Original Article

Perception of the multiprofessional team: a necessary care for persons with obesity in the intensive care unit

Percepção da equipe multiprofissional: um cuidado necessário a pessoa com obesidade na unidade de terapia intensiva

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ABSTRACT | OBJECTIVE: To know the perception of the multidisciplinary team about the care of people with obesity in an Intensive Care Unit (ICU). **METHOD:** Exploratory and descriptive study, with a qualitative approach, developed in an ICU in southern Brazil, with 14 professionals from the health team. Data were collected through semi-structured interviews between June and September 2018, and the analysis took place through Bardin's content analysis. **RESULTS:** After analyzing the information collected from the participants' reports, four categories emerged: Difficulties in providing care; Specific Care; Care Management: Work Team; Feelings and reactions towards caring for people with obesity. The health team perceives some difficulties in providing care, but that some are special, care management is based on the work team and the ethical context. **CONCLUSIONS:** The care provided by the health team to people with obesity is carried out even in the face of adversities related to materials, equipment, number of professionals, and ethical issues.

DESCRIPTORS: Obesity. Intensive Care Units. Patient Care Team. Perception.

RESUMO | OBJETIVO: Conhecer a percepção da equipe multiprofissional sobre o cuidado à pessoa com obesidade em uma Unidade de Terapia Intensiva (UTI). **MÉTODO:** Estudo exploratório e descritivo, com abordagem qualitativa, desenvolvido em uma UTI do sul do Brasil, com 14 profissionais da equipe de saúde. Os dados foram coletados por meio de entrevista semiestruturada, entre junho e setembro de 2018, e a análise se deu por meio da análise de conteúdo de Bardin. **RESULTADOS:** Após análise das informações coletadas dos relatos dos participantes, emergiram quatro categorias: Dificuldades para a realização do cuidado; Cuidados Específicos; Gestão do cuidado: Equipe de Trabalho; Sentimentos e reações diante do cuidado às pessoas com obesidade. A equipe de saúde percebe algumas dificuldades para a realização do cuidado, mas que alguns são especiais, a gestão do cuidado está pautada na equipe de trabalho e no contexto ético. **CONCLUSÕES:** Os cuidados prestados pela equipe de saúde à pessoa com obesidade são realizados mesmo diante das adversidades relacionadas aos materiais, equipamentos, número de profissionais e questões éticas.

DESCRITORES: Obesidade. Unidade de Terapia Intensiva. Equipe de Assistência ao Paciente. Percepção.

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Introduction

Obesity is excess body weight in the form of fat, and when accumulated, it can lead to serious health problems. And it is considered one of the most important public health problems in the world.[1]

There are several ways to measure and identify obesity, the most used is the Body Mass Index (BMI). Overweight includes overweight and obesity, the first being defined as a BMI between 25-29.9 kg/m², and the second as a BMI ≥ 30 kg/m² define obesity.[1] Obesity is further divided into grades I, II, and III. It is considered grade I obesity with a BMI between 30-34.9 kg/m², grade II with a BMI of 30 to 39.9 kg/m², and grade III, the one with a BMI greater than ≥40.0 kg/m².[2]

According to the World Health Organization[2], the worldwide prevalence of obesity almost tripled between 1975 and 2016, and there are approximately two billion overweight adults, of which 650 million are considered obese. That equates to 39% of adults aged 18 and over overweight and 13% obese. Furthermore, it is estimated that most of the world's population lives in countries where they are overweight.

In Brazil, the excess weight of the population grew, from 42.6% in 2006 to 55.4% in 2019. The city of Manaus (AM) has the highest prevalence of overweight and Vitória (ES) the lowest. Obesity grew 46% in ten years, reaching 20.3% in 2019, with a similar frequency between the sexes. Data show that in 2019 there were 20.3% of obese people in Brazil.[3]

The growth in the prevalence of obesity is in line with the increase in other chronic diseases such as systemic arterial hypertension, diabetes mellitus, among others. It is likely that at various times, due to comorbidities or other health needs, obese people will need to be admitted to an ICU.[4] Obesity is associated with several comorbidities, physiological changes, physical limitations, and pharmacokinetic changes that can interfere with the evolution of the acute disease and prevent and/or hinder the implementation or effectiveness of interventions in the ICUs.[5]

To meet the needs of the person hospitalized in the Intensive Care Unit (ICU) with safety and quality, it is necessary to observe, among the various related aspects, the available therapeutic resources, the competence, and dimension of the multidisciplinary team.[4]

Given the above statements, the study's objective was to know the perception of health professionals about the care provided to the obese person in the ICU.

Method

This is an exploratory and descriptive study, with a qualitative approach, carried out in an Intensive Care Unit of a university hospital in southern Brazil.

Fourteen health professionals, selected by convenience, participated in the study, including six nursing technicians, three nurses, a speech therapist, a physician, two physiotherapists, and a psychologist. The inclusion criterion was: professionals with at least one year of experience in the studied ICU. Professionals who did not provide direct care to patients and professionals away from their work activities were excluded.

The selection of the sample was by convenience according to the researcher's intention.[6] Data were collected through semi-structured interviews, which addressed the perceptions of care for the obese person and the technologies used. The collection period was between June and September 2018. Participants were approached in person during the work period. The interviews were conducted in a private ICU room, recorded on a digital voice device, and later transcribed in full and lasted about 30 minutes.

Data analysis was carried out through Bardin's content analysis, which aims to categorize them to interpret the findings better. Content analysis can be understood in three phases: pre-analysis, material exploration, and treatment of results.[7]

This study is part of a macro-project entitled "Health Care Networks: Technologies for the Care of Overweight and/or Obese Persons in Greater Florianópolis/Santa Catarina," respecting all ethical precepts. The Research Ethics Committee approved it, opinion number: 1.631.404. The subjects signed the Informed Consent Form (FICF).

To maintain the anonymity of the study participants, they were entitled to the initial letter of each profession, followed by the ordinal number corresponding to the order in which the research was carried out.

Results

After analyzing the information collected from the participants' reports, four categories emerged: Difficulties in providing care; Specific Care; Care Management: Work Team; Feelings and reactions towards caring for people with obesity.

Difficulties in performing the Care

The difficulty of providing adequate and efficient care was evidenced in the testimonies of the study participants regarding the lack of materials and equipment in the studied ICU. According to most study participants, the materials are not appropriate for the size of people, highlighting the following reports:

> *It would be good to have a bed for obese people, pneumatic boots... Larger diapers, here they use two diapers together and open (E1).*

> *I think an appropriate bed, at least should have a bed for the obese, because this bed is like that, if it's a morbidly obese person, we can't even lift it and it gets stuck (T5).*

> *The bed is small, making it difficult to change position. The air mattress has a weight limit, it doesn't turn on. The bed itself, to raise the headboard sometimes locks. The cuff is small, in fact we have it wide, but it's small... and the short chubby ones have small arms, which makes it difficult (T2).*

> *Diapers are small so you can't close them. Usually, we leave it open and put more than one. Or, glue them together and leave them open, because they are not able to close them, they are really small (T1).*

The lack of appropriate technologies for the management of people with obesity emerged as a concern:

> *Yes, technologies would facilitate the care, management and even the safety of obese patients. For example, the lift, passive mobilization devices, such as the passive cycle ergonometer, specific mattresses, specific beds... as well as devices to facilitate mobilization and handling, such as orthostatic boards (for sitting, specific for them, right. Devices that would facilitate orthotatism and sitting would also be interesting (F1).*

> *Everything is more difficult. I feel more difficult to puncture MAP, Central Catheter, perform intubation... we managed it after several attempts and a lot of spent materials (M1).*

Technologies for care can be a great differential in the recovery of people with obesity. Therefore, a complex environment such as an Intensive Care Unit can be adapted for this purpose.

Specific Care

Skincare for people with obesity were frequent reports by study participants. In addition, themes that portray care such as bed baths, monitoring, repositioning, and positioning were highlighted.

The use of specific creams and ointments to avoid pressure injuries was evident, demonstrating its importance:

> *Care for the skin, I use cream for diaper rash in all the folds, because it always gets wet and opens soon (T2).*

> *I take care in the bath; the patient has to be dried well so that the skin doesn't get wet and avoid raches (T3).*

> *Application of creams, vitaminized ointment, in areas that occur shear, positioning cushions in areas of prominence (E3).*

Actions regarding positioning and repositioning and the obstacles faced by the team were also remembered:

> *I put cushions here, here and another one here to better position the patient. In the bath, you have to dry the folds well and apply vitamin ointment to prevent diaper rash (T5)*

"...he is a patient who has everything to open a lesion, because you are not going to make all the changes in position. Like, sometimes you can't turn the patient on his side, it's very complicated... we've already taken a patient who occupied the entire bed, then it's very difficult to change (T5).

Good monitoring... observe saturation, heart rate, the ventilator, as a change can change the patient's hemodynamics (M1).

Proper mobilization and movement techniques prevent unwanted complications. Paying attention to the risk of potential injuries and evaluating the hemodynamics beforehand are essential precautions for the person's health with obesity in the ICU.

Care Management: Work Team

Strategies used to minimize work overload and try to optimize care for people with obesity were grouped in this category, which are represented in the statements below:

"...we touch everyone else and when everyone is free, we all go together on the same patient. This is the most certain. Or everyone goes first, which is very rare" (T2).

I can't put them up by myself, I try to ask the nursing staff for help, usually the technician who is with him, and I also try to work with the patient when the technician has already done a part of his work (FO1).

"...sometimes it takes 4 people to pass a probe. Each one in a leg, one in the belly. When you realize it, there are six employees around the patient" (E1).

To mobilize, I try to ask for help from colleagues to not hurt the patient and us. Sometimes it's impossible for two people to mobilize a patient, and they do not always have people available; sometimes they are busy with other things, and then you end up forcing yourself to turn the patient by yourself, and over the years, it ends up causing damage to our health... and sometimes it even hurts the patient (T5).

The feelings brought by the team in relation to the difficulties encountered in care were, in a way, focused on cooperation in carrying out daily activities with the person with obesity.

There is always a greater difficulty. Difficulty in moving the patient, because it depends on colleagues, we need their help. It takes a larger number of people to mobilize the patient because I can't do it by myself (T6).

I have difficulty performing passive joint mobilization, bronchial hygiene maneuvers, placing patients sitting and standing alone (F2).

The intensive care team recognizes unity and works together, dedicating themselves to a common goal: adequate care for their patients.

Feelings and reactions towards caring for people with obesity

It was found, through the testimonies, that some professionals, during the care of people with obesity, have difficulty putting themselves in the other's shoes and issue value judgments, expressing in their testimonies feelings of indignation in relation to the manifestations of other professionals.

"I've heard colleagues refer to the patient calling him 'fat' instead of by name or bed..." (M1).

"There are people who have no idea. They make a lot of comments about the patient. They shouldn't even think or talk. I'm stunned at shift changes with some types of comments" (P1).

"I once heard a doctor say: there he is, I'm bringing you another fat one" (F1).

I see a lot, from the entire multidisciplinary team, you know, sometimes I'm embarrassed by some comments that arise about that obese patient... the patient is there, lucid, awake and people don't have a filter, right. It should go in as protocol... no jokes, no comments like 'Oh my God! How did the person get this size?' Of course, we talk, everyone talks, but be careful not to say it in front of the person, so they don't listen, because imagine you there, helpless in this bed, listening to this type of comment (T5).

We also pay attention to the testimonies of the study participants when asked about the feeling of arriving at work and seeing a person with obesity admitted to the ICU:

When I see an obese person in the ICU, it makes me feel discouraged (T2).

"... wow, I can't say that, but they're very big and they tire me a lot" (T3).

The multidisciplinary team is responsible for the quality of care. The humanization of ICUs must be promoted with the aim of valuing the essence of the person, attributing respect, dignity, cooperation and conformation.

Discussion

Participants revealed the difficulties in providing care due to lack of appropriate technology for obese people, also evidenced in a study from Goiás[8] where 70% of respondents said that the act of caring for a person with obesity is very difficult and 85% that the lack of suitable material interferes with the service provided. Furthermore, a survey in the interior of southern Brazil[9] identified that the precariousness or lack of equipment and materials are also considered obstacles, as the absence of adequate infrastructure compromises the care process, especially in an ICU. In the current research, it was observed that there is difficulty in providing adequate care due to the lack of materials and equipment in the ICU, such as appropriate beds for people with obesity, cuffs, and larger diapers.

Through Ordinance No. 390 of July 6, 2005[10], Brazilian legislation establishes guidelines for the Care of Obesity Patients. It states that the Unit must have all the necessary materials and equipment in perfect condition and operation to ensure the quality of care for people with obesity. Such materials include a special Fowler-type hospital bed for obese people with a capacity of 350 kg; specific reclining chair for patients weighing more than 300 kg; stretcher for transport and wheelchairs that can hold up to 350 Kg; specific clothing for patients over 200 kg, such as nightgowns, robes, and pajamas; volumetric respirators that support especially high volumes and pressures in super-obese patients; special cuffs and sphygmomanometers.

The technological range is renewed and grows, making the equipment faster and more precise in its functions, improving the care process. In this sense, we can see that the advance can directly impact the care provided to critically ill patients, influencing the patterns of diagnoses and treatments.[11]

Patient-centered care, through humanization, holism, and patient safety, is characteristically applied in the practice of activities carried out in the routine of the ICU, as they ensure quality care.[12] And in this sense, interdisciplinary care tends to produce greater weight loss, clinically significant and sustained, compared to usual care, as well as improvement in other health outcomes, demonstrating that the prevention and control of obesity become more effective in this modality of health care.[13]

The work of the physiotherapist in the ICU consists of assisting with ventilatory support, where he is trained and has a specific knowledge, being able to act at all stages, and which in turn is part of the therapeutic plan that assists the patient, aiming at improving its clinical picture.[14] The intensive care physical therapist is the professional responsible for the physical therapy diagnosis through physical-functional assessment, reducing the chance of possible clinical complications and infections and bringing many benefits to critically ill patients due to greater vulnerability and sudden complications.[15]

Thus, respiratory physiotherapy has an important role in the postoperative period, acting in the prevention and treatment of possible complications that may occur or are already installed in the patient. Bronchial hygiene techniques, lung expansion, respiratory training are used, use of non-invasive and invasive ventilation, CPAP, BiPAP, in order to improve, treat and prevent these patients who undergo this surgical intervention, remembering that each patient has a diagnosis. However, each treatment will be performed according to the need for each patient.[16] In the current research, when observing the reports of physical therapists, it is noted that they perform mobilization and exercises with patients, but they face difficulties.

Another aspect observed in this study was difficulties in positioning and repositioning the patient. This non-mobilization can contribute to the appearance of lesions, as it represents daily skincare that is of paramount importance. Therefore, it is considered that the characterization of hospitalized patients with skin lesions contributes to planning and implementing

comprehensive and systematic care. In addition, it can support the updating of specific clinical protocols for the prevention and treatment of skin lesions, especially LP.[17]

One way to assess the risk of pressure injury is through the use of the Braden Scale, allowing nurses to clearly and objectively measure the risk of each patient for the development of PL, in addition to providing subsidies for the preparation of diagnoses who are responsible for reducing the incidence of injury. It comprises six subscales: sensory perception, skin moisture, nutritional status, degree of activity and mobility, exposure to friction, and shear. The sum of the scores results in values between 6 and 23; the lower the score, the greater the risk of injury.[18]

In the North American study[19], three types of beds were used in the ICUs: regular, special, and bariatric. Among the patients in the sample, 89.5% used the regular bed, 4.1% used the special bed, and 6.4% used the bariatric bed. The incidence of pressure ulcers was 34% for patients placed in the special bed, 25% for the bariatric bed, and 5% for the normal bed. In the same study, extremely obese patients were about twice as likely to be injured as normal-weight patients.

One of the aspects emphasized by the participants in this study was the issue of care management, specifically for the work team, which demonstrates that care for the obese person generates, in the health team, demand for physical effort and division of tasks. It is noteworthy then that the valuation of care for the obese person needs to be associated with the qualification of professionals who take care of this clientele, as care is not only done by structures but fundamentally by people, among which the professionals who work in it play a fundamental role for effective management of obesity care.

A study from São Paulo[4] concluded that the workload experienced by the nursing team in the ICU, according to the Nursing Activities Score (NAS), does not differ between groups with different BMI. However, it is noteworthy that the insufficient number of professionals to perform care that involves mobilizing the person with obesity with total dependence can contribute to a greater risk in the occurrence of adverse events and generate a physical burden on professionals. People with obesity require more time for the cleaning procedure and more people for mobilization/positioning. As for the testimonies regarding the workload provided in the ICU of the hospital studied, it is clear that the professionals cannot work alone, nor with the help of just one colleague, needing more colleagues to move an obese patient, either in exchange for diapers, bed bath or mobilization.

As for the ethics of health professionals in caring for an obese person, few scientific findings were found. However, in an integrative review[20], it was evidenced that prejudiced assessments are present in various professions in the health area, impairing care, as the patient feels excluded and marginalized. This leads to a distancing from health systems and provides less preventive care.

The positive aspects of care show the importance of establishing a bond between the health professional and the client in the process of coping with and overcoming challenges during hospitalization, with the consequence of valuing the health professional. Negative aspects of the reported care, on the other hand, contradict the essence of the word "care," which requires reflections on the care provided and the need to invest more and more in humanizing practices.[21]

In this study, it was observed that the multidisciplinary team professionals strive with care and try to provide the best possible care, even at times facing challenging issues in a complex environment such as the ICU. Thus, through interventions committed to comprehensive care, the valuation of human relationships based on welcoming, listening, communication, bonding, and accountability, make the multidisciplinary team provide the best possible care.[22]

Final considerations

This research sought to understand health professionals' perceptions about the care provided to people with obesity in intensive care, pointing out that the team provides care even in the face of adversities related to materials/equipment. They also try to ensure skincare through mobilization, tools, and solutions to prevent injuries. As for the management of care to divide the work team, professionals use several strategies, such as working together. Other aspects revealed were the ethical issues, when

inappropriate comments were observed, something offensive and unnecessary. Despite all obstacles, professionals must guarantee the rights of all people with obesity and not consider them as limiting subjects.

The limitation found in the study was related to the small sample size and the fact that it was carried out in only one hospital institution. It is recommended to develop studies on the care of people with obesity in intensive care units and improve care.

Finally, it emphasizes the importance of the care provided by the multidisciplinary team to people with obesity and how technologies are indispensable in the hospital environment.

Authors' contributions

Sebold LF and Pardal BM participated in the conception, design, search, and statistical analysis of research data, interpretation of results, and writing of the scientific article. Girondi JBR and Amante LN participated in the writing of the scientific article.

Competing interests

No financial, legal, or political conflicts involving third parties (government, corporations and private foundations, etc.) have been declared for any aspect of the submitted work (including, but not limited to grants and funding, advisory board participation, study design, preparation of the manuscript, statistical analysis, etc.).

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