



## Perception of the multidisciplinary team regarding the insertion of physiotherapists in the urgent and emergency service

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### ABSTRACT

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#### OBJECTIVE

To verify the perception of the multidisciplinary team about the role of the physiotherapist in the emergency service of a reference hospital in the south of São Paulo.

#### METHODS

Cross-sectional study, with a questionnaire (forms), composed of objective questions and evocation of words based on an inductive term, in a multidisciplinary team working in the urgency and emergency sector of a reference hospital in the south of São Paulo.

#### RESULTS

Sample composed of 43 professionals, most of them women from different professional categories, 28 hospital employees and 15 residents from different programs. Data shows that 97.7% of team professionals see the insertion of the physiotherapist in urgent and emergency care. And, in the spontaneous evocations, based on the inducing theme, the professional's "perception of the value of the intervention" in the field appeared prominently.

#### CONCLUSION

In general, there is a good perception of physiotherapists in urgency and emergencies, closely linked to the techniques and management of the area. At the same time, divergences were observed regarding the exclusive and non-exclusive duties and competencies of the physiotherapist, including attributing actions that are not regulated by the Physiotherapy Council.

#### DESCRIPTORS

Perception, Emergencies, Physiotherapy, multidisciplinary team.

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## INTRODUCTION

The urgency and emergency service are part of the health care network, which is divided into primary, secondary and tertiary care, which are managed by the Department of Health. The emergency environment is linked to secondary care, which refers to the entrance door to hospitals, where it receives countless patients daily who require immediate interventions of low, medium or high complexity<sup>1</sup>. It is a service designed to assist patients with or without risk of death, whose health problems require immediate care<sup>2,3</sup>.

In Brazil, the history of emergency physiotherapy begins around the year 2000, where the first specific experience for the UE unit (urgency and emergency) took place, aiming at the need for a qualified service that would have a beneficial impact on rates, complications and time. of admissions, Hospital Geral do Grajaú, located in the South Zone of São Paulo, became a pioneer in category<sup>2,4</sup>.

The role of the physiotherapist, in this urgent and emergency sector, plays a crucial role in the provision of health care, minimizing or reducing clinical signs and symptoms, including respiratory demands, reducing the time of orotracheal intubation, assisting in the selection of ventilatory assistance. ideally, reducing the number of complications, infections and length of hospital stay, including reducing hospital costs, in addition to contributing to pain control and improving disability<sup>3-6</sup>. Furthermore, although it is an environment that requires agility, patient care in the urgency and emergency environment requires humanized assistance, which corroborates the basic physiotherapy tool that is the hands, which aim to touch the individual in the care. most effectively possible<sup>5,6</sup>.

Along the same lines, it is worth emphasizing that although unfortunately, there are still services in which the professional physiotherapist is still little explored<sup>2</sup>, the impact of this contribution within the sector is noticeable. over the years, since the recognition of the professional's performance in the area took place on December 26, 2018 through Resolution No. 501. In this way, the physiotherapist stands out, whose role is fundamental in the face of so many needs present in the care environment<sup>3</sup>.

Thus, with the purpose of guaranteeing the physiotherapist's ethics, the Regional Council of Physiotherapy and Occupational Therapy of the 3rd Region (CREFiTO-3), referring to the state of São Paulo, established guidelines to guide and define the professional's duties and non-attributions. in the hospital environment. The change in the profile of emergency care and the increase in demand has resulted in the need for professionals in the area, which is reflected in situations such as faster and more efficient care, shorter invasive mechanical ventilation times and fewer complications caused by the length of stay<sup>1,5</sup>.

Furthermore, it is known that cooperation between professionals, including nurses, pharmacists, doctors, nutritionists, psychologists and social workers, is essential to guarantee an effective approach to care<sup>4</sup>. As the emergency room is a place for immediate care for critically ill patients, it is necessary to have an aligned multidisciplinary team capable of facing a wide variety of possible situations. Recognition of the roles of each professional is extremely important for the fluidity of the situations imposed. The purpose of the actions of the multidisciplinary team will always be to optimize and provide quality in patient care, with humanized assistance being recommended, despite variable clinical outcomes and available financial and technological resources<sup>1</sup>.

Therefore, discussing the role of the physiotherapist in urgent and emergency services is of great value in optimizing its insertion and relevance. Some studies already point out the perception of the patient team<sup>5,6</sup> and experience reports from physiotherapy residents about their role<sup>7</sup>, pointing out positive points about their performance in the field of technical skills

and humanization.

However, due to the multidisciplinary work necessary for the service and the demands that arise in urgent and emergency situations, identifying the perception of all team members about the physiotherapist can contribute with clarifying elements about what is expected and desired from this professional, enhancing joint care practice.

Therefore, given the evidence that demonstrates the positive results of physiotherapy in the emergency, an inclusion in services that is not yet well defined, including the physiotherapist himself, this study seeks to verify the perception of the multidisciplinary team of a reference hospital in the south of São Paulo. Paulo, about the role of the physiotherapist in the emergency and urgency service.

## METHODS

This is an observational, cross-sectional study using a questionnaire for a convenience sample of professionals who make up a team in the urgency and emergency service of a reference hospital in the south zone of São Paulo.

Data collection was carried out using a self-administered questionnaire (via Google Forms), constructed by the researcher, based on similar instruments from other studies<sup>4,5</sup>, containing questions about categorization of the participant (gender, professional category and work shift in this sector, age, time since training in the professional category and time working in the emergency sector), closed questions about the perception of the role of the physiotherapist in the urgency and emergency service and a questions so open, requesting the writing of the first three words that come to mind, spontaneously, without emission of value or right and wrong, based on the inducing theme "Physiotherapist's role in the urgent and emergency service". This strategy, of requesting random words based on a stimulus, seeks to identify spontaneous perceptions and personal representations of the subjects on the topic, without prior analysis of whether something is "correct or incorrect".

As it is an unvalidated instrument and to minimize the possibility of bias, the questionnaire was initially reviewed by health professionals, experts on the subject, and subsequently applied to three health professionals in the nursing field, to test the questions, coherence and interpretation.

This study was submitted to the Ethics and Research Committees (CEP) of UNISA (opinion 6,523,806) and the Co-participating Institution (opinion 6,541,695), obtaining approval. All professionals were invited to participate in the study, in the workplace and those who agreed to participate were asked to sign the Free and Informed Consent Form (TCLE) also via *Forms*. Emphasizing the participant that he could withdraw from the study at any time without prejudice or embarrassment.

After collection, the data were tabulated in an Excel spreadsheet and analyzed descriptively, with absolute, relative and mean numbers. The free association words, based on the theme, were analyzed by content following Bardin's parameters, grouping related themes and quantifying their appearances.

## RESULTS AND DISCUSSION

Regarding the sample, 43 subjects who work in the urgency and emergency service of the Hospital in question participated in the study, 32 of them female and 11 males, with an average age of 30.7 years (SD=8.30). The sample included seven distinct professional categories: nursing technicians and assistants, nurses, doctors, physiotherapists, pharmacists, social workers and nutritionists, 28 of which were professionals hired by the Institution and 15 residents of multidisciplinary health and medical residency programs (Table 1).

Table 1. Characterization of Subjects (n=43).

Variables	n (%)	Mean (SD)
<b>Sex:</b>		
Feminine	32 (74.4)	
Masculine	11 (25.6)	
<b>Middle Ages</b>		30.7 (8.30)
<b>Professionals:</b>		
Nursing technician and assistant	18 (41.8)	
Nurses	8 (18.6)	
Doctor	6 (14)	
Physiotherapist	4 (9.3)	
Pharmaceutical	4 (9.3)	
Social Worker	2 (4.7)	
Nutritionist	1 (2.3)	
<b>House professionals</b>	28 (65.1)	
<b>Residents</b>	15 (34.9)	
<b>Training time (months)</b>		51.29 (4.27)
<b>EU experience period (months)</b>		37.54 (3.12)

Source: authors.

From the data, the predominance of female professionals (n=32) working in assistance and care environments stands out. Historically, health work, as evidenced by the medical team, is reinforced by the prevalence of men, but over the decades, the female workforce became the majority, corresponding to around 75%<sup>8</sup>.

The heterogeneity of the professional categories that make up the team reinforces the vision of the need for an environment rich in specialties and the complexity of care for people in emergency situations. By associating these different wisdoms and unifying them in a treatment path, we optimize assistance in work with adequate and efficient cost and quality<sup>9</sup>. We can observe in the study the variety of professionals working on the team, 18 nursing assistants/technicians, eight nurses, six doctors, four physiotherapists, four pharmacists, two social workers and a nutritionist.

In Brazil, multidisciplinary health residency programs began in 2005, including several areas of health, such as physiotherapy, nursing, nutrition, psychology, among others<sup>4</sup>. Multiprofessional residency programs are considered *lato sensu* postgraduate courses, lasting two years, where the resident experiences the work of the specific area covering 48 hours of weekly activities, as well as theoretical content with 12 hours per week, for a total of 60 hours per week of activities dedicated exclusively to residence activities. By including the question “Are you a resident?” it was possible to distinguish that 34.9% of the subjects approached were participants in various residency programs, highlighting the importance and inclusion of these subjects in public services, given the role they play in the public service.

The emergency requires expertise from professionals for effective performance, considering the question “training time in the professional category” it was possible to gather from each subject how many years since their training, obtaining an average time of 51.29 months equivalent to 4.27 years, the participant who had the longest training time had graduated 20 years ago and the one with the shortest time had graduated one year in his category.

The question “time of experience in the EU” included in the questionnaire resulted in an average time of 37.54 months equivalent to 3.12 years, highlighting that the subject with the longest experience has 19.6 years and the shortest time of just 2 months of experience. The importance of preparation and practice in a challenging care team is crucial for the proper functioning of the sector and for the integrity of the team, resulting in a good quality of care<sup>10,11</sup>.

In relation to the evocation of words in the face of the inducing stimulus “Physiotherapist’s role in the urgency and emergency service”, four categories of professional perception were identified: perception of physiotherapy techniques;

perception of value of the intervention; perception of the objective of the action; professional perception (Chart 1).

Chart 1. Evocations based on the stimulus ‘ Physiotherapist’s role in the urgency and emergency service’ (n=115 words).

Categories	Response	Frequency (n, %)
Perception of physiotherapy techniques (29.6%)	Ventilation	11 (9.5)
	Aspiration	9 (7.8)
	Intubation	7 (6.0)
	Respiratory fisioterapia	2 (1.8)
	Blood gas analysis	2 (1.8)
	Motor physiotherapy	2 (1.8)
Perception of value of the intervention (38.3%)	Essential	23 (20)
	Important	16 (14)
	Necessary	5 (4.3)
Perception of the objective of the action (16.5%)	Complications	7 (6.0)
	Rehabilitation	7 (6.0)
	Assistance	5 (4.3)
Professional’s perception (15.6%)	Professionalism	10 (8.6)
	Team	7 (6.0)
	Resolution	1 (1.0)

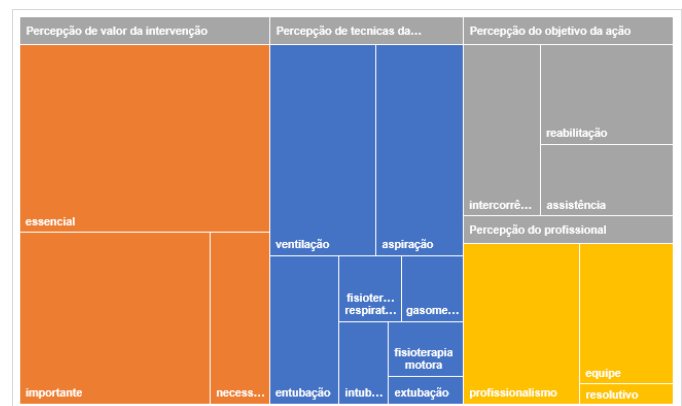
Source: authors.

It is observed that there is a higher percentage of evocations related to the category perception of value of the intervention (38.3%), these data indicate that when questioning the professional, he refers his thoughts to the physiotherapist’s vision of value in his routine, as per for example, “essential” (mentioned 23 times) and “important” (mentioned 16 times). Then noted in the table the results of perception by the specific techniques performed by the professional (29.8%), when related to this perception, we can analyze that “ventilation” and “aspiration” are the most cited words, with 11 and 9 citations respectively.

Considering these words mentioned, a positive perspective of the physiotherapist’s performance is revealed, seen by the performance and quality of physiotherapy care in the mentioned hospital. It is known that the professional’s performance is important due to the effectiveness of their care, resulting in a reduction in rates<sup>11-13</sup>.

Figure 1 illustrates the organization of the evocations, showing the four major categories linked to the role of the physiotherapist in the urgency and emergency service: perception of the value of the intervention; perception of physiotherapy technique; perception of the objective of the action; and professional perception.

Figure 1. Mental map of evocations.



Source: authors.

In relation to the six objective questions, with a single answer from the applied questionnaire, Table 2 summarizes the team’s perception, in a more targeted way, about the insertion of physiotherapists in the Urgency and Emergency sector.

In the two initial questions that assessed the perception of the physiotherapist’s insertion in the UE service and its impor-

tance, it was observed that 97.7% of the subjects visualized the professional's insertion, however, only 88.4% believed that they, in fact, should be present in the EU at all times. The need for a better understanding of the physiotherapist's duties in the sector is evident, as this way the team will better visualize the professional's objectives in situations imposed in the emergency environment<sup>12-14</sup>.

Chart 2. Questions about the team's perception of the physiotherapist.

Questions	Good (n,%)	Acceptable/ in certain situations* (n,%)	Unsatisfactory (n,%)
1. In your opinion, how is the insertion of physiotherapists in the urgency and emergency team?	42(97.7)	-	1 (2,3)
2. What is your perspective regarding the importance of physiotherapists in the effective functioning of the sector?	38 (88.4)	5* (11.6)	-
3. How do you see the interaction between the physiotherapist and the team?	36 (83.7)	6 (14)	1 (2,3)
4. What is your perception regarding the effectiveness of physiotherapy services provided to patients?	40 (93)	3 (7)	-
5. How do you evaluate the relevance of respiratory and motor physiotherapy services?	36 (83.7)	8 (16.3)	-
6. How do you evaluate the relevance of the physiotherapist in making adjustments to mechanical ventilation?	42 (97.7)	1 (2,3)	-

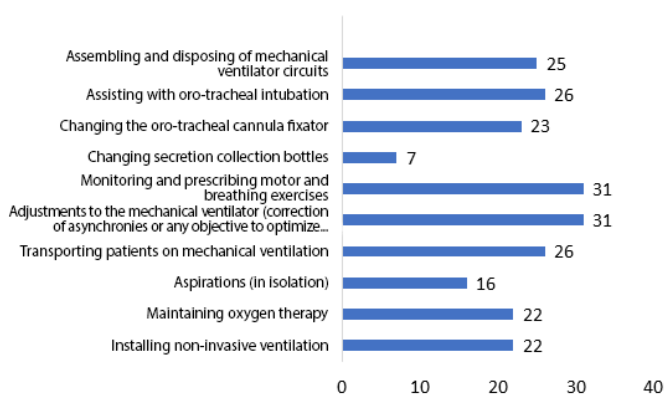
Source: authors

The third question reflects how the multidisciplinary team views the interaction with the physiotherapist, of the three response options 'Good' corresponds to 83.7%, we can analyze with this question that the majority of the team considers it a positive interaction, given that only one person responded to the unsatisfactory option.

In terms of patient care, relevance in the sector (when assigned to respiratory and motor rehabilitation functions) and adjustments to mechanical ventilation parameters, the physiotherapist gained a positive view from the team, as we can see in the fourth question 93%, in the fifth 83.7% and in the sixth and final question 97.7% of satisfactory answers.

And finally, a last question, asking the team to identify the duties and non-responsibilities of the physiotherapist in the emergency sector, brought data that shows that the team is not clear as to what, in fact, the duties of the physiotherapist in the sector are (Graph 1).

Graphic 1. Perceptions of the multidisciplinary team regarding the physiotherapist's duties.



These data refer to a subject of great repercussion for the team, despite the existence of a resolution (COFFITO RESOLUTION N° 402/2011) informative about the domains necessary for the physiotherapist's work, doubts still arise as to who should be responsible for maintenance<sup>13</sup>. Due to the questions

generated in the hospital environment, CREFITO-3 provides guidelines for professional practice, where we can clarify doubts regarding the professional's performance<sup>14</sup>.

One of the main conflicts between the physiotherapy team and the nursing team is the isolated aspiration of patients (n=16), since tracheal aspiration is only the role of the physiotherapist when he deems it necessary, especially after care, in the research carried out 16 employees selected the option as an exclusive physiotherapy action (CREFITO-3 ORDER N° 185 ART. Art. 13), then we have the assembly and disposal of the mechanical ventilator circuit, selected 25 times and the exchange of the secretion collection bottle, selected seven times, however, none is cited as a competence of the physiotherapy professional (CREFITO-3 ORDINANCE N° 185 ART. Art. 2)<sup>13-14</sup>.

Other relevant points such as maintenance of oxygen therapy (n=22), adjustments to the mechanical ventilator (n=31) and installing non-invasive ventilation (n=22) are mentioned as necessary skills for the physiotherapy professional, but not as exclusive. from category<sup>12</sup>.

Just as CREFITO has its Resolutions, the Federal Nursing Council (COFEN) also publishes to guide its and other categories. We can consider that assisting in the intubation procedure as well as changing the orotracheal fixation is a necessary maintenance for critical patients in need of an invasive airway, it is understood that the service of fixing and centralizing the cannula is the responsibility of the nursing professional (RESOLUTION COFEN No. 639/2020), and this type of maintenance is not considered the competence of the physiotherapist (CREFITO-3 ORDINANCE No. 185 ART. Art. 10)<sup>13,14,16</sup>.

Regarding the need for a Physiotherapist to transport patients on mechanical ventilation (n=26), there are still controversies, but the professional in this category can be part of the intra- and extra-hospital transfer team, especially when the patient is in need of ventilatory support. Invasive or non-invasive, however, it is reinforced that the minimum requirement for the team is composed of a nurse and a doctor specialized in urgency and emergency and also requires that the physiotherapist in question be exclusive to the transport team, without the physiotherapist being displaced from the sector (CREFITO-3 ORDINANCE No. 185 ART. Art. 15)<sup>13</sup>.

It is understood that the prescription and monitoring of physiotherapy exercises (respiratory and motor) is exclusive to the physiotherapy professional. In the research, 31 participants understand exclusivity (CREFITO-3 ORDER N° 185 Art. 3, Art. 4), in this question of the applied questionnaire, we can observe that no option was selected by the 43 participants (n=43) and other options were selected in large numbers, and these are not exclusive options for the physiotherapy professional<sup>13</sup>.

## CONCLUSION

This study verified the perception of a multidisciplinary team in the urgent and emergency service, it was found that the team has a positive view of the physiotherapist's role and the need for his presence in the sector, characterizing his insertion of the service as "essential". In addition to other elements "by the team", "effectiveness", "respiratory and motor performance" and "mechanical ventilation management" are also relevant.

The point of divergence regarding the inclusion of physiotherapists in the service refers to their duties and competencies. It is observed that functions are assigned that do not actually belong to the physiotherapist, due to the Council's own regulations and competencies that do not seem to be clear as to whether or not the professional is exclusively responsible.

In general, clarification and training actions regarding the role of each member of a multidisciplinary team can help resolve doubts observed, which contributes to more harmonious team performance and the enjoyment of all members.



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