

Multidisciplinary teams: perceptions of professionals and oncological patients

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SUMMARY

Multidisciplinary teams are increasingly employed to treat cancer patients. This study aimed to evaluate the perception of physicians, other health care professionals, and hospitalized oncological patients regarding the multidisciplinary teams of the public and private sector. In total, 18 doctors were interviewed; 63 health professionals and 120 cancer patients. Satisfaction with the work of the multidisciplinary team was positive among patients and physicians (averages of 89.4% and 66.82% respectively), but higher among patients ($p < 0.0001$), among women rather than men (averages of 77.5% and 85.21% respectively, $p < 0.0001$), elderly individuals in comparison with adults (averages of 91.98% and 76.01% respectively, $p < 0.0001$), and in the public sector in comparison with the private sector (averages of 83.12 and 70.74 respectively, $p < 0.0001$). The results demonstrate that despite the difference between groups, patients and members of multidisciplinary groups were satisfied with multidisciplinary care, and some groups, such as elderly women from public services, may especially benefit from multi-professional groups.

KEYWORDS: Patient care team. Integrity in Health. Medical Oncology.

INTRODUCTION

The current health care model has proven unable to explain and respond to the population's health and disease processes¹. Thus, the current General Work Program has prioritized strategies to ensure healthy living and promote general well-being, aiming to achieve universal health coverage². In this strategy, practices should not be limited to the disease but take into account historical-cultural factors³.

In the search for promoting the health of cancer patients, a multidisciplinary team of professionals, consisting of doctors, nurses, physical therapists, nutritionists, speech therapists and/or occupational therapists interact with a common goal. The

coordination, communication, and decision-making between the members of the health team and patients undergoing cancer treatment can be improved when this type of approach is exploited⁴. However, since the concept of a multidisciplinary team is relatively new, there is no clear definition of its format⁵. Patient satisfaction has been shown to be positive when the teamwork is organized, multidisciplinary, agile, and efficient in care⁶. In this context, communication is extremely relevant in the therapeutic relationship between the team and the patient and aims to provide trust so that an effective assistance relationship can be achieved⁷.

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Among healthcare systems worldwide, the Single Health System (SUS) is one of the greatest public ones; it is universal and the only one to ensure full assistance that is completely free⁸. However, the system presents major structural problems that hinder health promotion⁹. Such problems make SUS, which was conceived as a free and universal system, in reality, a public system¹⁰.

There are public and private policies that determine the procedures and processes to be offered for cancer patients during their treatment and follow-up. One of the more complex processes in the care of cancer patients is a multidisciplinary approach. This work evaluated the satisfaction of patients and health professionals involved in multidisciplinary teams both in the private and public sectors.

METHODS

From June 2017 to July 2018, the perception of patients and healthcare professionals was evaluated through a questionnaire regarding their multidisciplinary activities in the period of cancer patient hospitalization. The patients selected were diagnosed with some type of neoplasia (lung, sarcoma, central nervous system, digestive tract, head and neck, hematological, gynecological, urological, colorectal or hidden), hospitalized for 24 hours or more in one of the following public or private hospitals in the state of São Paulo: Hospital de Ensino Padre Anchieta (public), Hospital Estadual Mario Covas (public), Hospital Alemão Oswaldo Cruz (private), and Instituto Brasileiro de Controle ao Câncer (private), and were followed-up by a multidisciplinary team (physicians, nurses, pharmacists, physical therapists, speech therapists, nutritionists, psychologists, and social workers)

Each member of the multidisciplinary team responded to a questionnaire containing eight questions to evaluate the perception of communication between the members of the multidisciplinary team, the benefits of multidisciplinary meetings, the work dynamics, and the interaction between different health professionals during the treatments. Oncologic patients also received a questionnaire with eight questions that sought to evaluate the patient's perception regarding the respect and concern of the multidisciplinary team with their health status, and if they were informed about their health condition and the possible treatments. The questions on satisfaction and dissatisfaction were to be answered with a "yes" or "no", and

the level of acceptance was calculated per individual in percentages.

The normality of the samples was tested using the Kolmogorov-Smirnoff test. The quantitative variables with non-normal distribution were tested using the Mann-Whitney test, and categorical variables were analyzed by the chi-square test. The comparison between the level of acceptance of each group assessed and the categorical variables of gender, age (adult or elderly), and type of assistance (public or private) were analyzed by one-way ANOVA. All analyzes were performed using the R software.

RESULTS

We included 81 members of multidisciplinary teams (18 of the medical team, eight of the nursing team, 21 pharmacists, two physical therapists, 11 speech therapists, 17 nutritionists, two psychologists, and two social workers), composed exclusively by adult individuals (87.7% men and 17.2% women). We evaluated 120 patients (52.5% men, 47.5% women; 55.8% adults and 44.2% elderly), with different types of neoplasm (lung [10], sarcoma [3], central nervous system [5], digestive tract [11], head and neck [10], hematological [18], gynecological [17], urological [15], colorectal [10], hidden [2]), and only 5.8% of the patients were treated in the private service, against 94.2% in the public service. We observed significant differences in gender and age between members of the multidisciplinary team and the group of patients ($\chi^2=19.32$; $p < 0.001$; $\chi^2=48.58$; $p \leq 0.001$) (Table 1).

We observed greater satisfaction with multidisciplinary care among the patients than among the members of the multidisciplinary team (averages of 89.4% and 66.82%, respectively, $F=96.726$, $p \leq 0.001$); among women than among men (mean of 77.5% and 85.21%, respectively, $F=7.5697$, $p \leq 0.001$); among elderly people than adults (average of 91.98% and 76.01%, respectively, $F=30.668$, $p \leq 0.001$); and in public than private care (average of 83.12% and 70.74%, respectively, $F=15.896$, $p \leq 0.001$). We did not observe significant differences in satisfaction among patients according to their types of neoplasia and staging (Diagnosis: $F=0.87188$, $p=0.56168$, Staging: $F=0.74794$, $p=0.58925$).

DISCUSSION

The optimal medical management includes discussions about the *status* of the disease and treatment

plan^{11,12}. Communication between the patients and the team is essential to ensure that these discussions are fruitful for the patients¹³. In this study, the patients showed a high level of satisfaction with the multidisciplinary team, which may reflect a good understanding of their individual therapeutic plan. In the literature, important factors of patient perception include empathy, the provision of hope, and active listening for effective communication with the patient¹⁴.

The satisfaction of physicians in relation to the multidisciplinary team was lower than that of patients, but still positive (66.82%), which may reflect good communication within the team. We noticed that among the experts there is greater recognition of the importance of the multidisciplinary team and of communication as an essential element in patient care and for families under palliative care^{15,16}. However, studies show that doctors believe that, in the context of a multidisciplinary approach, more precise information is provided to patients, but, despite that, interestingly, they do not show a clear preference for a multidisciplinary environment¹⁷. Therefore, the unclear preference for participation in multidisciplinary teams should

be further investigated. Perhaps the participation in multidisciplinary teams requires additional time and effort from its members, which could hinder its more widespread acceptance by health professionals.

The patients who showed greater satisfaction with the multidisciplinary team were female, elderly, and treated by public services. Between genders, female patients with cancer are more prone to suffer from psychosocial problems¹⁸, which could explain the perception of greater satisfaction among female patients due to the attention they receive from the multidisciplinary team. As to the level of acceptance among the elderly, evidence of interest and concern by the professionals are aspects that increase satisfaction^{19,20}.

There is a significant association of care provided by the Unified Health System (SUS) with some demographic profiles, such as the predominance of women, children, black and brown patients, low schooling, and income²¹. In relation to patients' satisfaction with the multidisciplinary team in connection with the type of health care system, patients from the public sector presented the greatest satisfaction. In relation to the members of the multidisciplinary team, studies

TABLE 1. SOCIODEMOGRAPHIC CHARACTERISTICS AND ACCEPTANCE BY THE MULTIDISCIPLINARY TEAM AND GROUP OF PATIENTS

Characteristics	Multidisciplinary team N=81	Patients N=120	Test	p-value	
Gender N (%)	Male	67 (82.7)	63 (52.5)	19.32 ^a	0.001*
	Female	14 (17.2)	57 (47.5)		
Care N (%)	Private	40 (49.3)	7 (5.8)	51.19 ^a	0.001*
	Public	41 (50.6)	113 (94.2)		
Age group N (%)	Adult	81 (100)	67 (55.8)	48.58 ^a	0.001*
	Elderly	0 (0)	53 (44.2)		
Level of approval	Good	66.82	89.27	-8.91 ^b	0.001*
	Bad	31.79	10.63		
Good level of approval - Team					
Age	Adult	66.82	NE	NE	NE
	Elderly	-	NA		
Care	Public	67.99	NE	0.798 ^c	0.374
	Private	65.63	NE		
Gender	Male	66.60	NE	0.127 ^c	0.722
	Female	67.86	NE		
Good level of approval - Patient					
Age	Adult	NA	91.98	2.15 ^c	0.145
	Elderly	NA	87.13		
Care	Public	NA	100	2.65 ^c	0.106
	Private	NA	88.61		
Gender	Male	NA	89.09	0.014 ^c	0.907
	Female	NA	89.47		

^a Chi-square test; ^b Mann-Whitney test; ^c Anova One-way test; * p>0.001; NA - Not applicable

have shown that professionals who work in SUS have professional satisfaction regarding their relationships with patients and colleagues, but may be dissatisfied with the environment and work conditions, agility in examinations and measurements, among other things²². Probably, the satisfaction among patients cared by SUS may reflect greater attention received by each patient, considering the sum of visits from each team professional in a context of assistance to a larger number of patients.

The introduction of a multidisciplinary team is an important factor to improve survival rates^{23,24}. Studies on the perception of patients and multidisciplinary teams can promote a reflection on actions to improve

their functioning and care itself, as was the case, for example in the United Kingdom, where, after changes in the work plan, there was extremely high satisfaction among patients (94%)⁵.

CONCLUSION

This study demonstrates a positive perception from cancer patients and the medical staff in relation to multidisciplinary teams, including factors that can interfere in perception, such as gender, age, and type of care (public and private). Elderly women who were assisted by public services seem to be the ones who derive more satisfaction from this approach.

RESUMO

Equipes multidisciplinares têm sido cada vez mais empregadas no tratamento de pacientes com câncer. Este estudo buscou avaliar a percepção de médicos, profissionais e pacientes oncológicos internados em relação à sua interação com a equipe multidisciplinar tanto no setor público quanto no privado. Entrevistamos 18 médicos, 63 profissionais da área da saúde e 120 pacientes oncológicos. Em relação ao trabalho da equipe multidisciplinar, a percepção foi positiva entre os pacientes e os médicos (médias iguais a 89,4% e 66,82%, respectivamente), mas maior entre os pacientes ($p < 0,001$), maior entre as pacientes mulheres do que entre os homens (médias de 77,5% e 85,21%, respectivamente, $p < 0,001$), maior entre os idosos do que entre os adultos (médias de 91,98% e 76,01%, respectivamente, $p < 0,0001$), e maior no setor público do que no setor privado (médias de 83,12% e 70,74%, respectivamente, $p < 0,0001$). Os resultados demonstram que apesar da diferença entre grupos, tanto pacientes como membros dos grupos multidisciplinares apresentaram satisfação com o atendimento multidisciplinar, e alguns grupos, como mulheres idosas cuidadas em serviços públicos, poderão especialmente ter um impacto maior de grupo multiprofissionais.

PALAVRAS-CHAVE: Equipe de assistência ao paciente. Integralidade em saúde. Oncologia.

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