INTERPROFESSIONALITY IN HEALTH: THE INTEGRATION BETWEEN PSYCHOLOGY AND NURSING IN THE CARE OF PATIENTS WITH SPINAL CORD INJURY

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ABSTRACT

Interprofessionality in hospital care is an essential element for the qualification of health care, especially in contexts of high complexity, such as the Intensive Care Unit (ICU). This study aimed to evaluate the interaction between psychologists and nurses in the care of patients with spinal cord trauma in an intensive care unit (ICU), analyzing how the interprofessional collaboration between the two categories contributes to the promotion of comprehensive and quality care. This is a qualitative, descriptive research carried out in a reference hospital in the Federal District. Data collection was conducted through semi-structured questionnaires applied to health professionals and the analysis was based on Bardin's content analysis method. The findings show that interprofessionality is materialized in the exchange of knowledge and collaboration to cope with the physical and emotional adversities of patients. However, challenges such as communication difficulties and job delimitation were identified as obstacles to joint work. It is concluded that strategies aimed at the qualification of communication and the construction of collaborative routines can strengthen the care provided, contributing to a more efficient and humanized care model.

Keywords: Spinal cord injury. Interprofessionality. Psychology. Nursing.

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INTRODUCTION

The spinal cord, from an anatomical point of view, is an organ that is part of the Central Nervous System, located in the spinal canal. This is composed of gray matter and white matter and is lined with a tissue called the meninges. The spinal cord is divided, respectively, into cervical (C1-C8), thoracic (T1-T12), lumbar (L1-L5) and sacral (S1-S5, coccyx) portions (ORPHAN, PRUITT, 2013).

Several factors are associated with the injury of this organ, which occurs when there is some type of injury to the spinal cord, resulting in one of the most worrisome impairments that can affect an individual, with great reverberations in psychological, social and functional life (BRASIL, 2013).

Such injuries can result in motor and sensory changes, as well as autonomic and psychosocial changes. It also adds "paralysis or paresis of the limbs, alteration of muscle tone, alteration of superficial and deep reflexes, alteration or loss of different sensitivities (...) and loss of sphincter control" (BRASIL, 2013, p. 6), among others.

Studies carried out in the United States have shown that car accidents, falls, physical aggression - gunshot or stab wounds - and sports practices are the main accidents responsible for spinal cord trauma. This same research shows that spinal cord injuries are more frequent among young people aged 16 to 30 years, men and those with low education (CAMPOS, PINTO, 2012).

A recent study verified the profile of patients treated at a public hospital in the Federal District, which pointed out the epidemiological profile of patients with spinal cord trauma, in a sample of 120 patients, of which 83.88% were male, with a mean age of 40 years. As for the etiology, car accidents prevailed in 47.50%, followed by falls from one's own height in 21% of cases, wounds caused by a knife or firearm projectile (aggressions) in 15% (PEREIRA, CASTRO, BARBOSA, 2020).

Sometimes, such spinal cord traumas require intensive hospital care, depending on the severity of the injury, and may even be submitted to surgical intervention. This requires that the care team be qualified enough to understand and attend to the specificities of this type of patient, who, due to trauma, becomes more susceptible to various physiological changes, in addition to being more prone to infections (MELO, 2002).

Other implications that may occur to MRT patients are: Neuropathic pain, musculoskeletal changes, vascular changes, neurogenic bladder, neurogenic bowel and pressure injuries. The prognosis related to these clinical cases will depend on the level of the lesion, access to specialized services, previous clinical history, demographic data, among others, and irreversible disabilities may occur (BRASIL, 2013).

Teamwork often requires health professionals to act in relationships that involve the professional-patient-family triad. In this sense, several challenges are presented, especially a range of psychological and emotional complexities, for which the team does not consider itself trained and/or qualified to act (MACEDO, 2007).

Other challenges are also related to the loss (death) of patients due to trauma and/or reverberations of the injury; difficulties in communicating treatment information to patients and family members, relational difficulties with professional colleagues imbricated in care, failure in communication and team cohesion in the definition of conducts, routines and interventions. Health care work can be very stressful, which ends up impacting the quality of the service offered (LEITE, VILA, 2005).

Spinal cord injured patients, in particular, need to face a range of psychosocial impacts, which involve changes in occupational life, family reorganization, economic and labor dependence. Self-responsibility in relation to RMT can make the patient feel guilty about the injury, absorbing this experience as a punishment and feeling of injustice (CEREZZETI *et al*. 2012).

In this sense, it is up to the health team to work in a coordinated manner to overcome such challenges and act in the restructuring of the patient's body image, working on the senses and meanings of losses, intervening in the development of the individual's potential in the face of the need for resilience. (SCHOELLER *et al.* 2016).

While multidisciplinary work is characterized by a juxtaposition of knowledge, interdisciplinary work seeks integration between them. Transdisciplinarity, in turn, proposes the construction of a new field of knowledge, going beyond the limits of disciplines (CECCIM; FERLA, 2008).

Interprofessionality, on the other hand, is configured when professionals from different areas of knowledge act collaboratively, sharing responsibilities in the planning and execution of health actions. This process requires, in addition to a common clinical purpose, the construction of solidary, reciprocal relationships committed to comprehensive care. In this context, the importance of interprofessional competencies is highlighted, understood as a set of knowledge and practices common to two or more professions (RIBEIRO et al. 2022).

The development of interprofessional competencies involves the articulation of specific and systematized skills within each profession, which are expressed through technical and relational knowledge and practices. As multiprofessional teams work collaboratively, it becomes possible to share knowledge and experiences, promoting the expansion of the repertoire of individual and collective competencies. This process favors a

greater capacity to respond to the complex demands of health care, since it allows for a more integrated, comprehensive and problem-solving action, without, however, disregarding the technical-legal limits of each profession (PEDUZZI, *et al*. 2006).

The very prefix "inter" refers to the idea of "between" or "within two", reinforcing the notion of articulation between different fields. However, it is essential that the development of these competencies considers the limits imposed by the specific regulations of each profession, respecting the technical-legal autonomy of the categories involved and ensuring ethics and safety in multiprofessional performance. In addition, the effectiveness of interprofessionality demands participatory practices that include users as active subjects in the definition of care strategies (RIBEIRO et al. 2022).

The work of psychologists and nurses can have a positive impact on the patient's recovery, contributing to the broadening of perspectives in the face of the suffering that constitutes illnesses, in addition to qualifying the team's communication. This partnership aims to recognize the individual beyond his pathology, with emotional care being the responsibility of both professions (VARGAS *et al*, 2023).

This study aims to answer the following research question: In what ways can nursing and psychology together contribute to the recovery of spinal cord injury patients?

METHODOLOGY

This is a qualitative, descriptive study, which was carried out from the application of a semi-structured questionnaire instrument developed specifically for this research. The research site took place in a regional referral hospital for the care of patients with spinal cord trauma, in the Federal District, in an Intensive Care Unit (ICU). Most patients treated by the ICU have a lesion level characterized by quadriplegia, dependent on mechanical ventilation.

The sample was defined by convenience, consisting of 2 (two) psychologists and 8 (eight) nurses, according to the availability of these professionals in the unit. The reduced number of psychologists is due to the limited number of these professionals working at the research site.

The questionnaire was composed of 5 (five) closed questions to characterize the sample - profession, age, time working in the SUS, time working in the ICU and existence (or not) of a specialist title. The questionnaire also had three open questions: "What is it like for you to work in an interprofessional team?"; "What is your role in the approach to patients with spinal cord trauma in the acute phase?" and "When do you count on the work of the nursing/psychology professional in the care of patients with MRT?".

The interviews were conducted from February to April 2024. The data treatment occurred through Bardin's (2011) content analysis, divided into 3 distinct phases: The first consisting of pre-analysis (transcription and reading of the answers obtained, tabulation of the answers and classification according to their relevance to the research), the second of exploration of the material (organization into categories of what emerged from the discourses, giving a predilection for greater occurrences of the interviewees' answers) and the third occurred with the treatment of the results (inferences and interpretations).

The content analysis proposed by Bardin is a qualitative methodology that enables a detailed evaluation of communications, aimed at the treatment of information through an analytical description of what is transmitted. This approach allows exploring the meanings, signifying elements and descriptive interpretations of the analyzed content (BARDIN, 2011).

This study was approved by the Research Ethics Committee in January 2024, with substantiated opinion number 6.694.882 and CAEE77486224.8.0000.5553. The participants were instructed about the objectives and procedures of the research, and the participants signed the informed consent form (ICF).

RESULTS

10 interviews were conducted with two distinct categories of interviewees - professional nurses and professional psychologists. The data analysis began with the characterization of the sample, followed by the evaluation and examination of the collected content, with the objective of identifying similar responses in the discourses obtained.

In the discussion, inferences were made from the contents obtained in the light of studies selected to answer the research problems. In summary, the theoretical framework adopted deals with the concepts of interprofessionality, teamwork in intensive care units and interventions in the acute phase in patients with spinal cord injury (BRASIL, 2013); (FERREIRA, SILVA, PEREIRA 2022); (SILVA, GOMES, 2017); (VARGAS *et al*, 2023); (RIBEIRO *et al*., 2022); (FERREIRA, MENEZES, 2023).

SAMPLE CHARACTERIZATION

The sample was characterized based on five previously described specifiers. Of the 10 participants in the research, two were psychologists and eight were nurses. As for the age of the interviewees, it ranged from 24 to 52 years, with a final average of 34 years. As for the time working in the SUS, it varied between 07 months and 30 years, with an average of working in the SUS of 12.8 years. Regarding the length of care in the intensive care unit, it ranged from 3 months to 18 years, with a mean of 4.5 years.

Regarding the existence of specialization, 70% of the interviewees are specialists in some area of health - three specialists in intensive care, one specialist in women's health, one in health management, one in epidemiology, one in hospital infection control, and one in palliative care. Two interviewees had more than one specialization. The other 30% of the interviewees, who did not have any specialization, were attending multiprofessional residency in intensive care.

Regarding the content of the respondents' answers, the results were organized into six (6) main categories. These categories reflect the most significant aspects frequently mentioned by the interviewees, namely: The importance of interprofessionality in patient care; Role of psychology in the patient's adaptation process; Role of nursing in the care of patients with MRT; Communication between professionals as an essential element; The physical-emotional challenges in the life of the patient and his family; Emotional support for health professionals.

Category 1. Interprofessionality in the Care of Patients with MRT

Interprofessionality was widely highlighted by the interviewees as an essential factor for patient care. The professionals emphasized the importance of collaboration and exchange of knowledge between different areas of health. They highlighted the integration of knowledge, continuous learning, appreciation of professional interdependence and the importance of communication for the effectiveness of patient follow-up.

"There is no way, I think that today I cannot see any other logic of care than this." - (ENF 4). *"I like it a lot, I learn a lot and I think that sharing with the team really complements my work."* - (PSI 2). "*We work in a way that is really interdisciplinary, that we can suggest some things really within the conduct of other professionals. So everything is well discussed and we always manage to reach a consensus"* - (ENF 1) *"I like it a lot, I learn a lot and I think that sharing with the team really complements my work [...] If you don't have a good relationship with the team, the psychologist's work doesn't flow." (PSI 2).*

The multidisciplinary team encompasses several professionals in addition to nursing and psychology, such as physiotherapists and nutritionists, who perform essential functions in the treatment of patients with MRT. The interviewees highlighted this facet of work in the ICU environment as relevant to the functioning of the unit and comprehensive patient care, highlighting how collaboration between different health areas directly impacts the quality of care and patient recovery.

"In undergraduate studies, we don't see this context much [...], so I think it's essential for our work. [...] We contribute to the issues of psychology, humanization and everything,

*and they give this medical, health, nurse, physical, nutritious knowledge to us back." (PSI 1)*element. *"The work is joint. We need the physiotherapist, the nutritionist, the speech therapist, because each one contributes to the patient having the best possible recovery."* - (ENF 1). *"Each professional has an essential role in the rehabilitation process. We, from nursing, have contact with everyone and realize that when the team works well, the patient has more chances of improvement (...) it is a team effort, each professional has a fundamental role."* - (ENF 3).

The content of the interviewees' answers also dealt with some challenges faced on a daily basis, such as the lack of clarity about the role of each professional, difficulties in articulating the areas and inefficient communication within the team. Some professionals reported that the absence of a clear delimitation of functions can lead to some conflicts. In addition, the lack of time for interprofessional discussions and the scarcity of physical resources were pointed out as factors that hinder a truly integrated action

"Sometimes, we don't know exactly what the other professional is doing or what the established conducts are. This can lead to delays and rework." - (ENF 4). *"I see that interprofessionality works, but we still have difficulties. Sometimes, there is resistance from some professionals to share information or listen to the other's opinion."* - (ENF 7). *"We work together, but sometimes it is not clear where the performance of one ends and the other's begins. This can cause conflicts or even overload for some areas."* - (ENF 3).

"Ideally, everyone would have more knowledge about the functions of each area, because then the work would flow better." - (PSI 2). *"We know that interprofessionality is essential, but the overload of work makes this integration difficult. Often, we don't have time to sit down to discuss each case as we should."* - (ENF 8). *"There is a lack of structure for interprofessionality to work well. If we had more spaces for discussion and joint planning, care would be more efficient."* - (ENF 4).

Category 2. Role of Psychology in the Patient's Adaptation Process

For the interviewees, the emotional impact of the TRM patient requires a continuous psychological approach, both for patients and for family members. Psychologists were described as professionals who help in the acceptance of the new reality and help the patient deal with feelings such as fear, anxiety, and uncertainty about the future.

"Psychology helps many people in approaching the family, which usually at first the patient is unconscious." - (ENF 1). *"(...) This process that is acute, which is a situation in which life changes drastically, the psychologist's work is constant, and this whole process of the family understanding, this whole new context, this new routine (...) I say that the ICU is*

a very diverse world, and we make the family start to insert itself, and we insert the family in this universe." - (PSI 2).

"I notice, sometimes, that the patient has some demand, which is more focused on the psychological, and I always call the psychologist." - (ENF 6). "*It has a whole role to guide, to situate and work with the patient on that new condition of his/her [...]. Treat with him this new condition that he is in."* (PSI 1). *"During psychology consultations, it is often at this moment that he has the courage to ask about the movement [...] It is psychology that can explain a little, in a simpler way, what happened to him."* (PSI 2).

Category 3. Role of Nursing in the Care of Patients with MRT

The interviewees highlighted the role of nurses as a central element in the care of patients with MRT, being responsible for continuous monitoring, preventive care and direct care. The discourses highlighted the technical performance of nursing, emphasizing clinical stabilization and the organization of the care routine

"As an intensivist, it is to provide support, advanced life, ventilatory support, spinal cord shock support, and patient support and care, that normally the MRT that comes to the ICU is a MRT that is partially or totally dependent on nursing care, for hygiene, for comfort, for elimination, for food, most are very dependent." - (ENF 7). *"We mobilize every two hours, pain control, hemodynamic control, and change of decubitus to avoid injuries."* - (ENF 3). *"I am responsible for managing patient care, scheduling exams, direct assistance and nurses' own procedures."* - (ENF 5).

Category 4. Communication between professionals as an essential element

The interviewees' discourses converged on a central element in care: communication. They reported that it needs to be effective among team members and that this is a determining factor for quality care. The alignment of information about the patient's condition and the conducts adopted is what allows for a better organization of care and avoids failures in the continuity of treatment. They highlighted the constant exchange of information, especially about the patient's complaints, such as hydration or the need for medication adjustments, with nursing being the main partner in this mediation.

"(...) by talking to the TRM patient you end up finding issues that go beyond the psychologist. Sometimes it talks about whether there is a need for hydration, for example, or a condition beyond that. So we turn to nursing, see a need to approach the doctor, for example, with a change in prescription, a pain medication... basically it is listening to the patient and passing on the information to the nursing team, who are always the first" - (PSI

1). *"We need to have a well-established communication about what the patient's prognosis will be and the decisions to be made."* - (ENF 6). *"(Communication) is something that, if it is fragmented, undermines care."* (ENF 4)

Category 5. Physical and emotional challenges in the life of the patient and his family

The contents that emerged from the interviews highlight that spinal cord injury represents a drastic rupture in the patient's life, impacting their autonomy, functionality and emotional well-being. In addition to the physical limitations imposed by the trauma, the interviewees emphasized that the reconfiguration of the patient's identity in the face of the new condition generates anguish, insecurity and significant psychological challenges. The process of accepting this reality is complex and gradual, requiring continuous professional support, both for the patient and for his family, in order to minimize emotional suffering, favor adaptation and promote coping strategies.

"The patient begins to realize the limitations imposed by the condition, and this generates a lot of anguish and anxiety. We notice it in his eyes, in the way he responds to us." - (ENF 6). *"Many patients cannot express what they are feeling verbally, but we see it in the facial expression, in the behavior, in the lost look... It is a suffering that needs to be welcomed."* - (ENF 3). *"The shock of the new reality is brutal. At first, they don't believe they have lost the movement. When the penny starts to drop, anguish, sadness, fear of the future comes."* - (ENF 4).

Another point that emerged from the evaluated contents was the fundamental role that the patient's family plays in the rehabilitation process, directly influencing the acceptance of the new condition. Emotional support and adaptation to the family routine were pointed out as essential elements for the patient's recovery.

"The family is a fundamental part of care, because the patient needs emotional support all the time. If the family is disorganized, he feels the impact of the injury even more." - (PSI 1). "We insert the family in this new universe, because the ICU is not a common place for them. They need to understand the routine, the challenges, and the importance of continuous care." - (PSI 2). "The acceptance of the new condition by the patient often depends on how the family reacts. If the family accepts and adapts, the patient is more likely to cope better with the new reality." (Nurse 3). "Psychology helps prepare the family for the rehabilitation process, bringing tranquility and understanding." - (ENF 8).

Category 6. Emotional Support for Health Professionals

According to the reports of the nursing professionals, one of the most emphasized aspects was the emotional overload experienced in the care of patients with Spinal Cord Trauma (RMT). The impact of dealing with severe cases on a daily basis, the complexity of care and the involvement with the suffering of patients and their families were pointed out as significant for the team. In this context, the support of psychology was pointed out as essential not only for patients, but also for health professionals themselves.

"Dealing with patients with MRT is always very difficult. You see a young, active person who suddenly loses movement. That moves us too." - (ENF 3). *"We can't show weakness, but there are times when it's difficult to hold back. There were days when I left on duty with a lump in my throat."* - (ENF 6). *"Psychology gives this welcome to us too, not just to patients."* - (ENF 6). **"***Family members sometimes end up taking their pain out on the team. And we have to know how to deal with it, because we are here to help, but we are also human."* (Nurse 1).

DISCUSSION

As highlighted by Ribeiro *et al*. (2022), interprofessionality is recognized as an essential component in the provision of quality health care, promoting collaboration and the integration of knowledge between different professional areas. This approach facilitates continuous learning and values the interdependence among professionals, fundamental elements for effective follow-up, which ratifies the results obtained from the interviewees' discourses.

The data collected indicated that interprofessionality is valued by the professionals interviewed, being pointed out as an essential strategy for the promotion of qualified care. According to Silva *et al*. (2023), interprofessional education (IPE) can be an effective tool to enhance this collaboration, as it provides professionals from different areas with a better understanding of the roles and responsibilities within the multiprofessional team.

On the other hand, this study also identified challenges that hinder interprofessional practice, such as the lack of definition of roles and the fragmentation of communication. Oliveira, Guizardi, and Dutra (2021) highlight that the resistance of some professionals to share information or dialogue about clinical conducts can generate failures in the continuity of treatment. This corroborates the reports of the interviewees, who mentioned difficulties in the articulation between the different professionals, which directly impacts the quality of the care provided.

Thus, it is possible to point out that communication plays a fundamental role in collaborative interprofessional practice in health. When adopted from a dialogical perspective, it promotes the continuous exchange of information and experiences among professionals, strengthening mutual understanding and trust. This approach facilitates the joint construction of solutions to the challenges faced in patient care, resulting in a more integrated and effective care (PREVIATO, BALDISSERA, 2018).

From the challenges identified, especially with regard to fragmented communication and the lack of definition of roles, the need for strategies that strengthen interprofessional practice becomes evident. One of the possible answers to these gaps is Interprofessional Education (IPE), a training strategy that has been adopted worldwide as a means of developing collaborative competencies since graduation. Interprofessional education proposes that students from different areas learn "with, about and among themselves", which favors the construction of a common vocabulary, the mutual understanding of professional roles and the development of communication and collaborative leadership skills (WHO, 2010; REEVES et al., 2010).

In addition, the implementation of permanent institutional spaces for case discussion and joint planning can contribute to overcoming fragmented communication and overlapping functions. Strategies such as care circles, interdisciplinary visits, and collaborative care protocols have also been shown to be effective in clarifying responsibilities and strengthening bonds between professionals (FERREIRA; OLIVE TREE; MENEZES, 2023).

Developing interprofessionality, therefore, requires more than goodwill from the subjects: it requires institutional investment, support for continuing education and reorganization of work processes so that collaborative practices do not become the exception, but the rule. Interprofessionality is consolidated when there is pedagogical and organizational intentionality for professionals to act in an integrated way, around user-centered care (RIBEIRO et al., 2022).

The psychologist, alongside other health professionals, enriches care and enhances recovery, especially in highly complex situations, in which psychological support for patients and family members reduces the emotional impact of hospitalization, improving treatment adherence (MONTEIRO *et.al*, 2024). This study showed that the psychologist acts as a facilitator of communication between the patient, the team and family members, helping to build coping and adaptation strategies.

It was observed, based on the interviews with the professionals, that although communication is a collective responsibility of the team, the psychologist is often identified

as the main link of communicational mediation between patient, family and team. This is due to their qualified listening and ability to translate subjectivities into information that is understandable in the clinical environment. The psychologist is the one who frequently perceives emotional and cognitive nuances in patients and family members, and passes on these demands to the team, facilitating the alignment of conducts.

This mediation, however, is only effective with active listening and immediate support from nursing, especially from technicians and nurses who have direct and continuous contact with the patient. Thus, the psychologist is the one who qualifies communication through clinical listening and emotional articulation, while nursing sustains the continuity of this communication in the daily care routine, configuring an essential complementarity to team care.

Thus, the results showed that the articulation between nursing and psychology in the care of patients with spinal cord trauma (RMT) is essential for the physical and emotional recovery of these individuals. While nursing plays a central role in clinical stabilization, prevention of complications, and maintenance of vital functions, psychology acts in mitigating the emotional impact, helping to adapt to the new reality, and promoting coping strategies for both the patient and their family.

Another relevant finding of this research was the emotional impact of work on health professionals. Overload, constant contact with patients' suffering and the need to make complex decisions are factors that can lead to physical and mental exhaustion of the team (MARTELLET; MOTTA; CARPES, 2014). The nurses' reports indicated that, many times, the emotional support offered by the psychology sector is also necessary for the workers themselves, reinforcing the importance of a careful look at the mental health of frontline professionals.

Finally, the findings of this study corroborate the *Canadian Interprofessional Health Collaborative - CIHC* (2010), which proposes six essential dimensions for collaborative interprofessional practice in health: (1) interprofessional communication, (2) patient, family, and community-centered care, (3) clarification of roles and responsibilities, (4) effective team functioning, (5) collaborative leadership, and (6) interprofessional conflict resolution. These domains provide a theoretical and practical basis for the development of competencies that favor integration among professionals, promoting safer, more coordinated care centered on the needs of users, which were reflected in the statements of the interviewees.

The experiences reported by psychology and nursing professionals show practices that dialogue directly with these dimensions, especially with regard to communication as a

structuring axis of care, the need for greater clarity in professional roles and the importance of the harmonious functioning of the team to ensure the continuity and quality of care. Thus, the results of this research reaffirm the relevance of interprofessionality as a foundation for a more comprehensive, humane and effective care model, highlighting the importance of fostering institutional spaces that favor the collective construction of knowledge and practices among the different professional categories.

CONCLUSION

In view of the reflections presented, this study allowed us to understand the dynamics of interprofessional relationships between psychologists and nurses in the ICU context, especially in the care of patients with spinal cord injury. It was evidenced that the collaboration between these professional categories has a positive impact on the patient's recovery, promoting qualified care based on effective communication, mutual learning and the exchange of knowledge.

The results demonstrated that interprofessional integration is essential for the care of the TRM patient, highlighting that collaborative practice occurs in constant dialogue with the technical knowledge of other members of the multiprofessional team. The interdependence between these professionals enables a more coordinated care that is aligned with the needs of hospitalized individuals, favoring the control of the physiological aspects of the injury and also the promotion of structured emotional support, promoting comprehensive and humanized care.

Despite the advances in valuing teamwork, significant challenges persist in the daily routine of the ICU, such as the fragmentation of communication, work overload and the lack of definition of roles among professionals. These factors, added to the scarcity of structural and organizational resources, compromise the effectiveness of truly collaborative practices, limiting the potential of interprofessionality in the intensive environment. Such obstacles highlight the need for institutional strategies that strengthen dialogue and promote integration between the different knowledge and functions of the health team.

In this context, Interprofessional Education (IPE) stands out as a promising proposal to overcome these barriers. The EIP proposes that students and professionals from different areas of health learn with, about and from each other, promoting from initial training the development of collaborative skills that are fundamental for integrated practice in patient care.

By favoring the mutual recognition of knowledge and professional attributions, interprofessional education contributes to the strengthening of teamwork and to the

qualification of interprofessional communication. To this end, it is recommended the adoption of active methodologies, interprofessional internships, collaborative simulations and regular spaces for discussion among team members. These strategies have the potential to transform fragmented practices into more cohesive, patient-centered care processes committed to problem-solving capacity and humanization of care.

This study may be limited with regard to the number of interviewees, suggesting that this research be expanded, contemplating a larger sample, which can be carried out in different hospital units. This approach would enable a more comprehensive analysis of interprofessionality and its nuances in the hospital context, contributing to the formulation of policies and guidelines that strengthen interprofessional practice in the care of critically ill patients.

In short, the interprofessionality between psychologists and nurses represents a promising care model, in which the complementarity of knowledge favors a more efficient, humanized and problem-solving care. However, for this practice to be effectively consolidated, it is essential that measures are implemented that optimize communication, clarify professional roles, and offer adequate support to the health team. Only then will it be possible to guarantee a truly comprehensive care aligned with the needs of patients with spinal cord injury.

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