

Interprofessionality in Health Care



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ABSTRACT

Introduction: Interprofessional education in health has been revealed as an important strategy of professional training, in which professionals are able to develop teamwork that seeks to achieve integrity in health care. Objective: To understand interprofessional education in health from the perspective of health education. Method: A

bibliographic review with a reflective approach was carried out published between 2011 and 2021 in the SciElo, Pubmed and CAPS databases, using specific descriptors, in Portuguese and English languages, in February 2022. The titles and abstracts were analyzed, followed by the selection of articles that related to the theme, and 7 articles were included in the final sample. Subsequently, the reflection on the theme was carried out. Results and Discussions: From the selection of the articles, it was possible to understand that there is a long trajectory in the implementation of changes in teaching in the context of health education, and there is a need to improve the teaching-service-community integration, as well as to prioritize interdisciplinarity and interprofessionality, enabling cooperation for the exercise of transformative practices. Final considerations: this study revealed the urgent need for the implementation, strengthening and support of interinstitutional partnerships, the promotion of public policies that qualify the faculty for the development of interprofessional education and the strengthening of relations between the university, health institutions and the community. In addition, it pointed out the need to promote a culture of collaboration and teamwork among health professionals, valuing the diversity of knowledge and skills in order to achieve more comprehensive results to improve the results and quality of health care.

Keywords: Interprofessional education, interdisciplinarity, professional training in health, teamwork, health care.

1 INTRODUCTION

Interdisciplinarity is the set of different axes with the objective of building a new knowledge. In the health field, the intersection of knowledge promotes greater health education, stimulating autonomy, training of patients and professionals in the health-disease process (BISPO; TAVARES; TOMAZ, 2014).



In the principles that govern the Unified Health System (SUS), it is perceived the valorization of health promotion and the right to equity and integrality within the system. In this sense, multidisciplinary health teams are essential in the health education process, since they act as an integrative factor in health care, promotion and prevention (TAUCHEN; FAVERUS; ALVARENGA, 2017).

In addition, according to Almeida and Afonso (2020), interdisciplinarity is considered an expansion of science, as well as a dynamic process that enhances the articulation between scientific knowledge and public policies. It seeks to break with the traditional perspective of the transmission of knowledge, with medicine centered only on the disease and the doctor as the only protagonist.

It is worth mentioning that there are obstacles to the implementation of interdisciplinarity, such as the lack of permanent education and academic training of the teams. It is also noticed the disparity between existing public policies among Brazilian municipalities, scarcity of resources and insufficient integrality in the health network (ALMEIDA; AFONSO, 2020).

This study is justified by the need to analyze the perspective of health education in interprofessional education, critically examining the practice of interdisciplinarity in the Brazilian context and its impact on health promotion and the quality of services provided. Understanding the historical evolution of the interdisciplinarity process in Brazil and its relationship with health education will provide valuable insights to improve training strategies and interprofessional practice, contributing to the effectiveness of health interventions and the strengthening of the health system as a whole.

In this sense, the present study seeks to understand interprofessional education in health from the perspective of health education and, as well as to discuss the practice of interdisciplinarity in prevention, promotion and health education, seeking to analyze historically the process of interdisciplinarity in Brazil and health education.

2 METHODOLOGIES

This study aims to understand interprofessional education in health from the perspective of health education. It consists of a bibliographic review with a reflective approach, elaborated based on the searches carried out in February 2022 in the Scientific Electronic Library Online (SciELO), Pubmed and CAPS databases. The search used specific descriptors, including "interprofessional education", "professional training", "teamwork" and "health", crossed by the Boolean operators "AND" and "OR", who seek to respond to the objectives of the study.

In the initial search, we used the inclusion criterion of full text, in the Portuguese and English languages, free, published between the years 2011 to 2021, which had the following profile: theoretical and conceptual studies that provide a solid conceptual basis, systematic reviews and meta-analyses



that synthesize and analyze the results of multiple primary studies, qualitative empirical studies that explore the subjective perspective of individuals, quantitative empirical studies that provide numerical evidence on associations or effects of interventions, and narrative review studies that present a descriptive overview of existing studies. As exclusion criteria for the selection of researches, we considered studies that were case reports, observational studies and poster presentations.

Through the analysis of the titles and abstracts and having as a criterion their relationship with the theme addressed for the bibliographic review, 07 articles were selected to read in full and included in this study.

Based on the information obtained on the theme, a comprehensive systematic and reflective analysis was conducted with the objective of exploring and deepening the understanding of the proposed theme

3 RESULTS AND DISCUSSIONS

From the reading and analysis of the articles, it was noted that interprofessional education in health has been revealed as an important strategy of professional training, in which professionals are able to develop teamwork. This practice is essential to achieve integrality in health care (BATISTA, 2012). By resuming important aspects related to the concepts of health education, it is understood that this is transformed over time, that society educates itself, in one way or another, and education, shapes man, and can also be used as a form of domination or liberation (SOUZA, 2018).

Thus, education in a dialogical and critical perspective, is committed to the construction of knowledge and as an instrument of social transformation, in which the teacher and the student act in interactive situations of teaching and learning. In this course of transformations, the process of teaching learning must be attuned to reality, with the problems of society, with the political and social reality and with the different cultures providing skills and competencies that make it critical and reflective (BATISTA, 2012).

In this perspective, it is perceived that the concern with health education in Brazil had a greater emphasis from the movement of the Sanitary Reform, in 1986, with the realization of the VIII National Health Conference, an important historical milestone in the consolidation of the SUS. With the promulgation of the Federal Constitution of Brazil, in 1988, it was established that the managing bodies of the SUS must structure mechanisms of educational action, which take into account to ensure the development of educational actions for the qualification of personnel and investigative actions of research and innovation (XIMENES NETO, 2020)

In 1990, with the creation of the SUS (Law 8.080/90), it was ensured that the public health services that integrate the SUS constitute a field of practice for teaching and research, through the norms elaborated jointly with the educational system (BRASIL, 1990). In this sense, health in a socio-



historical-cultural conception emphasizes the integrality of care, with the health team acting in an interdisciplinary and multidisciplinary perspective. This perspective advances in relation to the biopsychosocial conception by considering the health-disease process and recognizing the importance of multiprofessionality in care, breaking with the purely biomedical conception of health, centered on the disease, in which the physician is considered a central figure in health care (BATISTA, 2012).

It is important to highlight that in 2002, the CNE/CES Opinion 1.133/2001 was approved, in which the proposals for National Curricular Guidelines (DCN) of the Undergraduate Courses in the area of Health were analyzed and, among other important points, the Commission reinforced the articulation between higher education and health aiming at a contemporary profile of the graduates/professionals with emphasis on promotion, prevention, recovery and rehabilitation of health, indicating the general common competencies (BRASIL, 1996).

Aligning this perspective with the context of training in the health area, there is a long process of implementing changes in education to reduce the distance to training and the reality of health services. It was with this purpose that the need for changes in the training of professionals emerged to meet the health needs of the population and culminated with the DCNs, although still in the process of consolidation, despite its twenty years, as there are numerous challenges (ARAÚJO et al., 2019).

Currently, the logic and structure of higher education in Brazil are obstacles to interprofessional education, since the courses work in their own structures, legitimizing and strengthening the separation and hindering the interaction between other courses in the health area (BATISTA, 2012; COSTA, 2016). Added to this, the cultural barrier is shown as an even more challenging element, considering that the logic of specific training is very strong and exerts an important influence on the construction of professional identities. Thus, the training process is very content-oriented and hinders the adoption of strategies capable of forming attitudes, skills and values based on collaboration (COSTA, 2016).

Among these and other challenges, there is a discussion about the need to expand university education beyond specific professionalization. The growing problematization in the teaching proposal, with consequent changes in the attitude of teachers and students and the integration and interdisciplinarity as drivers of the training proposal. The need for integration is evidenced while it is understood from the point of view of new interactions in interprofessional teamwork, exchange of experiences and knowledge and position of respect for diversity. It enables cooperation for the exercise of transformative educational practices (BATISTA, 2012).

It is in this perspective that health has become increasingly complex and interconnected, bringing together more professionals from different backgrounds every day. Thus, requiring these professionals to collaborate to achieve high levels of quality in health care, as well as learn to work in teams, giving meaning to interprofessional education (SCHMUTZ, 2021).



Interprofessional education, as a training proposal, has already been discussed in Europe and the United States for more than three decades and is applied both in the graduation of the different health professions and in the permanent education of professionals who already work in a team. They have as central characteristics teamwork, discussion of professional roles, commitment to problem solving and negotiation in decision-making (BARR, 2015).

It also values the history of the different professional areas considering the other as a legitimate partner in the construction of knowledge, with respect for the differences seeking dialogue, challenge, commitment and responsibility in health care. In this movement, it is committed to the development of three competencies - competencies common to all professions, specific competencies of each professional area and collaborative competencies (BATISTA, 2012).

This study provides a relevant reflection for the health area, highlighting the importance of interprofessional education and the practice of interdisciplinarity in prevention, promotion and health education. We emphasize here the need to overcome fragmented and uniprofessional approaches in health care, seeking a closer collaboration between professionals from different areas and knowledge. This implies valuing the diversity of knowledge and skills, promoting a more holistic understanding of health problems and a more integrated action to improve the results and quality of health care.

In addition, the importance of a historical and contextualized approach to understand the evolution of interdisciplinarity and health education in the Brazilian context is highlighted. By looking to the past, it is possible to identify challenges, successes and opportunities that have shaped the way health is approached in the country. This historical reflection can provide valuable insights to address current and future health issues, contributing to the development of more effective policies, innovative training strategies, and evidence-based interventions.

However, this study presents important contributions to health science. By discussing the practice of interdisciplinarity in health prevention, promotion and education, the study contributes to the integration of diverse knowledge and approaches, facing complex health challenges and enabling significant advances in the understanding of diseases and the development of more effective interventions. In addition, it provides a deeper understanding of the factors that have influenced the interdisciplinary approach in the country, informing future policies and practices to address the specific challenges of Brazilian health.

Regarding the limitations of this study, although it has significant contributions, it is important to recognize some limitations. First, the literature review may be subject to selection bias, since it depends on the studies available in the databases consulted. In addition, the quality and representativeness of the included studies may vary, which may affect the generalization of the results.

However, the reflective approach may involve a subjective interpretation of the data, which may introduce a certain degree of bias in the analysis and conclusions, and it is relevant to interpret



the results with caution and consider these limitations when assessing the relevance and applicability of the study findings.

4 FINAL CONSIDERATIONS

As traditional health education practices change, the possibility of teaching in a more participatory, creative and interactive way emerges. Thus, enabling the involvement of the teacher in an innovative pedagogical project, making him co-responsible in the formative process.

In this sense, it is essential to promote a culture of collaboration and teamwork among health professionals, valuing the diversity of knowledge and skills. Interprofessional education emerges as a fundamental strategy to prepare professionals for collaborative practice and multidisciplinary understanding of health problems. Investments in interprofessional training, the development of integrated curricula and the creation of joint learning opportunities are necessary to promote this interprofessional approach.

In addition, it is necessary to foster the practice of interdisciplinarity in prevention, promotion and health education. This implies overcoming barriers and challenges, such as the fragmentation of health services and the lack of effective communication among professionals. The adoption of interdisciplinary approaches requires a paradigm shift, encouraging knowledge exchange, collaboration and teamwork to achieve more comprehensive and sustainable health outcomes.

Finally, it is necessary to implement, strengthen and support interinstitutional partnerships, promote public policies that qualify the faculty for the development of interprofessional education, strengthen relations between the university, health institutions and the community (teaching, service and community integration). It is also necessary to join efforts to promote a change in the interprofessional and interpersonal relationships of the different actors involved in health education and production in the various services.



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