Challenges of the Interdisciplinary Approach under the Perspective of the Multidisciplinary Team in a Referral Hospital for Cancer Treatment in Brazil

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Desafios à Intervenção Interdisciplinar no Olhar da Equipe Multiprofissional em um Hospital de Referência em Tratamento de Câncer no Brasil

Desafíos del Enfoque Interdisciplinario a los Ojos del Equipo Multidisciplinario en un Hospital de Referencia para el Tratamiento del Cáncer en Brasil

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Abstract

Introduction: The interdisciplinarity is seen as an alternative that, added to the technological development, could contribute to the improvement of healthcare, but whose construction faces challenges. The Gastric and Esophageal Cancer Study and Treatment Group of a referral cancer treatment hospital formed by a multi-professional team, was created to promote interaction between the team and the improvement of patient care; nevertheless, still needs to move towards interdisciplinarity. **Objective:** To know and analyze the challenges of interdisciplinary intervention through the vision of the professionals who belong to the team. **Method:** Qualitative approach, with data collected through interviews with professionals of the group's categories and analysis based on hermeneutic-dialectic. **Results:** One of the results was the understanding about the purpose of the group and the concepts of integrality and interdisciplinarity, including the perception about the patient care network. Other result was the presentation of objective and subjective challenges and their relation, respectively, to the management and relationship between the team, and between professionals and patients, for whom care is provided. In addition, it were presented positive results and progress, and the necessity to focus the attention to the team and its own care. **Conclusion:** It was verified the importance to encourage the professionals to think about their own individual and collective intervention, bearing in mind the possibilities that are within the scope of the team and others that could be the object of pledges and struggles for the effective implementation of National Health System and to value the potentialities and conquests already achieved.

Key words: Patient Care Team; Integrality in Health; Interdisciplinary Placement.

Resumo

Introdução: A interdisciplinaridade é vista como uma alternativa que, somada ao desenvolvimento tecnológico, possa contribuir para a melhoria do cuidado em saúde, mas cuja construção é cercada de desafios. O Grupo de Estudos e Tratamento do Câncer Gástrico e Esofágico de um hospital referência em tratamento de câncer, composto por equipe multiprofissional, foi criado no sentido de promover interação entre a equipe e a melhoria no atendimento ao paciente, mas ainda precisa avançar no sentido da interdisciplinaridade. **Objetivo:** Conhecer e analisar os desafios à intervenção interdisciplinar no olhar dos profissionais que integram a equipe. **Método:** Pesquisa qualitativa, cuja coleta de dados se deu por entrevista com profissionais das categorias inseridas no grupo e análise com base na hermenêutica-dialética. **Resultados:** O entendimento acerca do propósito do grupo e das temáticas integralidade e interdisciplinaridade, incluindo-se a percepção sobre a rede de cuidados ao paciente. Foram apresentados desafios objetivos e subjetivos, vinculados, respectivamente, à gestão e à relação entre a equipe e entre os profissionais e os pacientes, para os quais é fundamental destinar o cuidado. Foram ainda apresentados avanços e resultados positivos e a necessidade de se direcionar o olhar também à equipe e ao seu cuidado. **Conclusão:** Verifica-se a importância de levar os profissionais à reflexão acerca de sua intervenção, individual e coletiva, tendo em vista as possibilidades que estão ao alcance da equipe e de outras que poderiam ser alvo de pleitos e lutas para a efetiva implementação do Sistema Único de Saúde, como também valorizar as potencialidades e os ganhos já conquistados.

Palavras-chave: Equipe de Assistência ao Paciente; Integralidade em Saúde; Práticas Interdisciplinares.

Resumen

Introducción: La interdisciplinariedad se considera una alternativa que, sumada al desarrollo tecnológico, puede contribuir a la mejora de la atención médica, pero cuya construcción está rodeada de desafíos El Grupo de Estudio y Tratamiento del Cáncer Gástrico y Esofágico de un hospital de referencia para el tratamiento del cáncer, compuesto por un equipo multiprofesional, fue creado para promover la interacción del equipo y mejorar la atención al paciente, pero aún necesita avanzar hacia la interdisciplinariedad. **Objetivo:** Conocer y analizar los desafíos de la intervención interdisciplinaria a los ojos de los profesionales que forman parte del equipo. **Método:** Investigación cualitativa, cuya recopilación de datos se realizó mediante entrevista con profesionales de las categorías incluidas en el grupo y el análisis basado en la dialéctica hermenéutica. **Resultados:** La comprensión sobre el propósito del grupo y los temas de integralidad e interdisciplinariedad, incluida la percepción sobre la red de atención al paciente. Se presentaron desafíos objetivos y subjetivos, vinculados, respectivamente, al manejo y la relación entre el equipo y entre profesionales y pacientes, para lo cual la atención es esencial. También se presentaron avances y resultados positivos, así como la necesidad de dirigir la mirada hacia el equipo y su cuidado. **Conclusión:** Existe la importancia de que los profesionales líderes reflexionen sobre su intervención individual y colectiva, considerando las posibilidades que están al alcance del equipo y otros que podrían ser el objetivo de reclamos y luchas para la implementación efectiva del Sistema Único de Salud, además de valorar el potencial y los logros ya alcanzados.

Palabra clave: Grupo de Atención al Paciente; Integralidad en Salud; Prácticas Interdisciplinarias.

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INTRODUCTION

Cancer is a public health issue and one of the main responsible for sickening and death of the population in the world. In Brazil, it is estimated for the next years a significant growth of the cases[1]. In this context, the National Health System (SUS) and the institutions of prevention, control and treatment of cancer need to pursue strategies of improvement, considering the complexity of the process of sickening. Added to this, there is the question about how SUS is being implemented – concretization *versus* privatization – and the increasing necessity of managing the care provided.

For Cecílio and Merhy[2], full care happens from the combination of technologies of health. Hard technologies: imaging equipment, radiotherapy; soft-hard technologies: result of structured knowledge that guide the interventions in health and the soft technologies: inter-relational processes among health care professionals and among them and the patients. It is understood that the actions need to go beyond the technological development but that focus in the professional intervention, including the principle of the integrality recommended by SUS and created within its normative-legal backbone.

The integrality was defined with the objective of:

> ensure to the individuals the attention to health from the most simple to the most complexes levels, of curative to preventive care as well as comprehension, in its totality, of the individuals/ collectivities in their singularities[3].

Within the scope of the daily activities of the health institutions, the integral action passes necessarily through the interdisciplinary construction. Interdisciplinarity is indicated as possibility of intervention, since it holds a conception of totality, comprehending the user/ patient beyond the disease or their subjective issues. The interdisciplinarity can be understood as an inter-relation among knowledge, skills and competences, which means, the professional performance based in the reciprocity and disciplinary cooperation[4].

A proposal to potentialize the interdisciplinary action of SUS is the organization of the teamwork, where different professional categories are included, promoting bonds, follow up, formulation of therapeutic projects, joint decision, among others[5].

In October 2015, in the abdominopelvic surgery clinic of the hospital mentioned, the Group of Studies and Treatment of Gastric Cancer started its activity, whose proposal would be to integrate the multiprofessional team in the organization of caring and discussion of cases of patients enrolled for gastric cancer treatment. On a weekly basis, in addition to the initial reception, meetings to discuss and definition of conduct for the cases in question were held. However, said meetings were interrupted in the end of 2017, resuming in May 2018, bringing together actions of care to patients with esophageal tumors. Although this space is promoted to favor the dialogue and interaction among the team, it is necessary to move forward for the construction of an interdisciplinary intervention.

For such, it is essential to know the difficulties of each category and of the multiprofessional team for, from the knowledge of the reality, analyze the possibilities of promoting improvement and actions to make interdisciplinarity possible and starts to belong to the intervention to patients and to its supporting network[4].

The present article has the objective of analyzing the main challenges to interdisciplinary intervention, in the approach to the patient and its supporting network, from the perspective of the multiprofessional team of this group of studies and treatment of gastric and esophageal cancer of a reference hospital of cancer treatment in Brazil. Based in this problematization, the goal is to propose changes of the quality of the services provided, strengthened by the amplified idea of health and valorization of interdisciplinarity.

METHOD

Qualitative study for processing and analysis of information. According to Guerra[6], the qualitative study is the most adequate to investigate the points of view of different social players, in addition to associate the empiricism to the systematization of the knowledge from the theoretical-methodological framework.

Field research was conducted through interview with the professionals who participated of the Group of Studies and Treatment of Gastric and Esophageal Cancer. The period was between September and December 2018. As exclusion criteria, three professionals did not participate of the study: one for being the thesis advisor of this article and the other two due to medical leave and schedule incompatibility, considering the timing for data collection. The non-participation of these professionals did not cause damages to the analysis because other professionals of the category were interviewed.

The instrument, of semistructured content, contained closed questions for knowledge and profiling of the interviewee and open questions, being offered to the interviewee to speak freely about the subject proposed. The participants were asked to authorize the interview to be recorded without compromising the interaction at the moment the data were collected. The interview was guided

by a previously prepared script, with questions added as needed for clarification of the answers and opinions of the participants.

The data collected were analyzed in the month of January 2019 based in the technique hermeneutic dialectic that, according to Minayo[7], "consists in the explanation and interpretation of a thought". The dialectic addresses the relations historically constructed, dynamics, antagonistic and contradictory among classes, groups and cultures. Therefore, the goal was to reach not only the objective questions, but also the subjective that permeate the historical and dynamic construction of the reality of which they approach.

For such, the interviews were transcribed, read and listened exhaustively because, according to Minayo[7], the investigator, in addition of owning the data presented, should judge, interpret and conclude about them. Either the subject who communicates or the one who interprets it are marked by the history, time and its group.

The stages of this process were: 1) organization of the data: identification of the material collected, initial reading and first association of the data presented; 2) classification of the data: from the questions theoretically elaborated, it were selected the most relevant portions, core ideas that were grouped in empirical categories. It was considered the relevance of the narrative, the recurrence of the theme, and its expressivity for the grouping; and at last, 3) final analysis: dynamic of the theoretical and empirical contents correlating them in a dialectic move. Despite the term "final" the entire analysis was performed within the concept that the product is always transient[7].

There is no identification of the interviewee who were randomly numbered to avoid exposure and ensuring the secrecy granted by the Informed Consent Form.

It is worth mentioning that, to reach the main axis of the article, it was deemed pertinent to move back to the former route; to be aware of the main challenges of the interdisciplinarity in the Group of Studies and Treatment of Gastric and Esophageal Cancer, it was necessary to learn how the professionals understand the group and how they understand integrality and interdisciplinarity.

Therefore, the first unit of sense addresses the conceptions of the object of study for each participant: objectives of the group and understanding about the themes of integrality, interdisciplinarity and care network. The second unit refers directly to the limits and challenges listed by the team that encompass empirical categories related to objective and subjective issues.

The Institutional Review Board approved the study, number CAAE: 91464218.0.0000.5274, as disposed in Resolution CNS/MS number 510 dated April 7, 2016.

RESULTS AND DISCUSSION

Eleven interviews were conducted, where it was possible to address all the professional categories that integrate the group. Below, it is presented the table with the characteristics of the interviewees with information about time of graduation, period in the institution and participation in the group.

It is clear the composition of the group as multiprofessional, despite the major participation of physicians, reinforcing the historical hegemony of medical professionals in hospital environments.

However, the time of formation and in the institution can be offset with the time of existence of the group of only three years. It is a recent experience, considering that the discussion of interdisciplinarity gained relevance in the decades of 1970 and 1980 of the XX century, where Brazil was in political transition. A moment marked by popular mobilizations in favor of the construction of a health system with the flags: universality, equity, integrality

Table 1. Data of the interviewees

Professional Category	Time of graduation	Time in the institution	Time in the group
Nursing	10 years	5 years	3 years
Nursing	37 years	36 years	3 years
Physiotherapist	25 years	14 years	3 years
Physician – oncologic surgeon	17 years	14 years	3 years
Physician – oncologic surgeon	19 years	10 years	3 years
Physician – oncologic surgeon	18 years	14 years	3 years
Physician – oncologic surgeon	36 years	33 years	3 years
Physician – oncologist	17 years	13 years	2 years
Nutritionist	24 years	13 years	1 year and a half year
Psychology	45 years	7 years	2 years
Social Worker	18 years	16 years	3 years

Note: Considered types of contractual bonds, household, etc.

of the care, decentralization of the power and popular participation[8]. Even if this movement, called Sanitary Reform has ended up with the promulgation of Law 8.080 and the creation of SUS (National Health System), nowadays, it is necessary to reflect about the difficulties for its concretization, appropriation of principles, creation and implementation of alternatives that, associated to technologies, favor the full care to the patient.

In a second moment, the interviewees were asked about how they joined the multiprofessional group and for most of them, by its own insertion in the clinic and, others were invited. It is relevant to point out their permanence in the group, which strengthens the importance and validity of that practice, including the professional experience.

Conceptions

Objectives of the group: broad and agile care

In relation to the understanding of the group's purposes, the professionals gather it as a space to receive the patient where fast and comprehensive care is provided, from which it is possible to optimize the treatment and its results. According to them, these objectives contribute for the promotion of the quality of the patient life. It was indicated as a space of communication among professionals and them with the patient and its companion in order to provide information and initial orientations. Still, it was reinforced the purpose of promoting studies for better qualification of the interventions.

For one of the interviewees, the group has:

> assistance purposes, improve the flow of the patients, improve the quality of the care, accelerate the process, overcome all the barriers we have to face, of exams, schedule surgeries ... try to promote the discussion of the cases in the weekly meeting, the idea is to discuss all the cases that will go to surgery at multidisciplinary level --- the ideal is that each one has its own vision so we can deliberate the cases of the group... and the scientific issue too. Attempt to stimulate scientific works, articles, bring our casuistry, make prospective works... *Interviewee 6*

The interviewee affirmed they know how the group is formed, suggesting also the insertion of other medical categories and specialties. These would be: clinical oncology (participates of the Monday discussions, but does not make the initial reception in the group); phonoaudiologist; biomedicine and the Advanced Post, a sector that works together with the Palliative Care unit. It is important to emphasize that the inclusion of the Advanced Post is considered relevant, having in mind that a significant quantity of patients is enrolled with disease at an advanced stage and as there is no proposal of treatment that intends to cure, but only symptoms control, they are referred to the Palliative Care unit soon after the registration or to perform tests to discover the staging of the disease.

The participants presented the demand of extending the group to other specialties and sectors directly related to the process of caring. This proposal reminds the reflections brought by Merhy[9]. To widen the services, the author indicates the necessity to define the spaces and relations among several players involved, broadening the modes of producing acts in health without losing the efficacy of the intervention made by different professionals.

Integrality and interdisciplinarity

The questions presented addressed the conception of the professional about the integrality in health and interdisciplinarity. About integrality, some professionals felt difficulty in responding and identify the words that explained its meaning. Among the answers, the following conceptions stand out: understand the patient beyond the disease, understand the patient as a complex subject; attendance from basic to high complexity caring; offer assistance that addresses all the levels and aspects of the diagnosis and of the treatment; see the person in all the aspects of the life.

In that sense, it is perceived that, for this team, integrality has several concepts, which corroborates the comprehension brought by Mattos[10] that integrality is a polysemous expression that has been utilized in several form. The author, in his studies, identified three great groups of meaning for the term in relation to: a) organization of the policy of health, overall of specific policies; b) mode of organization of the practices of health; c) and the understanding of "integral medicine "; that is, in opposition of the fragmentation of the patient.

About the interdisciplinarity, the participants of the study brought the understanding of association of ideas; work conducted in harmony to provide the best for the patient; disciplines and specialties driven to one only direction; joint attendance; proximity and integration; interaction and communication among the team; objective of the scope of the integrality, integration of several visions of the professionals involved in the attention to the patient, as follows:

> it is exchange visions, experiences, evaluations and with this, decide what is best for that patient who is there with use; be able to receive better the patient and understand what it needs. *Interviewee 9*

The narratives indicated to what Severino[11]affirms, that interdisciplinarity, like the integrality,

> has several definitions, understanding, conceptions, but in some ways, it approaches of what is this

> connection, this reciprocity, this interaction, this community of sense or this complementarity among the several disciplines.

The author affirms that the concept of interdisciplinarity is something desired and pursued, but still not achieved, either in the production of knowledge, in the activity of teaching, in the activity of research or yet in the professional intervention.

Network of care

In the conception of the patient as integral being beyond its several demands, it needs to be considered it is inserted in a determined space, group, network. In the interviews, it was approached the question of the support network of cares to the patient. All the professionals indicated how important is the participation and contribution of a caretaker, companion, not only in the attendance by the group, but in the whole process of treatment of the patient. It was verified, at a certain level, the process of accountability of this companion, either familiar or not, attributing to it the responsibility for providing the well-being.

> When the patients come here, accompanied by some family member, who participates of the decisions, I see a much better evolution for these patients, in comparison with the patient that does not have a family member present. *Interviewee 5*
>
> For me, it is reassuring to see that the subject has someone who is there and taking care of the patient... *Interviewee 11*

It was indicated that the contact persons also need to be received, understood as an integral being for whom there are challenges, difficulties, necessity of organization of time and resources.

> They get ill as much as (...) This relative needs to be taken care also, otherwise it brings a toll for the caretaker. And, to start, the stress, forget the time of the medication, date of the exam... (...) Because they work, have children, have their health problems. *Interviewee 4*
>
> In oncology, most of the times, the family ends up having a responsibility in this caring much bigger than the own institution because of the lack of policies and support. *Interviewee 1*

For the participants, the network care have its relevance in the emotional and financial support to the patient, important contribution in the process of control of the treatment at the same time that it needs to be taken care also, so that the overload does not compromise the support provided that, to some extent, can alleviate the workload of the teamwork.

It is identified in the narratives of the interviewees, the centrality occupied by the family in the process of caring, a tendency observed in the literature that addresses this question when the Brazilian social policy in the last decades is analyzed. In that line, as indicated by Mioto and Dal Prá[12], the family is requested to participate of the treatment in case of home care, and eventually becomes a key player in the process of caring in regard to its responsibility and because it is also object of the care.

The interviewees indicate the importance of identifying the reality lived by the families attended in the group of stomach – its boundaries, its possibilities – understanding that the absence of family members during the care, many times, reflects how the organization and configuration of the family develops as well as the material conditions of life the family members are submitted to.

Challenges and limitations

Structural: Management of the Policy of Health, of SUS and of the Institution

For the participants, there would be many challenges for the interdisciplinary intervention and the scope of the integrality, since structural questions, going through the management of the institution, organization and work processes until more subjective questions and of inter-personal and inter-professional relations. In the structural aspects, the interviewee indicated that some of the great difficulties of providing better caring to the patient are related to the management of SUS and of the institution.

> The great problem is the patient to reach the hospital, this is the major bottleneck of our health system. *Interviewee 5*

Many mentioned the complication of having a patient reaching the hospital at an advanced stage of the disease, reason for which:

> it ends up being more important the full care than if the patient was nearly symptomless, with less demands. *Interviewee 9*

As causes for this complication, the functioning of the system of regulation of visits scheduling was mentioned as well as the flow within the own health system for running tests and consultations with specialists.

> In relation to the regulation system, the delay and difficulty of scheduling a visit, misinformation... *Interviewee 6*

Bearing in mind the hurdles from the operationalization of the regulation systems and its implications in the process of access of the patient to the health services, the proposal of equity and universality that support its implementation must be acknowledged. Upon its creation by Directive number 1,559[13], the regulation systems have as its objectives: allow the equanimous distribution of health resources to the population living in the area covered by the existing health units and to the population referred; allow the regionalized and hierarchical distribution of the available assistance resources[13].

In counterpoint, Silva and Mendes[5] indicate that the dismantlement of SUS eventually contributes for underfunding and demeaning of the work. Its concretization remains incomplete, considering the obstacles and opposition movements to its development. Still, they add, affirming that the funding of health:

> is incompatible with a universal system, overall in a country with continental dimensions, with great local and regional differences and dramatic levels of social inequalities and income concentration.

The organization and internal management of the institution were also indicated as obstacles not untied from the processes that interfere in the macro issues of health policy, but that are closer to the reality of the group. In regard to the managerial aspect, resources are barely enough and the lack of support for the fulfillment of the group, that has already brought positive results to the patients. Limitations in relation to structural issues, salaries and human resources are pointed out.

> I see two core issues that are the critical knots that block this work to be fully accomplished. Structural, inputs, bed for the patients, time in the surgery room, drugs, chemotherapics that occasionally are lacking. The other is salary, because you can't have a professional fully dedicated to the institution. *Interviewee 7*

For *Interviewee 2,* the structural question also addresses the communication and the creation of flows that are directly connected to the functioning of the group and to the treatment of the patient.

> I understand that there are not enough professionals, I understand our lack of material, but I think this should not be a motive for the patient to have a prolonged assistance. Back in the time, we did not schedule blood test, the patient had a visit with the nutritionist, and we saw its albumin, if the patient was already needing something. Through the blood test, the physician had the support to conclude whether a transfusion was necessary, if the patient was bleeding or not. Until the patient had the blood test, it takes a while. Until the next visit, some more time. Then, if this patient needs, for instance, blood transfusion, it will take longer. Another thing, imaging test. When the tomograph is working, we need the good will of trying to schedule. But we are unable to schedule for everyone. How does the issue that SUS is for all stand? And cancer is not a question of urgency or not. *Interviewee 2*

The morosity because of underfunding and the consequential demeanor of the health system have direct repercussion over the quality of the attention. In this perspective, Mattos[14] points out that, for the sake of integrality, it is necessary to bring in several social players that involve the individuals, which the author denominates "health systems", that is, to promote relations among the several services, its coordination and management.

Based in the narratives, it is noticed that the professionals feel the necessity of the integrality within the institution itself, going beyond the consultations by the professionals. A greater integration and improvement of the processes, of the soft-hard technologies.

Cecilio e Merhy[2] affirm that one of the greatest overloads of the managerial process of a hospital is to manage adequately the coordination of this diversified, specialized, fragmented set of players, caretakers that result in a certain coordination of the care. Merhy[9] adds yet that the models of attention must know to explore positively the relations between the several technological dimensions that embrace the scenario of health actions[9].

Another limitation addresses the lack, insufficiency of human resources, which generates work overload, leaving the professionals "overwhelmed by the assistance", not having enough time to dedicate themselves to teaching and research**.**

> Need to bring something more scholarly. Gather our data, retrospectively to write articles. Important for us to know the result, to improve from then on. *Interviewee 6*

In addition to distress, they understand that the reduced asset of professionals damages the treatment of the patient. There are cases where these professionals are unable to attend on Fridays and/or in the discussion of the cases on Monday. Still, in what concerns the follow up of this patient, the outpatient tests scheduling is full, which pushes the return further away from what is recommended.

> What happened was that the group reduced the number of meetings and we were more focused to caring. Caring is also limited to some professionals.

> Not always all of them are there and seldom they are able to follow up as needed *Interviewee 1*

Work process

The overload and the lack of structure (material, physical and human) bear directly upon the process of work.

> We talk much more during the discussions, about the bureaucracy, when we have to deal with the patient, nobody is patient, because the person thinks about how to solve bureaucratically and have to get down and care for the patient (...) Then, it is useless for you to attend 200 patients per day, you can do it for a period. Later, you can't stand it anymore. You end up not explaining the things right to the patient. *Interviewee 10*

The reduced frequency of the professionals in the activities of the group, in special, in the Monday discussion meetings as indicated earlier and the focus in the care to the individual eventually pulls the professionals away from the interdisciplinary exchange. For the interviewees, it is necessary that the professionals in the group express their intention and make the movement.

> I see that every professional is in its box, in its care. And we talk much less than before about this patient. *Interviewee 1*
> I miss in the meetings the presence of all the categories to participate actively (...) I miss that the categories fill in this space and discuss more. *Interviewee 4*
> I think the frequency during the meetings, it ends up being reduced short... because what is going to enrich the discussion is exactly this diversity. *Interviewee 6*

The narratives bring up the analysis by Sampaio et al.[15] that affirm: "the interdisciplinarity requires that each specialist transcends its own limits, opening up to contributions from other disciplines", at the same time that keeps the autonomy of the areas of knowledge, presupposing the socialization of the knowledge[5].

Endeavor, commitment, dedication: humanization of the care and attention to the professional

Subjective questions as individual endeavor and commitment, as an example, were also indicated as challenges for the construction of the group's interdisciplinarity.

> Maybe we don't know how to not work without these ideas of love, harmony, good, integral.... maybe we don't know how to work without a thing that, somewhat, gives us a direction *Interviewee 11*

However, several are the questions that are pertinent to the professionals, as the issues of insertion and work process, but also, in the formation and inter-personal, inter-professional and socio-historical relations.

For the *interviewee 1*, the main challenge is the understanding the professionals have about the meaning of interdiciplinariness and integral care. According to his opinion, the formation of the professionals is still incipient in relation to interdisciplinary intervention. In addition, there is no interest in owning this experience, in pursuing it.

> It is about to have professionals who are committed, that have this vision from the start of the formation. *Interviewee 9*

According to Peduzzi et al.[16], the contemporaneous educational models of health are predominantly uni-professionals framed by the biomedical rationality where it is identified an emphasis of the technical-scientific domain in detriment of the interdisciplinary, interprofessional, integral understanding and of the social determination of the process health-disease. According to the authors,

> traditionally, the initial formation of the health professionals occurs in a relatively isolated manner, without being planned specific experiences to promote the contact of the students from different specialties.
> Therefore, it is not surprising that the professionals complain of lack of knowledge and skills for the collaborative work to the point that many times they are unable to integrate their knowledge and expertise in detriment of the integrality and the quality of the attention to health[16].

For *Interview 4,* "the work is not only manual, is emotional also". In that line, the reception, indicated as one of the objectives of the group, needs to address "respect and empathy" for the other, care and full attention.

> Sometimes there isn't that full attention to the patient, eventually, he/she complains: gosh, that caretaker didn't give a damn. Then, I think the question of more attention to better assist the patient in general within the group. Listen too... they come full of doubts, they want to pour out their feelings. *Interviewee 2*

Based in what was presented, the conclusion is that the reception could be more humanized, which corroborates

the scope of the integrality in what concerns the relations among the several players involved in this process: users, professionals and institutions.

> For SUS users, the integral action has been frequently associated to a dignified, respectful treatment, with quality, reception and bond.[17].

For Merhy[9], the cooperation among different knowledges need to be explored and to train the healthcare providers:

> to act in the specific segment of soft technologies, forms to produce reception, accountability and bonds[9].

The need of more commitment is a question indicated by many participants, even by those who understand that the group is already moving towards interdisciplinarity and integrality.

> I think the person must be aware and participates more and more. *Interviewee 5*
> I believe we must strengthen the group meeting. *Interviewee 6*

On the other hand, it was also indicated little care with the professional and the team, the "care for who cares", either through social relations that offer the opportunity of approaching and living with or the spirituality. To understand the professional also as an integral being.

> Sometimes, we leave with a burden on our shoulders, physically or mentally, we feel a little heavier. *Interviewee 8*
> Because if you don't think about it, you push it under the rug, this will backlash ... *burnout* ... it is not only too much work, It is the kind of work that demands a lot from us *Interviewee 11*
> This holistic part of the professional is not well worked (...) You know a bit of the history of the other makes you understand better some attitudes of your colleague and not of the professional. And then, many daily life conflicts are attenuated. *Interviewee 7*

In relation to the work overload indicated by the interviewees, it is worth mentioning the implications of the process of labor intensification across the several layers of the social life. For Dal Rosso[18], from the perspective of the worker, the intensity is an excessive waste of work in a same time interval that consequently stimulates a high tension of the working force. The intensity, the accelerated work rhythm and the excessive number of labor hours has been demeaning the health of the worker. The productive restructuring in Brazil added to the precariousness of the labor relations and intensification of efforts and rhythms, has expanded and aggravated the status of diseases and risks of accidents in the socio-occupational spaces.

Positive Questions and proposals to further the experience

Even with the barriers pointed out, the professionals presented considerations about the advances already achieved by the group and its members. Said advances address better knowledge about the attributions of the other professionals, to the results obtained with the patients, definition and conduct of the treatment, reduction of symptoms and improvement of the conditions of life. They comprehend the actions and reinforce that the communication among professionals is becoming more frequent. According to the authors[4], it is necessary that the communication takes place, yet partially, in order that the vision of each discipline offers a peculiar contribution to be shared with the other.

From the narratives, it was possible to understand that these moments are addressed in the space of the group discussion, but more often in the contacts among the professionals – generally two or three different categories – according to the demands presented.

> Even if we don't attend together, but the discussion of the case, the feedback of another professional with a different view, drawing attention to our area, this is good. *Interviewee 8*

As possibilities, suggestions were presented to discuss the cases before or after the Friday consultations in order to obtain the synthesis of the first impressions, referrals with compelling demands and reception by the professionals of situations of great complexity.

It has been suggested longitudinal follow up of the patient during the course of the whole treatment, that is, integrally. At last, all the participants affirmed that the experience of the group is an essential initiative that can be reproduced by other clinics, surgical or not, of the health institution.

CONCLUSION

From the experience and results of the study, the conclusion is that the understanding of integrality and interdisciplinarity transit between one another. It is comprehended that the objective of this study was achieved, from the moment when it was possible to list and analyze the challenges to the interdisciplinary intervention obtained through the interviewees narratives. Even if the solution of some of the challenges is related to

more structural questions, it does not restrain the vision of the team for the possibilities that lie within their reach.

In relation to the network care, it is perceived the relevance given by the categories, however, in all the interviews, it was necessary to bring the subject to the table. Therefore, it is believed that it is unquestionable the necessity of another study focused to this object.

The interviewees indicated some barriers to interdisciplinarity that translate some elements of the complex field of institutional relations as: the historical insertion of each profession in the social-technical division of the work, the particular manner of seeing, understanding and intervening in the reality every specialty creates, organization of the work process and the conditions of the work that also fail to contribute to make this dialogue possible.

In addition, from the points of view expressed, it is believed that it has been a form of stimulation of the professionals to reflect about their insertion and professional practice. Furthermore, the interdisciplinarity indicates what the responses should address not only in terms of the basic human necessities, but to focus in the law and how to cope with the serious social problems the country faces, to which none of the professionals will be able to respond by its own.

It is understood that the study has limitations, especially in what concerns the paucity of articles and current studies about the theme, the inexistence of records of other practices that could bring references, comparisons and change of experiences. Furthermore, the multiprofessional group was created and is working without previous projects and references, which hampers its monitoring and evaluation.

It is advocated that an interdisciplinary practice is the one that values the integration of knowledge. Reclaim the complexity of what is actual, that has been shadowed by objectivism and reductionism is a key strategy to favor the integration of the approaches, closer to the daily existence and the emerging demands. There is the necessity of construction of an interdisciplinary posture that pursues the reconstruction of the several layers that form the life of the subjects.

CONTRIBUTIONS

Karin Rejane Pichelli collaborated in the conception, design, collection, analysis of data and approval of the version to be published. Marcia Valeria de Carvalho Monteiro guided and collaborated for the conception, design, analysis, wording and approval of the version to be published. Senir Santos da Hora co-oriented and collaborated for the conception, design, analysis and wording and approval of the version to be published.

DECLARATION OF CONFLICT OF INTERESTS

There is no conflict of interests to declare.

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