



EXPERIENCE REPORT

COMMUNICATION BETWEEN THE HEALTH TEAM IN A SURGICAL CLINIC: THE LOOK OF PROFESSIONALS OF A PROGRAM OF MULTIPROFESSIONAL RESIDENCE IN HEALTH

A COMUNICAÇÃO ENTRE A EQUIPE DE SAÚDE EM UMA CLÍNICA CIRÚRGICA: O OLHAR DOS PROFISSIONAIS DE UM PROGRAMA DE RESIDÊNCIA MULTIPROFISSIONAL EM SAÚDE

COMUNICACIÓN ENTRE EL EQUIPO DE SALUD EN UNA CLÍNICA QUIRÚRGICA: LA MIRADA DEL PROGRAMA DE MULTIPROFESIONALES DE RESIDENCIA EN SALUD

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ABSTRACT

Objective: To report the experience of a multidisciplinary group of residents of a public university hospital in assisting the individual hospitalized in a surgical clinic and discuss the forms of communication used by health professionals. **Method:** Consists of an experience report on activities and observation of residents of nursing, physiotherapy and nutrition belonging to a Multidisciplinary Residency Program at a University Hospital in Rio de Janeiro. **Results:** The study deals with the process of interpersonal communication in a surgical clinic. The approach of the surgical patient happened in the pre-and postoperatively. We observed some types of communication: professional-patient, professional-professional, patient-patient, professional and patient-family-family. **Conclusion:** The experience enabled learning issues relevant to each area as well as an integrated care. We realize that communication has provided interconnection of knowledge, providing an optimized care, improving quality of care. **Descriptors:** Communication, Interprofessional Relations, Patient care.

RESUMO

Objetivo: Relatar a experiência de um grupo multiprofissional de residentes de um hospital universitário público na assistência ao indivíduo hospitalizado em uma clínica cirúrgica e discutir sobre as formas de comunicação utilizadas pelos profissionais de saúde. **Método:** Consiste em um relato de experiência sobre atuação e observação de residentes de enfermagem, fisioterapia e nutrição pertencentes a um Programa de Residência Multiprofissional de um Hospital Universitário no Rio de Janeiro. **Resultados:** O estudo trata do processo de comunicação interpessoal em uma clínica cirúrgica. A abordagem do paciente cirúrgico aconteceu nos períodos pré e pós-operatório. Observamos alguns tipos de comunicação: profissional-paciente, profissional-profissional, paciente-paciente, profissional-familiar e paciente-familiar. **Conclusão:** a vivência possibilitou o aprendizado de questões relevantes a cada área assim como um cuidado integrado. Percebemos que a comunicação proporcionou interligação dos conhecimentos, proporcionando um cuidado otimizado, melhorando a qualidade da assistência. **Descritores:** Comunicação, Relações Interprofissionais, Assistência ao paciente.

RESUMEN

Objetivo: Presentar la experiencia de un grupo multidisciplinario de los residentes de un hospital universitario público en la asistencia a la persona hospitalizada en una clínica quirúrgica y discutir las formas de comunicación utilizadas por los profesionales de la salud. **Método:** Se compone de un relato de experiencia sobre las actividades y la observación de los residentes de enfermería, fisioterapia y nutrición que pertenece a un Programa de Residencia multidisciplinario en un Hospital Universitario de Río de Janeiro. **Resultados:** El estudio aborda el proceso de comunicación interpersonal en una clínica quirúrgica. El enfoque del paciente quirúrgico ocurrió en el pre y postoperatorio. Hemos observado algunos tipos de comunicación: profesional-paciente, profesional-profesional, paciente-paciente, profesional y paciente-familia-familia. **Conclusión:** La experiencia permitió temas de aprendizaje pertinentes a cada área, así como una atención integral. Nos damos cuenta de que la comunicación ha facilitado la interconexión de conocimiento, proporcionando una atención óptima, mejorando la calidad de la atención. **Descriptor:** Comunicación, Relaciones Interprofesionales, Atención al paciente.

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INTRODUCTION

The communication between teams is considered a key part in customer service within any surgical hospital. Report represents a mutual enrichment,¹ where information is passed, mainly articulated and complemented, always seeking the common good.

The communication must be understood as a process that understands and shares the sending and receiving of messages, thus facilitating the interaction between people, establishing an exchange between them and their environment.² For those health professionals can establish a relationship with patients propitious adequate communication must be present between team members and the basic premise for the therapeutic success.

Concern for the patient undergoing surgery should always be the highlight of the surgical clinics, because we know the emotional distress suffered by humans when affected by an illness, making it vulnerable, anxious and depressed. The stress caused by the imbalance of basic human needs is more pronounced in patients with recommendations to surgical procedures. In order to have effective assistance is important interpersonal relationships and the development of practices articulated in the multidisciplinary team acting in a surgical clinic.

A multidisciplinary team work has been recommended in health with regard to fully meet customer needs in order to assist him by different professionals, advocating the view of the patient as a whole. It is noteworthy that a multidisciplinary team can be described as a distinct group of professionals who work so interconnected, focusing on strategies beneficial to the patient's chart.

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The diversity of the health team provides positive aspects of care, such as the division of labor between the different specializations of the professionals involved. This division of labor refers to the idea that the client is assisted in a global and actions and information are articulated. However, the interaction of professionals may be impaired, corrupting the tracking of information, whether by little interaction between professionals and the precariousness of records of the activities performed with the patient in the hospital.⁵

Communication between staff is the common denominator of the relationship between work and interaction among professionals. The interprofessional communication, although expected, cannot be exercised or may be exercised only as a technic of instrumentalization of this situation, there is the restricted pattern of communication among professionals as a resource or communication optimization technique.⁶

Concern for the surgical patient as a human being that needs special care and individualized emotional support was the motivation to conduct this experience report, to improve the assistance and information exchange among the team. According to this premise, there is a need to address the relationship between the multidisciplinary team in an attempt to reduce the conflicts experienced by patients who undergo surgery and enabling positive developments, seeking an improved approach against the sick person.

After the above, this study aims to report the experience of a multidisciplinary group of residents in assisted individual hospital and discuss the forms of communication that contribute to comprehensive care to surgical patients, used by the multidisciplinary team of a public university hospital.

METHODOLOGY

The study consists of an experience that addresses the performance and observation of residents of nursing, physiotherapy and nutrition belonging to the Multidisciplinary Residency Program in Health and Hospital Gaffrée and Guinle Federal University of the State of Rio de Janeiro - UNIRIO on communication interprofessional in a surgical clinic.

The experience report is a method which consists of a written statement from a work activity in which there is exposure of how to proceed, the results and associated ideas; what permits to build a complete and coherent collection on the theme approached.⁷

The group was composed of residents by a nurse, a physiotherapist and a dietician from the first year of residency program in Multidisciplinary Health Hospital. The experiment lasted three months including the months of February to April 2011.

The multidisciplinary experience gained during this period in a surgical clinic was obtained from the residents' own practice during the period of residence and meetings in which they discussed the role and interaction of professionals involved in each case of hospitalized patients. The meetings occurred weekly with the health team and local residents allocated to the surgical ward. Besides verbal communication in meetings and at work, we had other records available on the ward for transmitting information between different professionals attending to patients, as the order book and occurrences, charts and table with a list of patients, located in the ward where the observation occurred.

RESULTS AND DISCUSSION

REVIEWING CONCEPTS

Communication process

We understand how the communication process of exchange of information and ideas between individuals or groups.⁸ The communication is based on the relationship between the individual who transmits and receives, and the one who give informations.⁹ Effective communication occurs when the receiver understands properly the message sent by the sender by transmitting clear and objective as per the requirements of the situation.

Communication between individuals occurs, generally in four ways: verbal, nonverbal, and paralinguistic symbolic. There is yet another form of communication: the physiological, which concerns the interaction between the parts of our body and its external manifestation, such as the relationship between hyperthermia and sweating.⁹

Verbal communication is the most common and occurs through speech and writing. The nonverbal communication is characterized by gestures or body posture. Already the symbolic occurs through visual perception of people, for example, the type of clothes or decorations. The communication paralinguistic is the sense which promotes the particular communication making use, for example, voice.⁹

In verbal communication, speech defective and not clear is a factor to be taken into consideration that the message received by the recipient is informative. There are techniques that can be used to validate, clarify and assist in expressing the message.¹⁰

The non-verbal communication can be undervalued or not perceived by some professionals, even when used unconsciously. In the 1970s, Birdwhistell was considered a pioneer in the social context and cultural body language (kinesics). That is, it revealed the importance of movement in space. The kinesics considers his face as the body part that people have better control and awareness. However, the face can become a great "liar" not verbal. Already in the 1980s, Hall found the distance a factor in interpersonal nonverbal language. Hall introduces the term proxemic, which it uses to refer to the use of space in order to understand its meaning and use social unconscious. The touch is another type of non-verbal communication widely used by health professionals is to give comfort, especially demonstrate solidarity, empathy, safety, and support.¹²

Current research shows the importance of studying the forms of communication in order to enhance and improve the relationship between practitioner and client hospitalized.^{13,14} It emphasizes up the importance of different types of communication with their use as appropriate and conscious, seeking improvement in professional activities and therapeutic interaction.^{15,16}

The communication processes between a team at work helps the action between these professionals with regard to their activities and interactions, and the integration of knowledge. The communication fosters thus the link between healthcare professionals, patients and relatives, being essential for the treatment of hospitalized client.¹⁷

The surgical clinic

To understand the communication process of a surgical clinic is necessary to understand its functioning. We understand the surgical clinic a J. res.: fundam. care. online 2013. out./dez. 5(4):458-66

ward where patients are admitted for performing various surgical procedures, which have the purpose of prevention, effective treatment, diagnosis, symptom reduction, reconstruction and even aesthetic purposes. These procedures, independent of its length, can trigger physiological changes expected or not, but also psychological changes, which intervenes and has an important influence on the patient's clinical status.

The surgical ward in which we conduct our business together was formed by male and female wards. The female wing consisted of beds distributed alongside partitions and curtains to provide privacy to the customer and a common bathroom; ward in men, there were two rooms with beds placed side by side and without partitions, with a bathroom in each room. Between male and female ward stood the nursing station. Opposite the entrance to the ward there was a small secretariat comprising a room admission, a small room for records and doctors' lounge.

The surgical ward of the University Hospital in question has a high turnover due to the different residence times of patients. This difference is a function of varying levels of complexity of the clinical picture and the type of surgical approach. The flow of patients seen ensues as follows: after outpatient treatment, patients are referred, when necessary, to the hospital for examinations, surgical treatment and follow-up. Some patients are admitted only for examinations and for follow-up investigation, but no prior indication for surgery, unlike other cases.

The various forms of communication can be used in surgical wards, facilitating the transmission of information between professionals and patients, assisting in the work of the health team. By using techniques of verbal and nonverbal

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communication professionals should interact and perceive the signals transmitted by the patients. Professionals can send nonverbal signals that can assist in monitoring and medical and surgical treatment, eg, body movements and posture, vocal or paralinguistic signs, ornaments used, the use of space, among others.^{2,10}

During hospitalization, patients are in contact with various health professionals, and many students, because it is a university hospital. Are subjected to different case histories and invasive procedures in order to observe and monitor the clinical status of these individuals. The calls and inquiries conducted with patients throughout the hospital can become repetitive and annoying, and communication between the key to professional assistance and customer satisfaction.

Multiprofessional communication in surgical clinic

Experiencing the surgical clinic.

The lived experience of residents of nursing, physiotherapy and nutrition in surgical clinic of a university hospital located in the city Rio de Janeiro was favored by the effectiveness of interprofessional communication. Having the formation of multidisciplinary team interaction between these professionals was essential to cover the patient holistically and rethink actions and procedures involving patients.

The approach to the patient was accomplished preoperatively and postoperatively. Despite its quirks, the actions of each professional team obeyed some items, such as: patient identification, recognition and deepening about the diagnosis, prognosis and therapeutic possibilities; patient assessment and observation of their needs; specialized and individualized treatment. These actions took place in an individualized way, from the specific focus of each training.

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From this stage, the communication between professionals on aspects involving and benefiting patients became constant discussion, planning and reassessment of various conduits, thereby changing the view about the patient and their disease as their evolution. This articulation afforded the need to maintain communication between residents and observe how the remaining team members conveyed the information about the customer.

From this experience, we look at the attitudes and actions of other professionals involved in the care of the surgical clinic. The first way was to observe communication between professionals and patients admitted. Among the other ways to communicate, observe communication between: professional-professional, patient, patient, professional and patient-family-family.

The doctor-patient communication is a key point for the clinical treatment of the client. The health professional should understand that the patient is able to learn to care for themselves and perform activities on the ward with some autonomy. There are techniques that facilitate this communication: 1) Techniques expression, where silence is maintained by the professional during the patient's report excepting its importance; listen reflectively and repeat the last words spoken by emphasizing what was exposed, 2) Technical clarification wherein there clarification of common terms and development of comparisons in order to assist the transmission of the message by the patient, 3) Techniques validation, where ideas are reinforced by repetition. Addition of language techniques explored above, the approach to the patient and aware that the customer is not the disease but a human being with an involvement is the essence for quality care and a bilateral communication in

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which those involved speak and interpret the same language.

The Professional communication in the surgical ward of the hospital occurred in several ways. The charts are a source of much information about patients. The clinical and intervention performed with the patient are reported by each professional involved.

The charts are available in the wards for consultation surveys, observations and other medical professionals on clinical outcomes. The understanding and better communication between these professionals assist in improving the performance of their duties, both to patients and to staff members in health.¹³ Thus the numerous information and present experiences in the hospital setting can be transmitted through communication acting as facilitator assistance.

Another form of communication observed occurs through the book of orders and occurrences, which contains the admissions, discharges, problems and communicated to staff. Another tool is a chart with the names of patients, age, reason for admission, diagnosis and tests to be performed. In the surgical ward there were still a weekly meeting called "round" in which surgeons, nurses and residents in medicine, nursing, physiotherapy, nutrition participated to discuss and evaluate each patient in order to exchange experiences and outline therapeutic targets. In addition to these media-professional training, we realize that most professionals used the informal talks and dialogue to exchange experiences, questioning the underlying disease, discussing the framework, and suggest a procedure to evaluate whether the treatment was effective or not.

The key moment in the evolution of the patient is the communication between the patient and their family. Some patients were attended

escort full-time, others only received their relatives and friends at the times set for the visits. The companions and visitors know the patient better than the professionals involved, which may contribute to the detection of problems, needs and disorders suffered. The presence of the companion becomes a safety for the customer in order to alleviate suffering, emotional support, assist with personal needs, among others.

The interaction between professional and family occurred mainly in visiting hours, in which the family constantly questioned and took questions from clinical and patient prognosis. The team often was not open to dialogue and to inform, in simple language, about the patient's condition; many professionals do not realize the need to expose the family health situation of the patient and keep them aware of the needs and limitations of sick. The interaction with family members becomes a connection point between professionals and patients, decoding some information about the individual hospital.

The family-professional interaction was crucial at discharge: the health team performed several recommendations on how to proceed postoperatively at home, plus advise on the use of prescribed medications, exercises, diet and monitoring in the outpatient clinic. Therefore, communication with the family is important to optimize the work of health professionals, positively influencing the care provided.

Another form of communication experienced in the surgical ward was the customer-client relationship. As this is a surgical clinic, parts of patients in the preoperative period had autonomy to perform self-care and their basic daily activities, allowing them to walk through the ward and talk with other patients. The exchange of information between patients was seen as an

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exchange of feelings, of insecurity, of fear, of mutual support and solidarity. The relationship and communication between the patients is seen as a conversation conducted through verbal and non-verbal, thus allowing the sending and receiving of messages. The conversation is a form of helpful support and effective among individuals hospitalized. This interaction fostered and stimulated recovery after surgery.

The role of the multidisciplinary team of residents happened in the pre-and postoperatively in the surgical ward. Each team member evaluated the patient according to their professional competence and sought to communicate in order to obtain detailed information about the patient and therapeutic help. The patient had a medical visit pre-anesthetic, surgeons, nursing, nutrition, physical therapy, speech therapy, social work, psychology, according to your needs.

The share of residents belonging to the study: nursing, nutrition and physiotherapy, was effected in isolation according to their specialties, but involved the same goal for improvement of customer care. The nursing staff was crucial to prepare the patient preoperatively for the prevention of nosocomial infections and complications related to surgery. Nutrition strove for the nutritional evaluation and diet therapy aimed at recovery and maintenance of nutritional status to minimize surgical complications. Physical therapy was effective in the reduction and prevention of pulmonary complications and improved physical and functional capacity. The residents have exercised their duties in order to provide reduced length of stay and hospital costs the client, preventing adverse events and complications.

The communication process in the pre-and postoperative patient is critical to understand the J. res.: fundam. care. online 2013. out./dez. 5(4):458-66

procedure, its context and achieve the goals mentioned above. Every team should be responsible for customer information and transmit it clearly and concisely. The communication between professionals, patients and their relatives favors a trust, aiding in the treatment and provision of quality care.

CONCLUSION

The Multidisciplinary Residency has gained prominence as a program that trains professionals to work in team and facilitates the work process. The trend is the client being cared for by many professionals who seek a single goal: to improve the patient.

The performance of the residents of nursing, physiotherapy and nutrition in the surgical ward enabled learning issues relevant to each area and work articulated. We realize that communication has provided integration of knowledge, optimized and improved quality of care.

After this experience, one stressed the need and importance of meetings between professionals in a surgical ward and residents, to discuss issues relevant to interprofessional communication in order to improve in care and the patient's prognosis.

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