



INTERDISCIPLINARITY AS A STRUCTURER IN THE TRAINING AND HEALTH CARE PROCESS

A INTERDISCIPLINARIDADE COMO ESTRUTURANTE NO PROCESSO DE FORMAÇÃO E DE CUIDADO EM SAÚDE

INTERDISCIPLINARIDAD COMO ESTRUCTURANTE EN EL PROCESO DE FORMACIÓN Y DE CUIDADO EN SALUD

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ABSTRACT

Objective: to analyze the implementation of interdisciplinarity in the theoretical and practical curricular components in the Nursing Residency course in Collective Health. **Method:** qualitative, exploratory, descriptive study, which was carried out through a field work, with semi - structured interviews, with eight residents and nine teachers in the Nursing Residency course in Public Health. Data analysis was based on the Content Analysis technique, in the Thematic Analysis modality. **Results:** the lack of interdisciplinary interaction between the academic knowledge elaborated by the disciplines between the teachers, students and the practitioners in the care practices was evidenced. **Conclusion:** it is necessary to create spaces for reflection and discussion on the relevance of interdisciplinary pedagogy, aiming to consolidate a praxis committed to integral health care. **Descriptors:** Nursing; Interdisciplinary Research; Integrality in Health; Health Human Resource Training.

RESUMO

Objetivo: analisar a implementação da interdisciplinaridade nos componentes curriculares teóricos e práticos no curso de Residência em Enfermagem em Saúde Coletiva. **Método:** estudo qualitativo, exploratório, descritivo, que se efetivou por meio de um trabalho de campo, com a realização de entrevistas semiestruturadas, com oito residentes e nove docentes no curso de Residência em Enfermagem em Saúde Coletiva. A análise dos dados foi a partir da técnica de Análise de Conteúdo, na modalidade Análise Temática. **Resultados:** evidenciou-se a carência de interação interdisciplinar entre os conhecimentos acadêmicos elaborados pelas disciplinas entre os docentes, alunos e os profissionais atuantes nas práticas do cuidado. **Conclusão:** ressalta-se a necessidade de criação de espaços de reflexão e discussão sobre a relevância da pedagogia interdisciplinar, vislumbrando a consolidação de uma práxis comprometida com o cuidado integral à saúde. **Descritores:** Enfermagem; Pesquisa Interdisciplinar; Integralidade em Saúde; Formação Profissional em Saúde.

RESUMEN

Objetivo: analizar la implementación de la interdisciplinariedad en los componentes curriculares teórico y práctico en el Curso de Residencia en Enfermería en Salud Colectiva. **Método:** estudio cualitativo, exploratorio, descriptivo, que se efectuó por medio de un trabajo de campo con realización de entrevistas semiestructuradas con ocho residentes y nueve docentes en el Curso de Residencia en Enfermería en Salud Colectiva. El análisis de los datos fue a partir de la técnica de Análisis de Contenido en la modalidad Análisis Temático. **Resultados:** se evidenció la carencia de interacción interdisciplinaria entre los conocimientos académicos elaborados por las disciplinas, entre los docentes, alumnos y los profesionales actuantes en las prácticas del cuidado. **Conclusión:** se resalta la necesidad de crear espacios de reflexión y discusión sobre la relevancia de la pedagogía interdisciplinaria, vislumbrando la consolidación de una praxis comprometida con el cuidado integral a la salud. **Descriptores:** Enfermería; Investigación Interdisciplinaria; Integralidad en Salud; Capacitación de Recursos Humanos em Salud.

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INTRODUCTION

"[...] What solitary science or discipline could answer all questions that involve human life, from birth to the inevitable end?".¹ In order to contribute to the understanding of the process of educating and training in health as an action collective and interdisciplinary, the Latin term "educare" was first presented, which expresses, in its etymology, the understanding of the word education as a process that allows the teacher to give light to knowledge, from the human, form similar to the role of the obstetrician, during conception.²

In this sense, structured interdisciplinarity is considered in the process of education and vocational training, being understood as a frontier object and driver of a pedagogy that preserves the identity and the patrimony of each profession, assuming that health professionals care and , at the same time, educate, understanding this practice as grounded in the interpersonal attitude of recognizing oneself as caregiver and educator.^{3,4}

In view of the still present limitations of a fragmented and monodisciplinary thinking before the contemporary and increasingly complex world, teaching and research professionals have been advocating the construction of spaces for collective reflection for the construction and acquisition of integrated knowledge human, with interdisciplinarity as a structuring and fomenting element in the training of the health professional.

It is postulated to be the fundamental interdisciplinary methodology for the expression of the singularities of the teaching subjects and students involved in the dynamic process inserted in the construction - reconstruction of the knowledge related to the theoretical knowledge and its actions in the health practices.⁵

Researchers, when analyzing the perception of preceptor professionals linked to a work with a proposal of interdisciplinarity, working in a Family Health Strategy (FHS) unit in a State of the Northeast of Brazil, concluded that they did not know about interdisciplinarity, both in their academic training and in the field of professional practice. The research results pointed to the need for the implementation of permanent health education in the interdisciplinary perspective, as a pedagogical resource for the production of knowledge essential to the performance of professionals linked to health institutions.⁶

In confirming the results found in the cited research, interdisciplinarity scholars in health emphasize that the obstacles and challenges to interdisciplinary care practices are prevalent. Gaps were evidenced between the prescribed and the realized, a factor that generates difficulty in achieving cooperation and integrated work in health actions.⁷

Elements such as occupational instability in the world of work, inadequate training of teachers and health workers, and current management models favoring the predominance of specific medical actions are limiting to the implementation of interdisciplinarity.⁷ Such information highlights, therefore, the importance of strengthening teamwork in an interdisciplinary way.⁸

Science and work, although distinct in their theoretical foundation, represent forms of human activity, both being permanent sources of knowledge production. Interdisciplinarity is presented in the contemporary world as a theme to be used in the theoretical area, and especially in the delineation of multiprofessional practices, where the health sector is inserted.⁹

Professionals from different health areas, including coordinators of health training courses, health care teams, preceptors and tutors of training programs should guide their training actions in the National Curriculum Guidelines (NCGs) for health education, which point to the interdisciplinarity as content that mainstream training.

Several researchers, emphasizing Japiassu-1976, analyze interdisciplinarity as an instrument and / or idea used as a bridge to reconnect the disciplinary boundaries, denying the fractionation of knowledge and fostering collaboration, dialogue, detachment, courage and opening to the other.¹⁰

OBJECTIVE

- To analyze the implementation of interdisciplinarity in the theoretical and practical curricular components in the Residency course in Collective Health Nursing.

METHOD

A qualitative, exploratory, descriptive study constituting itself as a social research characterized, conceptually, as a process that allows the understanding of the facts, aiming, whenever possible, to intervention in the social reality experienced.¹¹

The research was carried out in 2014, in physical spaces where the Residency course in Nursing in Collective Health of the Aurora de

Afonso Costa Nursing School (AACNS), Federal Fluminense University (FFU), in Niterói - Rio de Janeiro, including the Basic Health Units, the Antônio Pedro University Hospital (HUAP) and the Nursing School where theoretical classes are offered. In these scenarios, the resident nurses carry out in-service training with assistance, research and extension activities, guided by teachers and preceptor nurses. The School of Nursing, where theoretical classes take place, also represented a data collection scenario for this study.

Nine instructional tutors linked to the AACNS-FFU Residency course and eight resident nurses from the first year of the course were enrolled regularly. The data collection was done through semi-structured interviews, after the agreement and signing of the Informed Consent Form (ICF) by the participants, and the research project was approved by the CEP with N° 60154.¹² The participants of the research had their personal identities preserved and, for this, were coded with the letters D and R, referring respectively to teachers and residents.

For the analysis and discussion of the seized data, the technique of Content Analysis was used in the Thematic modality.¹³ Such analysis is based on the discovery of the sense nuclei that constitute a communication about the frequency or the presence of some meaning for the object under analysis.¹³

For this purpose, the systematic reading of the previously organized material was performed and the fragments that were repeated or had semantic similarity in the different registries were grouped. Subsequently, the constitutive elements of the theme were categorized, completing the three stages of analysis: pre-analysis; exploitation of the material and treatment and interpretation of the results obtained. In the final analysis, the data constructed during the collection were articulated to the theoretical framework, aiming to respond to the research objective.¹³

RESULTS

The reading and the approximation of the statements generated semantic units of relevance, substrate and raw material for the construction of the two categories representative of the thoughts of the interviewees: Know-do-be integrated with the human and Interdisciplinarity: the relation of power-knowledge and the movement of overcoming.

♦ **Category: Know-do-be integrated with the human**

Knowledge, on the theoretical level, to do, in the assistance and the being, in the plane of thought, are implicit presuppositions directly linked to the interdisciplinarity as concept, idea, thought and attitudes present in the practices of the care, but still represent challenging actions for the field of health. These dimensions can be evidenced in the testimonies of teachers and residents:

[...] it is necessary to deprive ourselves of certain patterns that we bring in our formation. (D4)

Situations that we see that need a more present communication of the other professionals to know what is happening with the patient [...] and there to cooperatively involve all the professionals that that patient needs in the care. We try to do this, but it's a very difficult practice yet. (R2)

[...] "pores" can be found on the walls / frontiers of disciplines and, through them, the knowledge "leaks". In this "leak", I have the possibility to build a "differentiated" teaching practice. Therefore, fundamental knowledge for the field of Collective Health: Human and social sciences, Epidemiology, Planning and Health Management and Education. (D5)

Pedagogical methodologies in the health area have been focused, in particular, on compartmentalized and isolated scientific content and practices, fragmenting individuals into clinical specialties, to the detriment of interdisciplinary thinking as an indispensable tool to carry out an integrated care approach. About this vision, some participants expressed themselves thus:

To value interdisciplinarity, the team can not have limits and barriers ... professions need to be talked about. The exchange of knowledges, the work done, the way of serving people should be done by all professionals in the same way, valuing one's own specialized knowledge and acknowledging the other's knowledge. (D2)

I do not feel like an integral part of an interdisciplinary team. In some Units I see this attitude a little more, as in the Polyclinic, where everyone was talking, but [...] I did not see a deep and joint involvement of professionals with patients. (R5)

[...] the ability to listen and to exchange may be the characteristics required by the Collective Health professional: listening professional, open to people and who, from listening, can draw intervention and participatory construction measures, from below up. But this action is more theoretical. (D7)

♦ Interdisciplinarity: the relation of power-knowledge and the movement of overcoming

Both in welfare practice and in theoretical encounters there are walls that have been built historically and that today impede or limit the implementation of interdisciplinarity. It is necessary to review and create movements to strengthen the construction of interdisciplinary spaces based on the openness of health professionals and specialized knowledge, in a joint effort for the implementation of interactive and dialogic assistance practices, focused on the convergence of knowledge and actions around a integral project and quality generator in the assistance provided to individuals and their families.

Consistent with this thought, the deponents thus argued:

[...] if we consider that the disciplinary question has boundaries for interdisciplinarity, when we move to the place of teachers, these frontiers become walls. (D5)

Currently, there is no way to practice interdisciplinarity, even in interconsultations. In the field of "Wound Repair" - HUAP -, the doctors request the consultation for Nursing and do not heed the problem generated in our consultation. There is no dialogue ... there are no exchanges. (R8)

[...] it is necessary to work, plan and jointly evaluate the health and disease process, stripping themselves of their knowledge, of the power of each area in favor of gains for patients. (D4)

The testimonies point out that the exercise of power imposes itself in professional relations in the most diverse spaces of action, within and between disciplines and practices, instituting hierarchies that generate obedience and passivity of individuals, preventing them from treading collective paths, aggregators and constructors of new knowledge.

Upon reflecting on these issues, the interviewees are asked to:

The main obstacles to interdisciplinary praxis lie in the lack of communication and involvement among professionals. They were not trained to act collectively and to exchange knowledge. (R6)

I see that each discipline closes itself up ... themselves creating obstacles. Many professionals, teachers and researchers understand their discipline as the only possibility of truth and possibility of good result and thus do not open themselves to other ways of knowing. This false belief

represents a major obstacle to the construction of new knowledge. (D7)

DISCUSSION

Integrity is defended as a value expressed in the way health professionals respond to patients' demands in the use of knowledge about the disease, from a comprehensive view of the subjects' needs, in addition to their explicit demands, for the early diagnosis and for the reduction of health risk factors.¹⁴ As a valuable tool to identify the specific health actions and services to be elaborated for the practices of care, the researcher emphasizes the dialogue established between the professional and the user.

Emphasis is given to the importance of interprofessional interaction and other forms of encounter between the health team and users as an additional sense of completeness. In turn, the integrality will only be realized with the incorporation of individualized professional attitudes to the health team and its work processes.

It is important to highlight the importance of integrality as a guideline of the quality of the host to the health demands of the individual, not only restricted to the response of their morphological and functional needs.¹⁵ However, there is a need for an interdisciplinary dialogue when one has, as a work object, the health-disease-care process.¹⁶

Scholars warn of the indispensable synergism between health promotion, prevention and recovery actions, avoiding their fragmentation and promoting the social reintegration of ill people, and signals the rich possibility of interdisciplinary interaction in the production of care within of multiprofessional teams and in intersectoral actions.¹⁷

Primary Health Care (PHC) represents the strategic context for the implementation of integrality in health, considering its aspects of multiprofessional, transdisciplinary and intersectoral action and work dynamics, which enables constant dialogue. However, barriers and fragilities in professional, intersectoral and communication interactions among professionals and health users are verified.¹⁷

We present the demand presented in all the statements of an expanded view of the health-disease process, to be worked in the interdisciplinary perspective, in a dimension of "humanization", solidarity, bonding and accountability in the act of caring.¹⁸ It is necessary to think and be interdisciplinary, so that effective and resolute actions are

planned and executed, focusing on human needs. All the subjects of the research reinforced this conception when affirming that the professionals must be fully involved with the assisted client for together, and in the interprofessional partnership, to discuss and to operationalize the trajectory of the care.

The search for a know-how, which is interdisciplinary in the training of professionals, presupposes the need for self-discovery, recognition of the importance of dialogue and intersubjectivity, values that must be experienced in the scientific context and in the daily life of these professionals.¹⁹

It is considered fundamental to place, expressing the singular experiences, in the encounter with the "other", in an attitude of openness to the exchanges necessary to the act of caring.

In addition to bringing the question of knowledge in Anglo-Saxon culture expressed in the functionality of doing in the operational field, interdisciplinarity finds, in the research carried out in Brazil, another logic, one that turns to the integrality must be present as a pillar to foster, in the professional team, the commitment of interdisciplinary exchanges and the exercise of attentive and careful listening to the users, aiming at identify and meet their health needs.

From the interdependence between the field of power and knowledge, the hospital and the school come to represent not only a "machine of healing and teaching", but spaces that demand a continuous register of knowledge, exercising, at the same time, a power that produces knowledge.²⁰

The participants of the study realized, explicitly and unanimously, that in their theoretical and practical experiences, the lack of sharing of real knowledge and disrespect for the peculiar ways of thinking and acting in the caring process are configured.

Even if the fragmentation generated by the multiplicity of different specialties is observed, it is indispensable that we not renounce the effort to rediscover the unity of the human domain, based on the approximations and convergences of scientific knowledge.¹⁰ Interdisciplinary knowledge and practices in education and science in general, do not question or contradict disciplinary knowledge. Its main proposal points to a revision of thought, to the intensification of exchanges and to the integration of the different fields of knowledge, especially in the conceptual and methodological spheres.

Attention must be paid to "neighbors" and partners in teaching and health research, open to overcoming borders and creating new constellations of knowledge, oriented around themes, objectives and projects elaborated within a collective universe.¹⁰

Interministerial policies are presented as movements aimed at effective changes in the training of health professionals, from the creation of devices such as Pro-Health, PET-Health and Permanent Education, programs whose presupposition is learning at work, space for incorporation of the "Learn-teach", an indissoluble unity between action and reflection on the reality in which subjects are protagonists.¹⁸

Having as a goal the overcoming of rigid health education curricula that make it difficult to reflect on the essentially biomedical model and still hegemonic in services and HEIs, scholars warn of the need for potent initiatives in the privileged curricular spaces of education, to implement effective changes in the world of work.¹⁹

CONCLUSION

Based on the articulation between the theorists' thoughts and the testimonies expressed by the participants of the research, there is a contemporary presence of a predominantly organicist approach among professionals and users of the multiple and growing scientific specialties and disciplines in the health field, with the main consequence being the loss of the biopsychosocial view of sickness and the fragmentation of bodies, in the individual and collective fields.

It is believed to be a priority and urgent change of such a pedagogical model that, until now, is present, in a hegemonic way, in undergraduate and postgraduate health education.

The prevalence of the technicist methodology, present in higher education in health in Brazil, which is also present in the analyzed course, requires innovation that surpasses the "disintegrated" and "fragmented" model in care.

The research pointed to the need to foster and favor, together with teachers and nurses residing in similar postgraduate courses, an environment of deepening, reflection and discussion on the interdisciplinarity theme, aiming to improve the skills in professional practices in health and having, in its configuration, the actions permeated by interdisciplinary pedagogy.

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