negatively, affecting the quality of life of the individuals affected by it. Its treatment should be subject-centered and conducted by a specialized, multiprofessional and interdisciplinary health team.

The speeches of the ORC professionals, qualified team for the treatment of degree III obese, show this perspective, besides emphasizing the importance of the actions of the nurse in this team.

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