

# Inter-professional relationships in the Family Health Strategy: perception of health management

*Relações interprofissionais na Estratégia Saúde da Família: percepção da gestão em saúde*  
*Relaciones Interprofesionales en Estrategia de Salud Familiar: percepción de la gestión en salud*

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## ABSTRACT

**Objectives:** to analyze the teamwork in the Family Health Strategy from the perspective of professionals from the Primary Care Department and the municipal manager/secretary of health of a Municipal Health Secretariat. **Methods:** an exploratory/qualitative study. All professionals of the Department and municipal manager/municipal health secretary/interior of Minas Gerais participated. Data collection was through semi-structured interviews/May to November/2019. Data analysis: Content analysis/thematic mode and work process theoretical referential. **Results:** three categories emerged: Inter-professional relations permeated by non-material instruments of work; Professional training, experience, and profile influence teamwork; and Proposals for the realization of teamwork in the Family Health Strategy. Results revealed assumptions for teamwork in the referred Strategy, facilitators/difficulties/strategies for its realization, according to the professionals. **Final Considerations:** collaboration/communication/proactivity to facilitate teamwork. Need for approximation between municipal management and Family Health Strategy to achieve teamwork.

**Descriptors:** Primary Health Care; Patient Care Team; Health Management; Family Health Strategy; Inter-professional Relationships.

## RESUMO

**Objetivos:** analisar o trabalho em equipe na Estratégia Saúde da Família, na perspectiva de profissionais do Departamento de Atenção Básica e do gestor municipal/secretário municipal de saúde de uma Secretaria Municipal de Saúde. **Métodos:** estudo exploratório/qualitativo. Participaram todos os profissionais do Departamento e gestor municipal/secretário municipal de saúde/interior de Minas Gerais. Coleta de dados por meio de entrevistas semiestruturadas/maio a novembro/2019. Análise de dados: Análise de Conteúdo/modalidade temática e referencial teórico de processo de trabalho. **Resultados:** emergiram três categorias: Relações interprofissionais permeadas por instrumentos não materiais do trabalho; Formação, experiência e perfil profissionais influenciam o trabalho em equipe; Propostas para concretização do trabalho em equipe na Estratégia Saúde da Família. Resultados revelaram pressupostos para trabalho em equipe na referida Estratégia, facilitadores/dificultadores/estratégias para efetivação, segundo os profissionais. **Considerações Finais:** colaboração/comunicação/proatividade facilitam trabalho em equipe. Necessidade de aproximação entre gestão municipal e Estratégia Saúde da Família para concretização do trabalho em equipe. **Descritores:** Atenção Primária à Saúde; Equipe de Assistência ao Paciente; Gestão em Saúde; Estratégia Saúde da Família; Relações Interprofissionais.

## RESUMEN

**Objetivos:** analizar trabajo en equipo en Estrategia de Salud Familiar, en la perspectiva de profesionales del Departamento de Atención Básica y gestor municipal/secretario municipal de salud de una Secretaria Municipal de Salud. **Métodos:** estudio exploratorio/cualitativo. Participaron todos los profesionales del Departamento y gestor municipal/secretario municipal de salud/interior de Minas Gerais. Recolecta de datos por medio de entrevistas semiestruturadas/mayo hasta noviembre/2019. Análisis de datos: Análisis de Contenido/modalidad temática y referencial teórico de proceso de trabajo. **Resultados:** emergieron tres categorías: Relaciones interprofesionales permeadas por instrumentos no materiales del trabajo; Formación, experiencia y perfil profesionales influencian el trabajo en equipo; Propuestas para realización del trabajo en equipo en la Estrategia de Salud Familiar. Resultados revelaron presupuestos para trabajo en equipo en dicha Estrategia, facilitadores/dificultadores/estrategias para efectuação, según los profesionales. **Consideraciones Finales:** colaboración/comunicação/proactividad facilitan trabajo en equipo. Necesidad de acercamiento entre gestión municipal y Estrategia de Salud Familiar para realización del trabajo en equipo.

**Descritores:** Atención Primaria de Salud; Grupo de Atención al Paciente; Gestión en Salud; Estrategia de Salud Familiar; Relaciones Interprofesionales.

## INTRODUCTION

The increasing complexity of health care demands more and more integrated health care teams<sup>(1)</sup>, in coherence with the proposal of teamwork. We highlight a typology for teamwork based on two modalities: team-grouping, with grouping of agents and juxtaposition of their actions; and team-integration, which advocates effective interaction of agents and connection of actions<sup>(2)</sup>.

Teamwork is not reduced to a group of distinct professionals, but foresees a team that works towards the collective, based on the recognition, communication and appreciation of the other and their work<sup>(2)</sup>. The constitution of interdisciplinary and inter-professional teams does not guarantee the definitive resolution of problems. However, it can collaborate to overcome the fragmentation of the work and the biomedical model, integrality of collective work, and professional qualification aiming at the effectiveness of care<sup>(3)</sup>.

Although each activity of the different professionals is performed individually, the practice of all of them together generates inter-professional and collaborative teamwork, with emphasis here on Primary Health Care (PHC)<sup>(4)</sup>, whereas teamwork makes it possible to respond appropriately to users' needs<sup>(5)</sup>.

In PHC, the Family Health Strategy (FHS), a component of the Health Care Networks (HCN), represents a scenario that requires teamwork, since the HCNs propose articulation between services, levels of care<sup>(6)</sup> and agents of the work. For an effective and orderly PHC in the Network, it is necessary to have management and management consistent with reality. The identification and knowledge of the real difficulties faced by the agents facilitate PHC management<sup>(7)</sup>.

FHS teams are directly linked to the management of the Department of Primary Care (DPC) of the Municipal Health Secretariat (MHS). However, it is observed that, many times, this relationship is disconnected and poorly articulated, which is not desirable, since the FHS represents the structuring axis of the Unified Health System (UHS) and the main gateway for users to the System.

There are gaps in the scientific production regarding the practice of teamwork in the FHS from the perspective of municipal health management, the focus of this study. The fragility of the relationship between the MHS management and the FHS teams influences the work done by professionals of this strategy, impacting the care provided. Although the FHS proposal advocates integrated and team work, this alone does not ensure its effectiveness in everyday life. Management is a powerful trigger for changing the work process, with a view to achieving integrated work. Thus, bringing up the perceptions of municipal management about teamwork in the context of the FHS can generate subsidies for management to sensitize agents to a more integrated work and make this work modality viable in the field of PHC care.

Given the above, the question is: What do DPC/MHS professionals and the municipal manager/municipal health secretary think about teamwork and how do they perceive it in the context of the FHS?

## OBJECTIVES

To analyze the teamwork in the Family Health Strategy from the perspective of professionals from the Primary Care Department and the municipal manager/secretary of health of a Municipal Health Secretariat.

## METHODS

### Ethical Aspects

The project followed Resolution No. 466/2012 of the National Health Council, which provides on the standards for research involving human subjects. It was approved both by the Research Ethics Committee (REC) of a federal university in the interior of Minas Gerais, via *Plataforma Brasil*, and by the manager of the Municipal Health Secretariat of the municipality. All participants signed the Free and Informed Consent Term (FICT), ensuring privacy and confidentiality.

### Theoretical and methodological framework

The work process<sup>(8)</sup> The study analysis was based on the theoretical framework adopted, which enabled the dialogue between the elements of the work process and the findings. The intention is to bring together and articulate the theoretical concepts with the reality of teamwork in the context of the FHS, from the perspective of municipal health management; and to enable discussions that collaborate with the transformation of the work objects and the workers themselves.

The work process consists of the arrangement of the following components: work object (represents what the worker intends to transform, referring, in this research, to health conditions); instruments (material and non-material), purpose (what is intended to achieve - in this case, comprehensive care) and agents (health professionals). To transform the object, the agents, through the instruments, act on it with a view to achieving the purpose in the health work process, namely, comprehensive care and health promotion<sup>(8)</sup>.

### Type of study

An exploratory study, with a qualitative approach, based on the Consolidated criteria for reporting qualitative research (COREQ). The COREQ instrument is divided into three domains (research team and reflexivity; study design; and analysis/results) and aims to guide key dimensions of the research, ensuring reliability. The qualitative approach allows, through experience, the understanding of situations based on the focus of the study, not depending on how often they appear, but on their relevance<sup>(9)</sup>.

### Study scenario

The scenario in focus is the DPC of a MHS, including its municipal manager/municipal health secretary, in a municipality in the interior of Minas Gerais.

### Data Source

At the time of data collection, the DPC had 13 professionals linked to the management of the FHS teams, including seven nurses, two physical education professionals, one administrative assistant, one social agent, one health care director, and one department head. The study also had the participation of the municipal health secretary, as health manager of the MHS, the focus of this research.

All of the aforementioned professionals were intentionally interviewed, and they met the inclusion criteria, which consisted

of having worked in the aforementioned department and in the MHS management for at least six months. It is worth noting that there was no loss or exclusion.

### Collecting and organizing data

Data collection was developed in the period from May to November 2019, through semi-structured interviews, conducted by a single interviewer (undergraduate nursing student), who was duly trained by the research coordinator. The interviewer introduced herself to the professional invited to participate, explained the project, exposed the justification for the development of the study and the interview technique. The interview was guided by a script constructed by the researchers themselves, submitted for apparent and content validation by three PhDs in the theme and/or research methodology adopted.

The script was divided into two parts: the first part included the participants' socio-demographic and professional data; the second part contained the guiding questions to investigate, from the perspective of the DPC professionals and the municipal manager/city health secretary, the perceptions about teamwork and its realization in the context of the FHS, as well as advances, difficulties and suggestions for the realization of this work modality in the scenario in focus. The interviews were carried out face to face, audio-recorded during the professionals' working hours, at an opportune moment indicated by the participant, in a private room at the MHS, with only the interviewer and the participant, with an average duration of 11 minutes and 55 seconds. The study participants were identified as E1, E2, E3, and so on, up to E14.

The interviews were transcribed in full by the interviewer herself. There were no external analysts.

### Data analysis

For data analysis, we followed the methodological orientation of Content Analysis, thematic mode, developing the three recommended stages. The first stage, pre-analysis, was based on an exhaustive and intense reading of the material to familiarize oneself with all the data and its particularities. The second stage, the exploration of the material, consisted in the identification of categories and context units that emerged. In the third stage, the interpretative synthesis, the findings were interpreted and a dialog was built between them and the theory<sup>(10)</sup>. Data analysis was guided by approaching the theoretical framework of Work Process<sup>(8)</sup> and the object of research.

From the data analysis, three thematic categories emerged: Inter-professional relations permeated by non-material instruments of work; Training, experience and professional profile influence teamwork; and Proposals for achieving teamwork in the FHS.

## RESULTS

Among the participants, there was a predominance of females (12-85.7%), aged between 27 and 54 years, and mean age 40 years. Regarding education, considering the maximum level of schooling, 11 (78.58%) had a specialization, one (7.14%) had a master's degree, one (7.14%) had an undergraduate degree,

and one (7.14%) had a technical education. The average time of training, considering the last completed training, was 13 years and four months, with time working in the DPC/MHS varying from one year and six months to ten years, with an average of four years and five months.

From thematic analysis, three thematic categories emerged: Interprofessional relations permeated by non-material instruments of work; Training, experience and professional profile influence teamwork; and Proposals for the realization of teamwork in the FHS.

These categories revealed the interviewees' perceptions about teamwork, its difficulties, advances, and proposals for strategies to make this modality of work effective in the FHS. The categories did not include subcategories. In compiling the categories, the findings, which emerged from the analysis, were gathered by affinity of content in the three aforementioned thematic axes, contemplating the themes revealed.

The thematic category "Inter-professional relationships permeated by non-material instruments of work" reveals that the non-material instruments - such as collaboration, cooperation, communication, integration, mutual help, articulation, complementarity of knowledge, common goals, synergic action, respect, healthy inter-professional relationships, internal availability, proactivity, and recognition of the potential of the other - are pillars for teamwork in the FHS. This category highlights the assumptions for teamwork, as well as facilitating and hindering aspects for its realization.

The participants considered that teamwork means working collaboratively, with mutual help and collective work. They differentiated teamwork from joint work and emphasized that the fact of having a group of different professionals does not guarantee teamwork.

*Working in a health team [...] together, in partnership with the other health professionals, in a multi-professional way [...] you give support to your work colleagues in all situations [...] today there is no work of "I alone" [...] because, sometimes, you find a lot of this in the public service [...] the person sometimes wants to stand out, appear more than the other [...]. (N5)*

*[...] and here we differentiate teamwork from working together. Teamwork is when people have combined efforts towards the goal [...] working together is another matter, each one does their own [...] it is a fragmented assistance. (N8)*

The participants showed that, despite the specific attributions inherent to each professional category, the articulation and complementarity of knowledge are essential for the effectiveness of teamwork.

*[...] there is the nurse who has his attributions, specific to nurses, and there is the doctor who has his specific attributions; dentists, too. But if each one stays inside [...] his own office, in his own little house, it is not teamwork. There has to be a joint work. (N1)*

*[...] the work doesn't need to be all the time in a team. We [...] have a moment that is the professional's [...] specific to him, and there are some moments that are even greater [...] several moments that they can be complementing each other's practice [...] and each one with his own knowledge, but working as a team. (N7)*

However, despite collaboration and mutual help being perceived as assumptions for teamwork, in practice, the participants revealed that there is a lack of collaboration, generating overload and hindering teamwork:

[...] it ends up that some actions are always performed by the same professional [...] it is always, most of the times, the nurse [...] it ends up overloading one professional more than the others and also in the end [...] what he does alone doesn't have the same effect [...] of a work done by all [...] with all the experiences of all the professions [...]. (N7)

[...] health professionals today, not only within the Family Health Strategy, but as a whole, are very sick [...] there is an overload, there is also a very high level of demand from the user in relation to the health service, a very high expectation [...]. (N12)

Common goals shared together with the synergic performance of the agents in the work process, with respectful and collaborative inter-professional relationships, are important elements for the realization of teamwork in the FHS, in the view of the interviewees.

It is everyone working towards a common goal [...] everyone helping everyone. Respecting what each one knows how to do. Respecting the personality of each one [...] because like this, each one knows something, each one has more ability for something, so everyone gets together to achieve a common goal. (N1)

[...] it is not a profession or a type of assistance, a particular assistance that will give the effective result in terms of health [...] then you need the joint and synergic action of all professionals so that this objective can be met. (N8)

Communication, information exchange, and interaction among agents are non-material instruments of the work process that need to be used by professionals to make teamwork effective, according to the participants' perception. For them, it is not enough for the professional to have technical competence if he/she doesn't know how to communicate with the others:

[...] sometimes, the nurse can have access to information, even through home visits, that they make and that the doctor doesn't make. The doctor won't have this access, about the health conditions that the patient lives in [...] sometimes, the doctor will never know, if there is no community agent [...] so communication is [...] the key to teamwork. (N6)

Everybody has to be together. Because it's no use having an excellent medical professional if he can't communicate with the team. (N12)

Inadequate communication and lack of meetings were revealed as a problem in the relationship between MHS and FHS management, impairing the work and creating a rupture in the HCNs. This hinders the user flow, overloads the system, and generates inconveniences that could be avoided with adequate and clear information:

[...] in each [Family Health] Unit there is a manager [...] so the managers come, do some training or receive some new information, and they have [...] this job of passing on this information. But,

generally, it doesn't happen. And when it does, sometimes it doesn't happen in a timely manner. (N6)

[...] trying to improve communication, because many times the message [...] that leaves here from the Secretariat, many times, is not the message that arrives there at the end. And in the same way, the message that the server sends to the Secretariat, many times, doesn't arrive here in the way that he put it there. (N12)

For the participants, fragile inter-professional relationships permeated by communication noises and personal conflicts hinder teamwork, hinder the coexistence and harm the integration of the agents, compromising the purpose of the work:

[...] as the work is a lot of people, sometimes there is a lot of pickiness, a lot of things. (N6)

The issue of conflicts today is one of the things that most hinder the performance of teamwork [...] lack of [...] empathy even, of you put yourself in the other person's shoes, of you [...] have this [...] level of tolerance [...] I will understand that the person sometimes needs help [...]. (N12)

Proactivity, internal availability to work, and the agents themselves recognizing each other's potentials, as well as being recognized, were reported as facilitators for teamwork, to the point of causing positive changes in the work environment and dynamics, generating a collaborative scenario. This is illustrated in the reports:

[...] there are people there [...] in each team that embrace the cause [...] they need to [...] schedule something, they schedule it, they need to take [...] and cover a colleague, they cover; they need to do some exercise, some specific thing there, they do it [...] and then they enter this part of cooperation. (N9)

[...] when [...] we manage [...] to come across people [...] that have [...] ease [...] internal availability [for teamwork] [...] I think everything is very easy, it's more worked out, it's easier for you to work. (N12)

And what we have sought [...] within the Family Health Strategy [...] is that first this team gets to know each other [...] to seek each other's potentialities and really have this exchange of knowledge [...]. (N14)

The interviewees revealed that the difficulty of valuing the other and of seeing that all professional categories are important is a hindrance to teamwork in the FHS:

Sometimes, some professions see themselves as superior to others [...] there are some professions that still [...] can't see the importance of each one, of each of the professions, you know [...] they don't see the sum of the whole, you know, the collective. (N7)

So, there at the [...] end [refers to the FHS] [...] differ a little from our service here. They should be even more interconnected than us [...] sometimes they don't have this integration, this articulation of supporting each other and seeing the importance of the function of one and the other. (N7)

The thematic category "Training, experience and professional profile influence teamwork" reveals that the most recent training

and immaturity generate in the agents difficulty to differentiate theory and reality, impacting the work process and teamwork. The older training, focused on the biomedical model, also hinders teamwork, in the view of the interviewees:

[...] sometimes, older professionals, they have a [...] more specific training [...] the doctors stay here in a square [...] each one with their own specificity, but we [...] little by little we talk, we orient and they also realize that, in practice, one needs the training of the other, the knowledge. (N7)

The professional is already coming from his training with a difficulty in teamwork [...] Many times, they can't separate the personal side from the professional side and this ends up interfering. (N13)

On the other hand, one participant revealed that recent professional training enables better understanding and realization of teamwork, facilitating it:

There are some professionals that [...] for the formation they have, it's a more recent formation [...] in college they already [...] go with this notion of working in a team. (N7)

The lack of a professional profile to work in the FHS is a hindrance to teamwork, creating, in the agent, self-indulgence and difficulty to collaborate. It was even identified that it is not enough to have adequate training if the professional does not identify with the work. The interviewees reported that many professionals are there just to be there, because they were approved in a public contest:

I think there is a lot of comfort. People think that they are serving in a private office. The doctor doesn't want to visit, doesn't want to have a group, he just wants to see the patients that are scheduled for him. There are also many dentists who have this profile. They don't want to visit, they just want to see the patients that are scheduled for them. (N1)

The professionals, most of them don't like the work [...] they [...] were approved in a public contest. So we see that most of them are concerned with the public exam, with professional stability, but not with the work itself. (N4)

[...] the professional [...] of the Family Health Strategy that doesn't have an internal disposition to work as a team, that doesn't have an internal disposition to make home visits [...] I think that this professional is not a professional [...] that has the profile for Primary Care. (N12)

Still with regard to training, the fact that many managers do not have training in the health area hinders their understanding of the reality and dynamics of health work, making it difficult to practice teamwork:

[...] the managers, they don't have any training in these areas or, sometimes, any proximity with health to be able to understand the information to take to the team. So, I think this makes it difficult, you know? (N6)

The thematic category "Proposals for the implementation of teamwork in the FHS" highlights that holding meetings, moments

of discussion and training of all professionals, from the administrative to the care sphere, promotes teamwork. The interviewees argue that there should be spaces for conversation/integration, sharing of anguish and motivation:

[...] I think that, sometimes, the training of managers would facilitate a lot the teamwork [...] the training of the team [...] we had training for receptionists [...] sometimes it's a public, in the professionals [...] that is [...] very short of training, because [...] it's not a specific public of the health area, but it has to have a differentiated look [...]. (N6)

[...] has these moments [...] together with the teams [...] to be doing this [...] sensitization with the professionals, motivating, bringing these day-to-day anguishes there to be talked about [...] and not letting this end up interfering so much in their work [...]. (N12)

The approximation between municipal health management and FHS professionals - through a survey of the local reality, monitoring and follow-up of FHS teams by the management, as well as improved communication between those involved - is perceived by participants as an important strategy to enable teamwork in the context of the FHS.

There is [refers to teamwork in the FHS] [...] at least they make an effort to work [...] we monitor the units. We see [...] on purpose [...] we articulate some internal actions that they have to develop together [...] even to improve this [...] teamwork issue. (N5)

What occurs is a broken bridge between the two realities [...] I observe that there is no such communication [between FHS and MHS]. So it's like you have the brain separated from the body. There is no movement [...] I think the first thing is for those in management to get closer to the reality of care, to understand the challenges, the difficulties and the problems that exist [...] based on this knowledge, to help organize the work process and then collect the necessary indicators [...]. (N8)

It is noteworthy that the welcoming and humanized look at the professional, the need for a health policy focused on psychological support for the agents, and the offer of better working conditions represent the desire of the municipal health management to turn their eyes to the professional. This will facilitate teamwork in the FHS:

[...] better working conditions [...] even, especially for the staff at the tips [refers to FHS professionals] [...]. It's the community agents, that many times, for example, they don't have a transportation voucher [...] sometimes, they have training somewhere else, they have to pay. (N2)

The health professional, many times, is sick. And, sometimes, a more humanized look to this professional would allow the creation of moments [...] of interpersonal relationship, of reflection [...] of listening. So that this professional could also feel [...] welcomed and accompanied. (N8)

## DISCUSSION

It was evident in this study that collaborative work favors effective teamwork, anchored in joint action to achieve common

goals. In this sense, teamwork in the dimension of collaboration and inter-professional practice foresees interdependence of actions, shared decisions, mutual respect, and appreciation/recognition of the different professions. These are strategies for the organization of services, considering that the complexity of care requires integration of knowledge and practices of different professionals<sup>(11)</sup>.

It is necessary that the agents are aligned in the perspective of a collective work, because when professionals support each other and recognize the importance of each category, the work flows and enables the achievement of objectives and the purpose of health work. The findings converge with the literature, which highlights that professionals should look beyond their profession, with a shared vision of objectives and functions of the team<sup>(12-14)</sup>.

The statements showed that different professionals working in the same place do not ensure articulated and teamwork. This is consistent with the literature, according to which some teams tend to act as groups, and not as teams<sup>(15)</sup>, and have proximity to aspects of the grouping team<sup>(2)</sup>.

The findings revealed: even though there are specificities of each type of training, the joint performance and the complementarity of knowledge are fundamental for the consolidation of teamwork. This result converges with the literature, which advocates the need for genuinely shared and interdependent work, collective responsibility, and complementarity among its members<sup>(15)</sup>.

However, the results indicate that, in everyday life, there is still a lack of collaboration, and this generates work overload, compromising teamwork. It is noteworthy that collaboration is tied to challenges such as routines, different professional personalities, hierarchy, and time constraints<sup>(16)</sup>.

Non-material tools such as communication, dialogue, and interaction among the agents are assumptions and facilitators for teamwork and need to be appropriated and used by the FHS professionals, in the view of the municipal health management. In this perspective, only technical competence is not enough: communication with others is essential. Some professionals try to stand out more than others, based on a hierarchical view, and this is one of the predictors of lack of communication and interaction. Good communication is fundamental to avoid conflicts and errors, impacting the user's safety<sup>(17)</sup>.

Collaboration and dialogue are essential for team integration, contributing to the proactivity of the agents and the organization of the work process<sup>(18)</sup>. When there is proactivity and internal availability for the work, it flows with greater quality and collaboration, reducing work overload, as revealed by the findings.

The profile and the internal availability of the agents are fundamental to achieve the purpose of the work. According to the literature, there may be professional suffering, due to a lack of profile, when the agent does not feel comfortable with the type of work, involving issues even of length of service<sup>(19)</sup>.

Recent training, on the one hand, was perceived as facilitating the practice of teamwork; on the other hand, participants pointed out that it hinders this practice, because there is a lack of understanding of the distance between reality and theory. Despite being interdependent, theory and practice are distinct, so it is necessary to emphasize this difference since training, as well

as to invest in both for the understanding of reality<sup>(20)</sup>. The fact that many managers do not have training in health was revealed as a hindrance to the work in the FHS and to teamwork. In this sense, investments are needed in the training and qualification of managers, with a view to the implementation of actions for a comprehensive and more resolute PHC<sup>(21)</sup>.

Inadequate communication between municipal health management and the FHS teams intensely compromises the work, hinders the connection between them, generates a chasm in the network of services, impacting the purpose of the work and generating several disorders and conflicts. Communication appears limited to the technical and personal<sup>(22)</sup>, as the findings portray, and this limitation can cause stress in relationships, as well as stress, lack of cooperation and communication as generators of suffering<sup>(23)</sup>. Thus, the difficulty of communication is a limiting aspect in the relationship between teams, leading to relationship problems<sup>(22)</sup>.

It is noteworthy that, in the FHS, communication is an indispensable competence for the effectiveness of the relationship between professionals and users. From this perspective, it is essential for the development of effective attributions, allowing a good relationship among different subjects and a clearer and more objective performance<sup>(24)</sup>.

The recognition of the potentialities of the other favors inter-professional relationships and facilitates teamwork in the FHS. This evidence converges with the literature, which states that the recognition of the work and the potentialities of others leads to greater motivation and job satisfaction, stimulating the professional to want to go further<sup>(25)</sup>.

Among the proposals presented to facilitate teamwork, meetings, training, and approximation between municipal health management and FHS professionals are highlighted. However, in order for health professionals to be better prepared for inter-professional work, team training should begin in the undergraduate program, through methods that allow greater interaction between students<sup>(26)</sup> from different areas of knowledge.

The testimonies demonstrated the importance of training - the public health policies themselves foresee that the FHS professional teams must undergo it<sup>(27)</sup>. In this way, the team will have the same information to share with users, with the possibility of addressing issues associated with relationships and assistance, aligning the service.

Another proposal to facilitate the teamwork in the FHS, from the perspective of the municipal health management, reveals the need for greater reception of the professional, psychological support, and better working conditions. With mental health weakened due to the demands of the job, it becomes necessary to redefine actions and create strategies according to the demands of the agents, seeking improvements in work and mental health<sup>(28)</sup>.

Humanization and the creation of bonds are essential for assistance by sustaining the relationships of exchange of experiences unveiled<sup>(18)</sup>. The professionals are more motivated and satisfied in a welcoming environment, which makes teamwork possible. The humanization and consequent minimization of suffering is only possible with the rescue of the purposes of work, combined with the motivation and identification of the other, through collective spaces for reflection and continuous reworking of the meaning of work and defensive strategies against suffering<sup>(23)</sup>.

It is noteworthy that all thematic categories proved to be intertwined, with a harmony of the findings regarding the object of study.

### Study limitations

Although the fact that the study was carried out in a single reality is a limitation, it should be noted that qualitative research does not claim to generalize results.

### Contributions to Nursing and Health Care

A contribution of the study lies in the evidence of the dichotomy and rupture between the care level/FHS and municipal health management. This distancing impairs the dynamics of the work, compromising teamwork and hindering the achievement of the purpose of health care. It is essential that there is an effective approximation and dialogue between these spaces of action.

### FINAL CONSIDERATIONS

This study allowed us to identify the perceptions of professionals who work in municipal health management regarding teamwork

in the daily routine of the FHS. The results showed that mutual collaboration, effective communication, shared goals, complementarity of knowledge, and proactivity are facilitators of teamwork. On the other hand, inadequate communication, difficulty in valuing the other, and personal conflicts are perceived as hindering. The recent or not professional education, professional profile, and health training of managers have a direct impact on teamwork.

Attention was drawn to the need for municipal health management to come closer to the FHS, as well as a more humanized look by this management at the professionals, which emerged as proposals for the consolidation of teamwork.

It is believed that it is necessary to bring the municipal health management closer to the reality experienced by agents in the FHS, in order to better understand the dimension of this work, as well as its weaknesses and potentialities. This will provide subsidies for the concretization of a more articulated health work mode, as a team, aiming at a more integrated and welcoming health care.

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### REFERENCES

1. Peduzzi M, Agreli HF. Teamwork and collaborative practice in primary health care. *Interface Comum Saúde Educ.* 2018;22(2):1525-34. <https://doi.org/10.1590/1807-57622017.0827>
2. Peduzzi M. Multiprofessional healthcare team: concept and typology. *Rev Saúde Pública.* 2001;35(1):103-9. <https://doi.org/10.1590/S0034-89102001000100016>
3. Peduzzi M, Agreli HLF, Silva JAM, Souza HS. Teamwork: revisiting the concept and its Developments in inter-professional work. *Trab Educ Saúde.* 2020;18(Suppl 1):e0024678. <https://doi.org/10.1590/1981-7746-sol00246>
4. Brown JB, Mulder C, Clark RE, Belsito L, Thorpe C. It starts with a strong foundation: constructing collaborative interprofessional teams in primary health care. *J Interprof Care.* 2020;1-7. <https://doi.org/10.1080/13561820.2020.1787360>
5. Levesque J-F, Harris MF, Scott C, Crabtree B, Miller W, Halma LM, et al. Dimensions and intensity of inter-professional teamwork in primary care: evidence from five international jurisdictions. *Fam Pract.* 2018;35(3):285-94. <https://doi.org/10.1093/fampra/cmz103>
6. Amaral CEM, Bosi MLM. Network as transconcept: elements for a conceptual demarcation in the field of public health. *Rev Saúde Pública.* 2016; 50:51. <https://doi.org/10.1590/S1518-8787.2016050006306>
7. Farah BF, Dutra HS, Sanhudo NF, Costa LM. Perception of nurse supervisors on leadership in primary care. *Rev Cuid.* 2017; 8(2):1638-55. <https://doi.org/10.15649/cuidarte.v8i2.398>
8. Gonçalves RBM. Práticas de saúde: processos de trabalho e necessidades. São Paulo: CEFOR; 1992.
9. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *Int J Qual Health Care.* 2007;19(6):349-57. <https://doi.org/10.1093/intqhc/mzm042>
10. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 13th ed. São Paulo: Hucitec; 2013.
11. Sangaleti C, Schweitzer MC, Peduzzi M, Zoboli ELCP, Soares CB. Experiences and shared meaning of teamwork and interprofessional collaboration among health care professionals in primary health care settings: a systematic review. *JBISIRIR-2016-003016* *Rep.* 2017;15(11):2723-88. <https://doi.org/10.11124/JBISIRIR-2016-003016>
12. Selleck CS, Fifolt M, Burkart H, Frank JS, Curry WA, Hites LL. Providing primary care using an interprofessional collaborative practice model: what clinicians have learned. *J Prof Nurs.* 2017;33(6):410-6. <https://doi.org/10.1016/j.profnurs.2016.11.004>
13. Dongen JJJ, Lenzen SA, Bokhoven MA, Daniels R, VanDer TW, Beurskens A. Interprofessional collaboration regarding patients' care plans in primary care: a focus group study into influential factors. *BMC Fam Pract.* 2016;17:58. <https://doi.org/10.1186/s12875-016-0456-5>
14. Fiscella K, Mauksch L, Bodenheimer T, Salas E. Improving care teams' functioning: recommendations from team science. *J Comm J Qual Patient Saf.* 2017;43(7):361-8. <https://doi.org/10.1016/j.jcjq.2017.03.009>
15. Golom FD, Schreck JS. The journey to interprofessional collaborative practice are we there yet? *Pediatr Clin North Am.* 2018;65(1):01-12. <https://doi.org/10.1016/j.pcl.2017.08.017>

16. Dahlke S, Hunter KF, Kalogirou MR, Negrin K, Fox M, Wagg A. Perspectives about Interprofessional Collaboration and Patient-Centred Care. *Can J Aging*. 2020; 39(3):443-55. <https://doi.org/10.1017/S0714980819000539>
  17. Lancaster G, Kolakowsky-Hayner S, Kovacich J, Greer-Williams N. Interdisciplinary communication and collaboration among physicians, nurses, and unlicensed assistive personnel. *J Nurs Scholarsh*. 2015;47(3):275-84. <https://doi.org/10.1111/jnu.12130>
  18. Marques RJR, Rezende-Alves K, Soares CS, Magalhães KA, Morelli LF, Lopes ACS. Analysis of the multiprofessional teamwork for actions regarding diet and nutrition in primary health care. *Trab Educ Saúde*. 2020;18(1):01-17. <https://doi.org/10.1590/1981-7746-sol00241>
  19. Nascimento DDG, Oliveira MAC. Analysis of suffering at work in Family Health Support Centers. *Rev Esc Enferm USP*. 2016;50(5):846-52. <https://doi.org/10.1590/S0080-623420160000600019>
  20. Azevedo AB, Pezzato LM, Mendes R. Interdisciplinary education in health and collective practices. *Saúde Debate*. 2017; 41(113):647-57. <https://doi.org/10.1590/0103-1104201711323>
  21. Nunes LO, Castanheira ERL, Dias A, Zarili TTF, Sanine PR, Mendonça CS, et al. Importance of local management for delivery of primary health care according to Alma-Ata principles. *Rev Panam Salud Publica*. 2018;42:e175. <https://doi.org/10.26633/RPSP.2018.175>
  22. Souza TS, Medina MG. Nasf: fragmentation or integration of health work in PHC? *Saúde Debate*. 2018;42(2):145-58. <https://doi.org/10.1590/0103-11042018s210>
  23. Nascimento DDG, Moraes SHM, Oliveira MAC. Family health support center: suffering from the perspective of psychodynamics of work. *Rev Esc Enferm USP*. 2019;53:e03423. <https://doi.org/10.1590/S1980-220X2018013403423>
  24. Lopes OCA, Henriques SH, Soares MI, Celestino LC, Leal LA. Competences of nurses in the Family health Strategy. *Esc Anna Nery*. 2020; 24(2):e20190145. <https://doi.org/10.1590/2177-9465-EAN-2019-0145>
  25. Soratto J, Pires DEP, Scherer MDA, Witt RR, Ceretta LB, Farias JM. Family health strategy professional satisfaction in Brazil: a qualitative study. *Texto Contexto Enferm*. 2020;29:e20180104. <https://doi.org/10.1590/1980-265X-TCE-2018-0104>
  26. Fox L, Onders R, Hermansen-Kobulnicky CJ, Nguyen TN, Myran L, Linn B, et al. Teaching interprofessional teamwork skills to health professional students: a scoping review. *J Interprof Care*. 2018;32(2):127-35. <https://doi.org/10.1080/13561820.2017.1399868>
  27. Santos RABG, Uchôa-Figueiredo LR, Lima LC. Matrix support and actions on primary care: experience of professionals at ESF and Nasf. *Saúde Debate*. 2017;41(114):694-706. <https://doi.org/10.1590/0103-1104201711402>
  28. Monteiro DT, Mendes JMR, Beck CLC. Health Professionals' Mental Health: a look at their Suffering. *Trends Psychol*. 2019;27(4):993-1006. <https://doi.org/10.9788/TP2019.4-12>
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