




Multidisciplinary visits in the experience of nurses in pediatric units of a university hospital

Experiências de enfermeiros de unidades pediátricas de um hospital universitário em relação às visitas multiprofissionais

Experiencias de enfermeros en unidades pediátricas de un hospital universitario en relación con las visitas multiprofesionales

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ABSTRACT

Objective: to describe how nurses working in pediatric units experienced multidisciplinary visits, to understand their perceptions of the families' participation in such visits, and the residents' perceptions of the visits' impact on training and on care for patients and families. **Method:** this qualitative, descriptive study involving 18 male nurses from pediatric units of a university hospital, was conducted through semi-structured interviews, using content analysis. **Results:** the nurses' experience was understood by categories: the design of multidisciplinary visits; nurses' participation in multidisciplinary visits; families' participation in multidisciplinary visits; benefits from visits for nurses, residents and families; and recommendations for nurses and families, and for visit design. **Conclusion:** the nurses' experience was essentially represented by the human relationships established, and the related benefits or detriments to participation by themselves and the families. The visit was found to be a beneficial practice with training potential.

Descriptors: Pediatrics; Pediatric Nursing; Teaching Rounds; Family Nursing.

RESUMO

Objetivo: descrever a experiência dos enfermeiros atuantes nas unidades pediátricas frente às visitas multidisciplinares, compreender a percepção dos enfermeiros a respeito da participação da família nas visitas multidisciplinares e descrever as percepções dos enfermeiros residentes sobre o impacto das visitas multidisciplinares em sua formação profissional e no cuidado ao paciente e à família. **Método:** estudo qualitativo, realizado com 18 enfermeiros de unidades pediátricas de um hospital universitário, a partir de entrevistas semi-estruturadas, com uso da análise de conteúdo. **Resultados:** a experiência foi compreendida pelas categorias: Formato da visita multidisciplinar; Participação do enfermeiro na visita multidisciplinar; Participação da família na visita multidisciplinar; Benefícios da visita para o enfermeiro, residente e família; e Recomendações para os enfermeiros, família e desenho das visitas. **Conclusão:** a experiência dos enfermeiros é representada essencialmente pelas relações humanas estabelecidas, com benefícios ou prejuízos à sua participação e participação da família. A visita multidisciplinar constitui uma prática benéfica e com potencial formativo.

Descritores: Pediatria; Enfermagem Pediátrica; Visita com Preceptor; Enfermagem Familiar.

RESUMEN

Objetivo: describir la experiencia de enfermeros que laboran en unidades de pediatría antes las visitas multidisciplinarias, comprender la percepción de los enfermeros sobre la participación familiar en las visitas multidisciplinarias y describir las percepciones de los enfermeros residentes sobre el impacto de las visitas multidisciplinarias en su formación profesional y en la atención al paciente y la familia. **Método:** estudio cualitativo, junto a 18 enfermeros de unidades de pediatría de un hospital universitario, realizado a partir de entrevistas semiestructuradas, mediante análisis de contenido. **Resultados:** la experiencia fue entendida por las categorías: Formato de la visita multidisciplinaria; Participación del enfermero en la visita multidisciplinaria; Participación de la familia en la visita multidisciplinaria; Beneficios de la visita para el enfermero, el residente y la familia; y Recomendaciones para enfermeros, familia y diseño de las visitas. **Conclusión:** la experiencia de los enfermeros está esencialmente representada por las relaciones humanas establecidas, con beneficios o perjuicios a su participación y la participación familiar. La visita multidisciplinaria es una práctica beneficiosa con potencial formativo.

Descriptor: Pediatría; Enfermería Pediátrica; Rondas de Enseñanza; Enfermería de la Familia.

INTRODUCTION

The Patient and Family Centered Care (PFCC) approach, increasingly used in the pediatric context, has determined changes in the relationships between professionals and families and in the performance of clinical practices¹. One of these practices is the family-centered rounds.

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Family-centered rounds are defined as interdisciplinary bedside visits in which the patient and family share control of the management plan as well as of the evaluation of the process itself². They comprise a new model of communication and learning between the patient, the family, the medical professionals and the students in an inpatient academic setting². Initially designated for medical training, today they are understood as an essential practice in the set of actions related to the patient-centered approach. Thus, they are distinguished from other types of rounds or visits described and practiced in hospital environments³.

Since their incorporation into care practices, especially in the last decade⁴, a number of studies have been conducted to identify benefits and barriers for the patient and the family, for the team and for the health professionals' training and qualification process, with emphasis on the relevance of the nurses being present in these discussions.

A study developed in a pediatric surgery unit in the United States in relation to the rounds evidenced the following: increased inpatient satisfaction, from 82.4% to 92.2%; improved Nursing communication, from 83.3% to 95.65%; and reduced hospitalization time, from 2.5 days to a mean of 2.1⁵. A study in another context highlighted the parents' high satisfaction and strong desire to participate in that practice, as well as benefits related to a greater understanding of the information, the family members' trust in the medical team, and a reduction in parental anxiety⁶.

As for the health professionals, two studies^{7,8} highlight the importance of nurses' participation. A pilot project conducted in the Alberta Children's Hospital, Canada, to encourage participation of these professionals in the rounds, considered their presence as essential for the transition and effective implementation of that practice⁷. The experience of involving nurses is described in the Johns Hopkins Children's Center, a pioneer in the rounds, emphasizing the professionals' leadership in them, as they act as advocates for the patients and families in carrying out the rounds⁸.

Some difficulties related to participation of the family in that clinical practice have been especially described regarding the increase in the discussion time per patient⁹, limitation of the discussions among the professionals and increased stress in the family members¹⁰.

In the Brazilian reality, some reports of multiprofessional round experiences were identified. Although they are not very precise regarding family participation, they highlight the positive implications of this practice for effective team communication contributing to care quality and patient safety^{11,12}. This topic has been proposed in health professionals' training settings, which motivated a teaching hospital in the municipality of São Paulo to introduce multiprofessional visits in pediatric units as part of the PFCC implementation policy.

Considering that multiprofessional visits are a relevant clinical practice still little explored in our environment, this research was driven by the motivation to contribute new knowledge about the topic from the following question: Which is the experience of nurses and resident nurses in relation to multiprofessional visits in pediatric units of a teaching hospital?

This study objectives were as follows: to describe the experience of nurses working in pediatric units in relation to multidisciplinary visits, to understand the nurses' perception regarding participation of the family in multidisciplinary visits, and to describe the resident nurses' perceptions about the impact of multidisciplinary visits on their professional training and in patient and family care.

METHOD

A qualitative and descriptive study, carried out at a university hospital in the municipality of São Paulo, with data collection between September and October 2019 with nurses and resident nurses in pediatric care units (Hospitalization and Pediatric and Neonatal Intensive Care Unit). The inclusion criteria were the following: having work experience in the unit for a minimum period of three months and having participated in multidisciplinary visits during the period. Nurses on leave due to vacation or other reason during the data collection period were excluded.

For data collection, the nurses were invited, personally clarified about the project by one of the researchers and, after agreeing, they signed the Free and Informed Consent Term. The interviews were carried out in a private room, in the respective units. The participants were identified by the letter p followed by Arabic numerals (p1, p2, p3...) and characterized using a brief questionnaire (age, gender, training and time of experience in the locus). The interviews recorded and transcribed in full, lasting a mean of 30 minutes, were completed as the objectives were met¹³.

The interviews were guided by the following questions: What is your experience like in relation to multidisciplinary visits in the unit? Describe your participation in the multidisciplinary visits. How do you observe the family's participation in the multidisciplinary visits? Do you include or would you include the family in the multidisciplinary visits? Which are the benefits of nurses' participation in the multidisciplinary visits? Which are the benefits of the multidisciplinary visits

for the training of resident professionals? What would you recommend to improve nurses' participation in the multidisciplinary visits? What would you recommend to increase participation of the family in the multidisciplinary visits?

The data from the interviews were analyzed based on Bardin's content analysis framework¹⁴. The analysis followed these steps: pre-analysis, exploration of the material and treatment of the results, through inference and interpretation, and favored coding and categorization of the data¹⁴. This study was approved by the Research Ethics Committee of the participating teaching hospital.

RESULTS

The participants were eighteen nurses, three of whom worked in pediatric wards, six in intensive care and neonatal units, and nine resident nurses, four from the first year and five from the second year. Their ages varied from twenty-three to fifty-two years old, all female, with time in the practice from less than one to twenty-five years.

The nurses' experience in multidisciplinary visits resulting from the analysis emerged from five categories, namely:

Format of the multidisciplinary visit

One of the aspects of the nurses' experience is linked to the format of the multidisciplinary visits, as their design, the emphasis of the discussions, and the structural and relational aspect of the practice involve the context in which nurses express their contributions in this clinical practice.

The nurses understand that multiprofessional visits are guided by the biomedical model, as the discussions are focused on the diagnosis, on medical care and on the child's pathology. They also note that the visits depend on the profile of the professional who conducts them, that is, the nurse realizes that the person leading the visit establishes the relationship among the professionals and directs opening of the participation of those involved in this practice.

[...] we sometimes end up, depending on who leads, we have the opportunity to speak and actively participate (P1).

[...] I'm very sorry because it's still centered on the doctor, on the medical report, on the medical course of action, and occasionally they look to the other professional (P14).

Nurses' participation in the multidisciplinary visit

In addition to the visit model, nurses perceive that participation in this practice is not uniform across all the professionals, thus highlighting some aspects that determine their participation.

When experiencing the visits, nurses notice that their participation is restricted due to the observational stance they adopt during the discussions. These professionals also understand that opening of the visits, that is, the relational space established among the other professionals, also contributes to their adherence to this practice.

Participation often takes place on a one-off basis, where they make brief comments and small statements that are pertinent to their area. Or also, when they judge the need to focus on aspects they understand as relevant.

The professionals also realize that their participation is related to their personal characteristics. For this, a more active characteristic determines greater participation in contrast to a less active one, resulting in different modalities of nurses' participation.

[...] When I participate, I end up listening to the reports, and sometimes, if they ask questions, I end up putting myself (P5).

[...] the most active and participative nurses, they are more proactive in this issue, at the time of the visits, they are able to participate better, but it depends a lot on each person's profile (P6).

[...] I always see nurses with an (observation) stance, sometimes with a folder in their hand and taking down notes, just writing what's being discussed (P9).

Participation of the family in the multidisciplinary visit

The family seems to occupy this space in a very similar way to nurses, and it is seen as an eventual participant. Thus, the nurses' experience regarding participation of the family is understood by its limited participation and the difficulties of its inclusion.

Limited participation of the family is perceived by nurses through its characteristics, openness and focus of the visits to family participation. These elements contribute to their low participation.

The family characteristics contribute to the way in which it fits into this approach; thus, there are more or less participatory families. Opening for this participation, on the other hand, represents expansion of the communication space between professionals and families, determined by lack of openness of the team and by the trust that the family shows to participate.

[...] the team is also not open for family members to participate (P4).

As a last aspect related to this limited participation, the nurses justify that the family is not the focus of the visit, either as a thematic purpose or even as a member of the team that performs the practice.

[...] even the way of passing on, forming a circle, ends up with the residents turning their backs on the family (P7).

Inclusion of the family in the visits is considered important for the therapeutic process and for the family's right to participate in this practice. However, nurses see restrictions regarding the feasibility of inclusion and consider that they have limited experience with this type of inclusion.

Among different factors, nurses see the current format of this practice, the technical content, the limited hours and the time spent on the visit, in addition to family difficulties and resistance from older professionals.

[...] But every day, with all the patients, let everyone, the family, participate and there goes a long time (P16).

Although participation of the families can be concentrated in a less expressive way, the nurses perceive that the family is interested in participating when they notice that it shows small initiatives regarding asking questions and listening carefully to the discussions.

[...] Sometimes, it even seems that they want to participate, sometimes they go from bed to bed, others it is noticed that they (family) are attentive to what is being said, and even comment on something (P5).

Benefits of the visit for the nurse, the resident and the family

The nurses perceive gains resulting from their participation, as well as that of the resident and of the family in this practice. The following can be cited among the benefits of the visit for nurses: expanding their care focus, allowing for the visualization of integral aspects of the patient, obtaining a view of the multidisciplinary team and giving visibility to their professional category.

[...] you see several points of the child, you'll monitor all the child's requirements (P1).

[...] you have the view of the other professional there, discuss a case together, each one expresses their view (P8).

[...] The visit is a very important space for us to position ourselves, and for people to understand what a nurse really is (P14).

At the same time that they perceive benefits for themselves, when they participate, nurses also perceive that they contribute benefits to the multidisciplinary visit, as they have valuable information and articulate and coordinate care, in addition to being the professionals who predominantly assist the family.

[...] we're beside the patient twenty-four hours a day, there are many things that we, the Nursing team, know and that other team members sometimes don't know (P12).

Along with the benefits conferred to the multidisciplinary visit, the nurses perceive benefits for the residents. Thus, that practice is perceived as a time for learning, for exchanging experiences, for getting to know new aspects of the child's clinical condition, for interaction among the team members, and also a time for residents to demonstrate and develop their personal and professional skills.

[...] I think that it is to grow, both professionally and personally. I think that it helps us a lot to grow, mature, understand the cases (P3).

In addition to the benefits already described, the nurses see benefits for the family. Its participation in the visits can promote family involvement in care and increase family trust. The visit can also become a space where the family can contribute with specific information, participate in the therapeutic plan and assist in clinical decision-making.

[...] they know the patient better than we do, the family gives an answer that makes all the difference (P12).

[...] it strengthens the bond, makes it (family) understand, feel calmer (P13).

Recommendations for nurses, family and visit design

Given their experiences and perceptions and considering the importance of the multidisciplinary visit as a clinical practice, the nurses make indications intended to their participation, seeking to improve their engagement in that practice, expand family collaboration and reorganize the visit model.

To expand the nurses' participation, these professionals understand the need to prepare in advance to participate in the visit, as well as to adopt a more active profile, have better clarity about their role in that practice and include other members of the Nursing team.

[...] the first thing is for us to understand the importance of being present in those visits, the importance of us participating, the importance of our role (P8).

In addition to the recommendations to expand the nurses' participation, these professionals make recommendations to expand participation of the family, seeking both to guide it and also to involve it in the discussions.

[...] the first thing is that we'll have to invite the family to the visit (P1).

[...] ask the family's opinion, if they have any questions or something to add (P6).

For the effective participation of nurses and other professionals, the nurses realize that there is a need to promote actions that allow the visit to be a space accessible to all the components, so that everyone can express themselves similarly and participate absolutely in that practice, recommending that the visit design be revised.

In order for the visits to be more effective, positive and inclusive experiences for all professionals and mainly for the family, the nurses realize that there is a need to transform some aspects intrinsic to that practice.

[...] I would need information on how to make that inclusion, a kind of training would have to be done, adaptation for the team, to later include the family (P2).

[...] I don't know, if there was a space like this, not only for nurses, but for each professional to speak a little openly (P5).

[...] we need to have a special look and use a language that he understands (P16).

DISCUSSION

The study allowed describing the experience and understanding the perception of nurses about participation of the family in multidisciplinary visits, as well as describing the perceptions of resident nurses about the impact of multidisciplinary visits on their professional education and patient and family care. It was highlighted in the study that the nurses perceive their participation very related to the format of the visit and that this, in turn, is strongly centered on the figure of the physician and recognize that, although they regularly participate, their attitude towards this approach is still established in a restricted way. A study with similar results recognizes that this scenario can be challenging for nurses, given the transition of rounds, hierarchization, multitasking and different training levels; that nurses need to develop skills, and that this space presents several benefits for the health practices⁷. Other studies highlight the nurses' potential to lead and provide the transition to a multiprofessional practice with inclusion of the families^{7,8} and the importance of encouraging nurses' participation in the rounds, in order to improve communication, care quality and safety and parental satisfaction^{5,8}.

The relational process that permeates the rounds was also evidenced in our study, where interdisciplinarity was pointed out as an essential condition for the effectiveness of this clinical practice. A study on junior nurses and physicians identified the importance of both cooperating with each other, drawing the attention to the need to promote educational and organizational strategies to improve the collaboration of these agents¹⁵.

The nurses' perception on participation of the family was also identified in our study by limited participation, recognizing the gains of including it in this practice, overcoming the difficulties to implement such inclusion. As identified in our study, other surveys highlight that, although there are barriers to participation of the families, they show interest in participating and occupying this space^{16,17}. In line with these findings, a study that monitored a significant number of multiprofessional visits evidenced that there is a variation in the increase in time, although small, suggesting that presence of the family can have benefits that outweigh the additional time needed⁹.

The technical barriers for the visits and the family's difficulty understanding identified in the study are a reality that must be addressed by proposing specific strategies, as indicated by the study that suggests a protocol to enhance communication between the team and the families, and place the latter in the center of the rounds¹⁶.

Similarly to what the nurses experience, the relational process is the essential aspect that configures the perception of limited participation of the family in our study, and which, similarly to other studies in different contexts^{9,16}, points to certain fragility of the relationships established between professionals and families with losses in the communication space and, essentially, in the recognition of the family's right to participate and contribute to the clinical practice.

Benefits from the multidisciplinary visit for nurses, residents and families alike emerged in our study. In conjunction with other studies that seek to expand nurses' participation, given the importance of these professionals and the benefits of the approach^{5,8}, in this research, the nurses also understand that their participation can contribute benefits to the visit and to care; and they add, unlike the studies described, that the nurses' participation in the visits can give visibility to their professional category.

Visits are seen by nurses as an important training space, especially for resident nurses, although it has not been shown, in an expressive way, the impact exerted by inclusion of the family in the visits on their training. In opposition to this result, a study aiming to describe and compare experiences, preferences and perceptions of family members and professionals with that practice, noticed that physicians were more likely than other professionals to describe reduced teaching when family members were present¹⁷. However, it is necessary to highlight, although the impact on the training process is not clear, that there are relevant benefits that justify participation of the family in the visits⁶.

The nurses perceive the need both to expand their participation and that of the family, as well as understand the need to review the design of that clinical practice. Although such scenario can be challenging, investment in training and qualification strategies in practice scenarios is the essential path for that change, and different experiences in the literature show that it is possible to carry out this transformation^{5,7,8,16}.

FINAL CONSIDERATIONS

In this study, by understanding the perspective of the professional nurse, it was possible to explore aspects that can enhance the implementation of family-centered rounds, clearly evidencing the approach that seeks the relationship between family members and health professionals, from a perspective of partnership, collaboration and negotiation. The multidisciplinary visit is a relevant and important clinical practice to give nurses a voice in the care process and contains aspects closely linked to human relationships, which exert an influence the effective participation of everyone involved. Recognizing the benefits of effective participation in the rounds for nurses is a way to enhance this practice from the perspective of interprofessionalism, expanding the nurses' participation and also engaging the family in these spaces.

The study allowed identifying that this clinical practice provides spaces for learning in health, although it has the limitation of not having studied its impact on the professional training of resident nurses. For this, we emphasize the need for new research studies and actions that contribute to consolidating this clinical practice in pediatric care practice scenarios, especially in professional training environments, which should strive for quality and good care practices.

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