

## The importance of interprofessionalism in training and professional exercise

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### ABSTRACT

Interdisciplinarity proposes the integration of disciplines and knowledge and interprofessionalism proposes the integration of professionals. The text comprises bibliographical analysis of 47 (forty-seven) articles, of which 25 (twenty-five) discuss interdisciplinarity in the work environment and 22 (twenty-two) deal with interprofessionalism for professional practice. The articles were published in the years 1994 to 2018, with a survey through the term "interprofessionalism" in the scielo.br database and in the Scientific Open Access Repositories of Portugal (RCAAP). The analysis allows to conclude that interprofessionalism, as a strategy of professionals integration, makes it possible the improvement of the quality of the service provided to the population.

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## 1. INTRODUCTION

Interprofessionalism is the integration of professionals in the workplace and, in this sense, establishes a relationship with interdisciplinarity. Interprofessional Education (IPE) and Interprofessional Practice (IPP) have been placed as necessary and emerging strategies in the health field since 1970, but are considered necessary in other courses and professions as well. The complex problems of the world today have required the integration of professionals from different fields and the development of cooperation, solidarity, dialogue, consensus building and tolerance skills.

The text comprises qualitative and bibliographical analysis of 47 (forty seven) articles, of which 25 (twenty five) discuss interdisciplinarity in the workplace and 22 (twenty two) in professional practice. The articles were published from 1994 to 2018, with a search with the term "interprofessionalism" in the scielo.br database and in the Portuguese Open Access Scientific Repositories (RCAAP). The analysis allows us to conclude that interprofessionalism, as a strategy for integrating professionals, enables the improvement of the quality of service provided to the population, because, by working in an integrated manner, actions acquire greater and better effectiveness in solving problems.

This article is part of a literature review of postdoctoral research conducted in 2018 at the University of Algarve on interdisciplinarity and interprofessionalism in postgraduate teaching and research strictu sensu - contributions to local development, whose general objective was to analyze the pedagogical aspects and organizational relationships that establish relationships with interdisciplinary knowledge and methodology in the spreadsheets of interdisciplinary and professional graduate programs and their contribution to local development and specific objectives were: Identify concepts and aspects of interdisciplinarity that guide Capes; Identify what is interdisciplinary knowledge and methodology, according to the Four-Year Program

Evaluation Sheets 2017 / Capes of Interdisciplinary and Professional Programs and understand how social insertion, specified in the sheets, contributes to local development.

## 2. RESEARCH METHOD

The analysis comprised 47 (forty seven) articles distributed in this way, 25 (twenty five) discussing interdisciplinarity at work and 22 (twenty two) addressing interprofessionalism in training and professional practice. Regarding the area of knowledge or work, 43 (forty-three) are in health, 2 (two) in Information Sciences, 1 (one) in Environment and 1 (one) in Social Sciences. The publication period covers the years 1994 to 2018, with research using the term “interprofessionalism (Interprofessionalism)” from articles available on Scielo database.br and the Open Access scientific repositories in Portugal - Rcaap.

This predominance of texts in the area of health is due to the fact that this is an issue for which it is necessary an interdisciplinary intervention. The categories of analysis of the texts were: concept of interprofessionalism, capacities and actions to be implemented in order to achieve interprofessionalism.

## 3. RESULTS AND ANALYSIS

### 3.1. Origin, concepts and capabilities concerning the interprofessionalism

Japiassu [1], says that in order to exist the interdisciplinarity there must be, in addition to the integration of disciplines, integration among specialists. The interprofessionalism is the integration of knowledge, practices and experiences of the professionals of one or more branches. The discussions on interprofessionalism in the health area began in the first half of the 20th century and in the decade of 1970 the World Health Organization (WHO) [2]. In training in health courses, the Interprofessional Education (IPE) has been developed for decades and is recognized as capable of increasing the resolution of services and the quality of health care [3].

The interdisciplinarity and the interprofessionalism at work are integrative strategies that enable to achieve greater solutions and more quickly, because it integrates multiple knowledge and professionals around a situation, problem, project, among others. For Batista [4], interprofessional integration includes exchanges of experiences, knowledge and respect for diversity and cooperation for transformative practice. Communicative acting is another action that is part of the interaction between professionals from the perspective of interprofessionalism [5]. Interprofessionalism presupposes intentional and collaborative articulation between different professions and enables more resolute and integral actions [6].

The specificities of each professional training, as well as the need for specific training must be respected and considered at interprofessional work and the interprofessionalism guarantees, therefore, the integration of the knowledge, skills and abilities of professionals. This path of construction of interdisciplinarity in working with the interprofessionalism, in addition to the specific training required, requires that various capacities be developed, namely: participate and interact with the different subjects, analyze, as a group, the problems; integrate the expertise of each professional area; engage constantly with the subject of the team and outside the team; integrate theory and practice; interact values and techniques; plan collectively; lead and be led; involve the community; identify problems, propose solutions; build consensus [7]. Developing these capabilities can be difficult, but not impossible. According to Japiassu [1], the interdisciplinarity presupposes posture, and willingness to interact with each other, with the different, and sometimes divergent. Some skills are necessary, such as for example those stated in 2011 by the American group Interprofessional Education Collaborative Expert Panel (IPEC), namely: "values/ethics for interprofessional practice, roles and responsibilities, interprofessional communication and the team work" [8, p.21].

### 3.2. Actions to be implemented in view of the interprofessionalism

In relation to the actions to be implemented, with a view to interprofessionalism or interdisciplinarity at work, the following are highlighted by Rodrigues [9]: ensuring constant self-assessment to advance and break with the previous model; respect for others and their different opinions and positions, as well as the ability to listen carefully, even disagreeing with what the other says; depersonalization of processes; improvement of support tools, especially procedures and communication system in support of Interdisciplinary Analysis; improve administrative management with red tape reduction; training and qualification of professionals; valuing people by putting them in the foreground; Interpersonal Communication and Institutional Structure to facilitate and improve interdisciplinary work. Networks of cooperation and exchange of experiences between the Superintendency of the same sector and / or secretariat are also important for the continuous improvement of the work, as well as the sharing of objectives and systemic thinking.

Reeves [10], discussing the need of interprofessional education for the effective and safe care in health, suggests that EIP is part of the continuous professional development of students, with programs for pre-qualification at the beginning and with continuity during their entire career, because one of the contributions of EIP is in relation to collaborative practices and in this sense indicates a series of different types of methods of learning, namely: "Seminar-based learning; learning based on observation (shadowing); learning based on problems; simulation based learning; learning based on clinical practice; E-learning (ex: online discussions) and blended learning (integrating e-learning with other traditional method)" [10, p.187]. He says that the literature contains numerous examples of these five activities.

Reeves [10] also points to the need to develop specific skills to EIP, and consequently to the interprofessional work and says that there is a series of attributes necessary for this type of work, including, for example: "Experience in interprofessional work; deep understanding of interactive methods of learning; knowledge of group dynamics; confidence in working with interprofessional groups; flexibility (to creatively use professional differences in groups)" [10, p. 189].

In addition to the above aspects, Reeves [10] says that the organizational support, a leadership with interest, knowledge and experience to lead a program of EIP and a faculty that supports the EIP are fundamental to promote among students a positive attitude in relation to this type of learning, as well as institutional policies and administrative involvement, since resources are necessary for the realization of EIP. It is perceived that some attempts at achieving interdisciplinarity does not happen effectively, because lack leadership with specific skills, planning, monitoring and evaluation, as well as the constant review of common goals, i.e., for interdisciplinarity in the process of teaching and to the interprofessionalism are essential planning, monitoring and evaluation. However, they need to be supported by a management perspective of teams that consider the interaction, interdependence, interprofessionality, i.e., that dialog with the principles of complex thinking as Kaspary and Seminotti discuss [11].

Whereas Forte et al. [12, pp.790-791] say that working in health Networks Network Cegonha (PET-RC) program, inserted at Federal University of Paraíba (UFPB), in 2013, involving students, preceptors and tutors, in the promotion of integral care maternal and child health, the pedagogical strategies used were as pedagogical approach to active methodology that considers " meaningful learning, learning based on the interactions and problem-based learning in practice as a precondition for the interprofessional education" and, also, " [...] conversation groups held in the wards and the group of pregnant women, conducted monthly, within which were discussed different themes, always valuing the knowledge of pregnant women, the puerpera and caretakers [...]".

In another scenario of this experience, i.e., in the Women's Health Division, the Executive Management of Basic Care, the State Department of Health of the state of Paraíba, the students participated in the discussions of the group Conductor of Cegonha network of Paraíba State, which was established in 2012 and observed the discussion about the difficulties and limitations, bureaucratic and financial obstacles, the weaknesses of the network and the challenges to be overcome - such as the lack of communication between the services and management, as well as the search for solutions capable of transforming the situations encountered, and the research was proposed on the needs of the services and of the population, i.e., here there are the interdisciplinarity and the transversality as the basis of interprofessionality. For Forte et al [12, p.793] this experience has demonstrated the need to reaffirm an interprofessional performing with a focus on the comprehensiveness of care, "which would allow for a job with the objective of prevention and promotion of maternal and child health, from the extended understanding of the health-illness process".

Aguilar-da-Silva, Scapin and Batista [13, p. 177] say there is no consensus on when to start the interprofessional education in health and quote that defend the idea that it is better to be introduced during the internship or graduate studies, but certify that the results found in their research indicated that "the students are open to the possibility of this type of learning and that the beliefs and values can directly be worked along the course propitiating the formation of more competent professionals and concerned with the needs of the health system and the quality of care for their patients".

The quality of mentoring, according to Dias et al [14, p. 264] is fundamental to the interprofessional formation in health, because: "Teaching how to work in an interdisciplinary and interprofessional way seems to be a challenging task for tutors, both for the limits of the human being as for the professional and institutional limitations".

Araujo et al. [15, p. 604] also says it is important the role of the tutor in the interprofessional and interdisciplinary training, once that "The preceptors are faced with new ways of learning and teaching, as well as working in health, and the residents feel difficulty for the exercise of interprofessional work". That is, in the formation and interprofessional work the quality of the action of the coordinators, managers, preceptors and tutors is important as a condition for the realization of interprofessionalism. For Araújo and Galimberti [16], Inter-professional collaboration (CI) is significant in the general context of the processes and organizations, as well as the interaction between managers and professionals.

Despite the difficulties, universities need to invest in interprofessional education. Silva et al. [8, p. 18] affirm that there are 'barriers to IPE' in educational institutions and pointed out the fragility of institutional support in Brazilian public universities, with a fragmented structure, incompatibility of curricula with courses and insufficient teachers. For Bagnato and Monteiro [17], it is necessary to break with the departmental structure.

On the departmental organization of higher education institutions, Oliveira and Franco [18, p. 30] state that "the existing departmental structure represents a barrier to achieving this goal [training of researchers focused on the environmental theme]", for example.

However, the difficulties faced in the constitution of professional integration can be overcome, as training and an interprofessional attitude are required in the complex context of life and the world of work. For Gomes and Deslandes [19], interdisciplinarity for an emancipatory and human intervention in public health is necessary for the majority of the Brazilian population and needs to be effective, competent and human. In all professional areas, interprofessionality is also important and necessary.

The integration between disciplines can be the beginning of an interdisciplinary experience between teachers, researchers and professionals. Regarding the conflicts between disciplines, González [20] says that these stem from the departmental structure that also do not integrate and are competing disciplines and departments. Competition is about financial resources for both knowledge production and professional practice. Disciplines that provide solutions to problems that bring advantages to power have privileged access to resources. González [20] presents as a solution the creation of a "supradisciplinary instance" that coordinates this process and avoids the marginalization of demands from disciplines, projects and departments that meet less profitable social demands.

It is considered that interdisciplinary training and action, with a view to professional practice with responsibility and which takes into account the social issues, must be the prospect of all training courses and professional areas, because: "Increasingly, the need of integration among the various professionals is taken into account, so that they are able to invent and reinvent ways to work across disciplines, providing better results to work" [12, p. 793].

#### 4. CONCLUSION

The interdisciplinarity and the interprofessionalism are therefore, as pedagogical and professional strategies that in addition to integrating knowledge, integrates the formative process to work and the reality, as well as the integration of areas of knowledge and professionals, allowing a global vision of academic and professional contexts. In education, in view of the complexity of this area and the diversity of professionals from different branches that work in the same, it is necessary to integrate these professionals in order to streamline and improve the quality of the pedagogical work. It is considered that the capacities required in the interprofessionality and the possibilities for improving the quality of the work that it provides, have great contribution to all branches since the complexity of the world requires the integration of knowledge and research (interdisciplinarity) and the integration of the actions of the professional capacities (interprofessionality).

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