

HARMONY IN INTERPROFESSIONALITY: A COUNTERPOINT

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Let's be honest. Even if the spirit of collaboration in health and nursing has gained greater relevance in the last decade, interprofessionality is not really a paradigmatic rupture with the past. It is not an idea that is born from scratch either; let alone a universal panacea or "the future". At least, it is not the *entire* future. At most, it is a prospective scenario in which the image of an idealized future is represented, where certain health professional groups promote collaboration with enthusiasm, while others react with a polite silence. Even so, it is intellectually enriching to reflect on collaborative practices from these 'anti-definitions' and the analogies between health and other areas.

Let's think of the arts, for example. Arts encompass a wide range of cultural expressions, some for merely recreational purposes, while others have ceremonial undertones for elevating the spirit or are devoted to arousing nationalist fervor, among many other uses. However, they have in common that they produce an effect that in our cultural milieu we call 'harmony'. As is the case in the services associated with well-being and care, the artistic creation and interpretation process also responds to a specific practice. And this practice is also subjected to certain rules, which may be the principles of physics, as well as a specific tradition of some community.

In one of its most intricate forms – opera – professional practice encompasses meticulous collaboration between composition, lyrical writing, orchestration, choir conducting, singing, instrument performance, dance, circus arts, theatre costume, make-up, set design, lighting and sound; components which, in order to produce the desired aesthetic effect, should link together with grace and precision at a predefined rhythm and pulse. The artistic outcome of an opera results from the engineering and

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articulation of these different artistic areas. The 'harmonic' process of the involved arts reflects the individual development of each of the members of the subgroups and artistic areas. May this serve as an analogy for collaborative work, which is rhythmed, it has a *tempo* within the organizational dynamics in which professional practices take place.

If we imagine opera as a large sociological ecology¹, we can see that these different art professions, more specifically the musical arts, can be subdivided into subprofessions or 'specialties': instrumental musicians, solo singers and the symphonic choir, while the conductor's hand assembles these specialties^{*}.

Without any Colonialist intention of idealizing it, let's consider that opera has survived the passing of time over the centuries; and even if it represents a very complex labor division field, it is rarely thought of in terms of collaboration, even less so *interprofessional* collaboration. It is important to bear this in mind because music, like healthcare, encompasses a heterogeneous group of professions, vocations and training paths. Despite that, when we focus on the final product – opera itself – we see the performance of different professional groups operating simultaneously, although the artists are performing their techniques individually. This happens on the basis of a logic embedded in the manuscripts as scribbled by the composer. The performative process thus becomes an interpretation that reflects certain stylistic features, be they closer to or farther from how they were idealized by the composer.

Beyond the individual *performance* and the idealization of the artistic execution, there is a fundamental feature in the interpretive work of assembling: sensitivity towards the other professions' technical needs. Although it often goes unnoticed to the untrained eye, flute players not only play their instrument; they do so *and listen to* the other instruments while looking at the conductor's indications and *adapting* their technique as necessary. Likewise, the choir cannot sing too loudly in a work composed for soloists, and the orchestra cannot outsound the choir, neither in volume nor in pulse; just as an instrument alone cannot be too salient when it is part of an orchestra interpretation. Furthermore, the final harmony depends on mutual 'negotiation' and adaptation between these different levels and subprofessions, even if they have different degrees of interpretative autonomy: the choir singers enjoy less autonomy than a solo singer, just like the choir conductor has less autonomy than the opera conductor.

As we can see, healthcare and music have more in common than we usually think. There are institutionalization and professionalization paths, as well as processes of identity construction we could flesh out. However, this editorial invites readers to reflect on the analogies between healthcare and other areas in which interprofessionality is embodied, although without using this term, whose deployment dialogs with the development of individual technical expertise, but also with human sensitivities and rationalized simultaneity. This counterpoint is not only metaphorical. It is also analytical and instrumental.

^{*} In a sociological sense, the so-called 'scholarly' music can be interpreted as a tribute to the patriarchy of musical composition, in which conducting is often also is often also in charge of men.



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