



RELATIONAL PROCESSES IN AN INTERDISCIPLINARY TEAM OF PSYCHOSOCIAL ATTENTION

PROCESSOS RELACIONAIS EM UMA EQUIPE INTERDISCIPLINAR DE ATENÇÃO PSICOSSOCIAL LOS PROCESOS RELACIONALES EN UN EQUIPO INTERDISCIPLINARIO DE ATENCIÓN PSICOSSOCIAL

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ABSTRACT

Objective: to recognize the relational processes in an interdisciplinary team of a Psychosocial Care Center. **Method:** this is a qualitative, descriptive and exploratory study conducted with nine staffs of a psychosocial care center, by means of five sessions of focal group, since it is the data by Content Analysis technique, in the modality of Thematic Analysis. **Results:** the emerged categories “Characteristics of inter-relational process of team” and “Communicational process of the team”. **Conclusion:** it was acknowledged, by the participants in this study, that the relationship in the team is due to the good bonds, the exchange of affections, to co-responsabilization for the work and the trust mediated by interpersonal communication, basic artifacts to work together and beneficial for the provision of care to users. **Descriptors:** Mental Health; Interprofessional Relations; Patient Care Team; Working Environment; Psychosocial Health Services; Nursing.

RESUMO

Objetivo: conhecer os processos relacionais em uma equipe interdisciplinar de um Centro de Atenção Psicossocial. **Método:** trata-se de um estudo qualitativo, descritivo e exploratório realizado com nove trabalhadores de um Centro de Atenção Psicossocial, por meio de cinco sessões de grupo focal, tratando-se os dados pela técnica de Análise de Conteúdo, na modalidade Análise Temática. **Resultados:** emergiram-se as categorias “Características do processo inter-relacional da equipe” e “Processo comunicacional da equipe”. **Conclusão:** reconheceu-se, pelos participantes do estudo, que o relacionamento na equipe se deve aos bons vínculos, à troca de afetos, à corresponsabilização pelo trabalho e à confiança mediada pela comunicação interpessoal, artefatos básicos para o trabalho em conjunto e benéficos para a prestação de cuidado aos usuários. **Descritores:** Saúde Mental; Relações Interprofissionais; Equipe de Assistência ao Paciente; Ambiente de Trabalho; Centros de Atenção Psicossocial; Enfermagem.

RESUMEN

Objetivo: conocer los procesos relacionales en un equipo interdisciplinario de un centro de atención psicossocial. **Método:** este es un estudio de tipo cualitativo, descriptivo y exploratorio realizado con nueve empleados de un centro de atención psicossocial, por medio de cinco sesiones de grupo focal, ya que es la técnica de análisis de contenido de datos, en la modalidad de análisis temático. **Resultados:** las categorías que surgieron fueron: “Características de inter-proceso relacional de equipo” y “Proceso comunicacional del equipo”. **Conclusión:** no fue reconocido por los participantes en el estudio, que la relación en el equipo se debe a los buenos bonos, el intercambio de los afectos, a co-responsabilización del trabajo y de la confianza, la comunicación interpersonal mediada por artefactos básicos para trabajar juntos y beneficiosa para la prestación de atención a los usuarios. **Descriptor:** Salud Mental; Relaciones Interprofesionales; Grupo de Atención al Paciente; Ambiente de Trabajo; Servicios de Salud Psicossocial; Enfermería.

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INTRODUCTION

There is the net of psychosocial care as a guideline, the guarantee of access to and quality of services aiming to offer integral care through a multiprofessional team under the perspective of interdisciplinarity. It is understood as a movement that aims to actions that go beyond only working in-group, conceiving changing of habits, methods and resources committed to the health work process.¹

The objective is, by means of this team, in the multiprofessional composition, to cover the multidimensionality of the individual's needs in the physical, psychological, social and spiritual areas.² It comes to an expanded assistance, which reach the integrality of care of people in illness. The horizontal interaction between the varied knowledge among the various professionals, thus overcoming the fragmentation of care in the given assistance.³

It warns, however, that the multiprofessional work in interdisciplinary perspective is still a model of teamwork little achieved in the practices of health professionals staying, sometimes just on the intellectual plane. We highlight, among the reasons for this, issues such as the need that has employees to develop greater awareness and mutual commitment between themselves, as well as aspects that involve the subjectivity and intersubjectivity of these actors and the interaction that establishes itself in this process.⁴

It is believed that this need for interaction between the different team professionals, with the aim of seeking the comprehensiveness of care, is an artifact noticed too, especially in the context of mental health and the Psychosocial Care Centers (CAPS) the spaces of greatest relevance to this posture.⁵

There was identified, in a study conducted in Psychosocial Care Center (CAPS) of Alagoas, weaknesses in the process of work in which there were traces of fragmentation of multiprofessional actions, difficulties of involvement of employees, as well as those not belonging to the area of health, with the work of the team.⁶

There were, in other research in a CAPS of Goiás, some difficulties related to mental health practice, such as the absence of interdisciplinary work centrality in making doctor and the lack of identification of the role of nursing by the team, issues that permeate obstacles to healthy relationships in teams who work with people in distress.⁷

OBJECTIVE

- To know the relational processes in an interdisciplinary team of a Psychosocial Care Center.

METHOD

It is a qualitative study, descriptive and exploratory study carried out in a Psychosocial Care Center in the South of Brazil. The study was composed of the interdisciplinary team of said service contemplating, overall, the whole nine professionals (a nurse, a psychologist, a social worker, a plastic artist, a physician general practitioner, three nursing technicians and one nursing assistant general services).

The data were collected by means of the focus group technique with the aid of recorder and a field diary. Held five meetings with the team in the room service groups, on days and times pre-established.

Remained the meetings within the time laid down for an hour and a half duration. Coordinated the groups by the main researcher, and the observers were two other people who had the function of focusing on the theme, promoting the participation of all, inhibit the cornering of the word and to deepen the discussion.

Stored the data collected in a format of audio files from the recordings and transcribed into text files. Assured if the non-identification of professionals by means of codes from the letter "T" (worker) followed by a numbering system, which started at number one. It was identified, in this way, the first interviewee as T1, and so forth. It is also distinguished, in addition, the respective meetings after the selection of a fragment of the discourse of professionals.

The data were analyzed through the Thematic Analysis, quoting them in their entirety, being pre-analyzed (first step) by means of exhaustive reading and research of the material field. Held, then the determination of primary units, the exploration of the material (second stage) and the organization of the content of the statements into categories.⁸

This research was approved by the Research Ethics Committee of the Faculty of Nursing, under the opinion consubstantiated 371,927 (CAAE 19718013.8.0000.5316), respecting the ethical precepts of research involving humans as described in Resolution N 466 from 2012, of the National Council of Health.⁹

RESULTS

• Features of interrelation motion team process

It is called the attention that ethics and, subsequently, the concern with the other are paramount for the relationship between the professionals of the team. Lists from the respect to space, the difference and the limits of each one, to the way of interaction with the colleague in an empathetic relationship and for the development of collaborative work. Brought to the fore, the debate, the importance of the exchange of affections between team members and the appreciation of the humanization of these workers considering each a fundamental part of the group.

In addition to the ethics, it must have education, compliance with the other, and assume this relationship. (T1)

It is paramount respect, ethics [...] if thou respect the differences, the failures, you can maintain a harmony. (T7)

Even because, for thou help someone, you will have to respect the person; you will not get there and: "I have already told you that!" or will say: "it is so!" (T4) (MEET 1)

We have to have respect for fellow people, as a human being, that is the basis of a relationship in a team in any place of work [...] respect the limits of each one because not everyone is equal, not everyone thinks the same way [...] what is right for you can be wrong for me. (T3) (MEET 3)

Try not to invade the space of others, to know where I go so that we can walk together. (T9)

Respect differences, perhaps? (T1)

Yes, but I think that the main thing is you accept the person [...] and socializing with the person. (T9)

We can learn a little as each age, you have to sharpen this sensitivity to know that my colleague cannot come to work for a problem there, well; I will hold the tip for him. (T2)

Confidence, commitment, love, affection, respect, this is day to day, this would be the ideal team, in short everything, that you almost miss very little until then. (T5)

There is a dose of love each because where there is an... antipathy, rejection, it does not flow. (T9)

(T9 is stopped) To be a team, you have to like people, is what we like. (T5)

[...] It is an acceptance so a like each. (T9) (MEET 1)

If one is missing, we miss that one, perhaps because overload your service (laughs), but you feel. (T6) (MEET 2)

Expressed this relational process of team also by means of the commitment with the reception of patients.

Our team are to be congratulated for servicing; we are always attentive to the greeting of the people who are coming. (T8) (MEET 1)

It's that not the case this morning, [...] does not adhere to treatment and doesn't want to hospitalization, and he just wanted medication there, we thought, let's send them to the Ready Service [...] It will be on medication and he won't... right, and from there he was leaving and then going to spend how many years the u how long after him to come? [...] We sent it with the remedy that was what I was looking for and an appointment for he settled with the family for him to come next week. (T3) (MEET 2)

Joined positively, yet, the relationships between the workers of the team to confidence in the performance of health actions by fellow since they consider that these roles are very clear and defined for the group, which allows more supportive relationships among professionals.

The good of our team is the confidence we have in the partner because I believe my colleague, in his work. (T5) (MEET 1)

We have well defined situations of each character in here. (T6)

Yes, each has to his function, except that everyone knows how one can help at that time, like, the day that one does not come on, everyone knows that someone will have to replace the work that. (T4)

You do not have to do the same thing I do. (T2)

Exactly, each one goes there and somehow, your way, your way [...] I am not going to make exactly the function of social worker (or nurse), but I am going to "break a twig" there at that moment, something. (T4) (MEET II)

• The communicational process team

It interferes directly in the results of the work by the communication among the members of the team since the decision-making, problem resolution, until the relations between professionals. It is argued, in this direction, by participating in the study, that the dialog may attenuate the noise in the communication between the workers and the veiled aspects of relationships with views to not lose trust within the group.

I think a lot on the issue of noise in this communication, such communication has to be the most honest possible otherwise it will getting a kind of covert way, not very transparent and that generates these dissonances, drift. If things have been

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decided, but not everyone found out exactly, generates a certain delay, so in the work of the team, [...] maybe, the team had another decision, so that communication is one of the most important things, one thing we had been working a lot in here [...] had a construction process in this sense of communication, communicate a lot and think it has to be emphasized more that. (T2)

Things of noises, the scenes, and people try to avoid it, sometimes I do not get where you have to take, and that ends up collapsing structures. (T1)

The trust also sometimes ends that will break you by that professional, anyway, in the pros, because 1 hour, do you listen to something here, something there, you know, you hear the things distorted. (T2)

The famous "buzz" serves no purpose. (T9) (MEET 1)

It turns out that one of the aspects that make it difficult for the communicational process is the tone that sends the message, because, even if it is charging, it should not trigger a negative reaction to who is receiving this message, being such difficulty expressed in the following sequence.

However, it depends on the way you talk, come ahead, professional and sometimes speaks: "Look here, hey guy, look at the mess you made?" You know. There is a way for you to talk, to you charge something. However, even so, there is a risk of personally. (T2)

However, has time, have a... (T1)

Is there any way to make things. (T2) (MEET 2)

It should be emphasized that the idea of being a team, for the workers, is also seeking to resolve their conflicts through a space of dialog held in moments of team meetings, as follows in the debate.

There are things that have to be spoken, have to be discussed [...] sometimes we do not agree or feel wronged, you have to talk about these things. (T1)

Have to discuss the relationship. (T7) (MEET 2)

That moment [...] that decreases the movement, we also talk things because not everything can wait until next week, so this time I also think positive, important to team. (T3)

At that time, the people are real tight, if there's anything, we leave that time [...] every day, have it there, the 4:30 at 5 o'clock, we're sitting there, there's no more people, it's very quiet, very nice. (T4) (MEET 1)

I think sometimes you have to put out the conflict, things that annoy because if it is destabilized [...] with each other over

there, that is going to make the team collapse [...] (T1) (MEET 2)

When is happening [conflicts], calls and conversation. (T6)

With a talk time, with another conversation tomorrow. (T7)

You have to be careful at this point, sometimes, have patient up front, even so with colleagues, sometimes, will leave the other in a fair, sometimes comes out, wait for the time to be addressing. (T1) (MEET 2)

[...] It is on the team that works, everybody will say: "What you want to talk?" Therefore, this is how; missing for us, sometimes, talking in a meeting what is feeling and in the staff meeting that if talk. (T5) (MEET 1)

DISCUSSION

It is understood that, in the work process in health, the good bonds are not only required between the professional and the user because, prior to this, the inter-relational processes such workers need to be harmonious and be adjusted. Provides, for the good ties between professionals, greater union between the team and facilitates the exchange of affections between them, which allows for greater pleasure in the work environment and a more rich for the exploitation of another in the team and for the cultivation of positive feelings.¹⁰

It was noticed that the importance of the exchange of affections was reported, in various ways, by participating professionals involving since the respect for others, even the commitment to the work of the next. Become these positive affect artifacts capable of promoting reflection in teams about the purpose and commitment to their work process. It should be emphasized that, without such affections, the team is incapable of assuming mutual commitments by its work, which generates a wave of weaknesses that affects both the team and the performance and the final product of labor.¹¹

It becomes necessary, for the rescue of respect among the participants of the interdisciplinary team; seize the multidimensionality of subject-worker in the search for the integration of his thinking, acting and feeling. You should work this subjectivity by reconstruction of collective forms of interaction, communication, to strengthen both the worker, as the user who seeks the caps from the reconfiguration of the relational area and professional identities.¹²

Determines the ethical behavior by principles and values are internalized in workers. It is based on ethics, thus, in internal values of solidarity and justice, present in the

group of this research through the acceptance of the other as he is, including its limitations, and this is only possible based on pluralist and reflective relationships.¹³

It is emphasized, in this way, that it is necessary to build more humane interactions between employees and managers so that these do not happen disjoined from the humanization of care to the health of the users of the Unified Health System (SUS).¹⁴

It is recognized, both by the professionals who participated in the research, as aspect that boosts the humanization, the commitment to the acceptance of users in mental health services. Emphasizes the commitment of the professional by the State which, when performing an active listening to the demands experienced by the user, allows for the construction of bonds and custom support networks.¹⁵

Professionals who make difference in the inter-relationship between the team studied measure another aspect: co-responsibilization at work since the teamwork becomes productive by enabling an exchange of experiences between professionals.

Thus, is the sharing of decisions about the processes of improvement in the acceptance of the demand of the population, being all responsible for monitoring each patient.¹⁶

He adds that, from this perspective of interdisciplinary work, workers need to use, in an integrated manner, their knowledge, to break with the disciplinary boundaries, in addition to develop skills for dealing with the challenges of working in a team.⁴ Improve yourself, this union of knowledge, results and increases the satisfaction of both the patient and the professionals.¹⁷

It discusses this perspective of inter-relationships of the interdisciplinary team, the task of communication as something relevant, since the participants brought to the modes of communicating in a team are a trigger of relationships at work for both the positive and the negative. It configures the communication, in its enlarged, in the relational process between individuals and it can determine the basis of the constitution of the subject.¹⁸

It is noteworthy that the communicational process in a team can be fragile when does not establish an openness to dialog and not if you want to discuss problems of daily work and own relations among workers.

It is known that the communication in an interdisciplinary team, attached to the articulated and collective work, is an artifact essential from the point of view of a team

that integrates multiple knowledge of the various disciplines in the field of health. It adds up, moreover, that there is a team that has, as its focus, the same work object, in the same scenario, sharing, in common situations, requiring a hinged practice, which brings the benefits of the work of a team with different professionals, with a view to completeness in health.³

It has, in addition, the communication as one of the elements that constitute safe practices in health, being a mediator of the quality of the relationship between professionals and users.¹⁹

Results, by means of communication problems between the interdisciplinary team, in the provision of care unsafe to users because the lack of dialog prevents the transmission of information between professionals generating instability in the decision-making process of each one of them. Create communication barriers by the lack of a common purpose between the members of the team where the personal perspectives overlap with the needs of the patient.²⁰

It is, thus, a cross-sectional and fragmented care that stabilizes precariously on a fragile base of information considering that the lack of communication produces several breaks in the care process.²¹ It is essential, in the conviviality in-group, that information can be passed through a full communication by sharing experiences, ideas and feelings. Influence each other individuals for this relationship by modifying the reality in which they are entered.²²

It considers, also, that the communication between the team needs to happen so empathic and respectful and that it should be, above all, true and based on dialog, cooperation and in pursuit of common objectives and goals.²³

It presents itself as in the speech of one of the participants, because how communication occurs and the tone in which the same happens are aspects that will interfere in the communicational relations between the workers of the team.

You mentioned, in this context, by the research participants, that noise in communication can happen shaking the confidence among colleagues and may relate to interpersonal conflicts. See, in this way, the conflicts arising out of interpersonal relationships as a strategy and, therefore, the constant dialog with the team must be maintained.²⁴

Need to work the meetings of improvement of relations for the participants favoring

become moments of feedback, spaces of settlements for health actions, as well as serve as a means to alleviate the anxiety and stress of everyday life. It is important, therefore, to share roles and professional skills performing the planning and decision-making while lends itself to direct assistance to patients in the most varied contexts.²⁵

CONCLUSION

There met, with this research, the relational processes of the interdisciplinary team of CAPS permeated by the appreciation of the respect to the colleague, and the relationship of communication based on dialog. If the professionals expressed, also, that the relationships in the team reflects on mental health care users. Longs by participants, for both, the investment in team meetings to address the problems of professionals in these aspects.

Signal still healthy interpersonal relationships as essential for the development of teamwork, as well as the communicational process based on dialog, with the use of appropriate tone, in the appropriate place and time, so as not to expose emotionally work colleagues. It is necessary, therefore, the exploitation of the worker by the respect to space, the differences and the limits of each one, which leads to the development of solidarity and confidence, determining the corresponsabilização to users and favoring the host.

This study was limited by its implementation in a CAPS, so that the results cannot be generalized. It is supposed; however, from other studies found in the literature that in other realities also face similar situations.

It is concluded that the more subjective aspects of relationships and communication of the team continues to be a challenging theme in the world of teamwork. Become relevant investment in further studies and intervention for the pursuit of a cohesive team, so that they can have a positive impact on the results of work with users in the area of mental health.

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